

**Report  
on  
Baseline Survey of SWAPNO (2nd Cycle)**

*Submitted to:*

Local Government Division, MolGRD&C  
United Nations Development Programme (UNDP)  
Strengthening Women's Ability for productive New Opportunities  
(SWAPNO)

DPHE Bhaban (8th Floor)  
14 Shahid Captain Mansur Ali Sharani,  
Kakrail, Dhaka 1000

*Submitted by*



**Human Development Research Centre**

*humane development through research and action*

House 5, Road 8, Mohammadia Housing Society, Mohammadpur, Dhaka 1207

Phone: (+88 02) 811 6972, 815 7621, Fax: (+88 02) 815 7620

E-mail: [info@hdrc-bd.com](mailto:info@hdrc-bd.com)

Website: [www.hdrc-bd.com](http://www.hdrc-bd.com)

Dhaka: March 2018

# Contents

<b>Executive Summary .....</b>	<b>i</b>
<b>Chapter 1:Introduction.....</b>	<b>1</b>
1.1 Background.....	1
1.2 Baseline survey .....	2
1.3 Structure of the Report.....	2
<b>Chapter 2: Methodology.....</b>	<b>3</b>
2.1 Study Approach .....	3
2.2 Quantitative Design .....	3
2.3 Qualitative Design .....	4
2.4 Ethical Consideration.....	5
2.5 Data/information Analysis Plan.....	5
<b>Chapter 3: Demographic and Socio-economic Profile of the Study Population .....</b>	<b>7</b>
3.1 Characteristics of Respondents.....	7
3.2 Demographic Characteristics of Population .....	10
3.3 Socio-economic Characteristics of Population .....	13
<b>Chapter 4: Ownership of Household Asset.....</b>	<b>16</b>
4.1 Ownership, Pattern and Construction Materials of Dwelling House.....	16
4.2 Energy Use .....	17
4.3 Ownership of Household Assets.....	18
4.4 Ownership of Land .....	19
4.5 Organizational Affiliation.....	20
4.6 Use of Public Assets and their Quality of Service.....	22
<b>Chapter 5: Household Income, Expenditure, Savings and Credit .....</b>	<b>24</b>
5.1 Household Income .....	24
5.2 Household Expenditure .....	27
5.3 Household Savings and Propensity to Save.....	29
5.4 Household Credit .....	30
<b>Chapter 6: Poverty and Vulnerability .....</b>	<b>32</b>
6.1 Household Poverty Scenario.....	32
6.2 Vulnerability Scenario .....	36
<b>Chapter 7: Morbidity and Treatment.....</b>	<b>40</b>
7.1 Prevalence of Diseases .....	40
7.2 Sources of Drinking Water and its Quality.....	42
7.3 Sanitation .....	43
7.4 Mortality in Households .....	44
<b>Chapter 8: Food Security and Nutritional Status .....</b>	<b>46</b>
8.1 Food Item and their Frequency of Food Intake .....	46
8.2 Food Shortage .....	47
8.3 Food Consumption Score (FCS).....	49

8.4	Food Security .....	50
8.5	Nutritional Status .....	51
<b>Chapter 9: Violence, Harassment, Empowerment, and Decision-making .....</b>		<b>54</b>
9.1	Violence Faced .....	54
9.2	Harassment Faced by Household Members .....	56
9.3	Control over Assets.....	58
9.4	Mobility of Women .....	59
9.5	Participation in Decision-Making Activity.....	60
9.6	Awareness and Information on Rights .....	64
9.7	Knowledge on Selected Government Services and Legal Issues .....	65
9.8	Knowledge and Information about Marital Issues and Future Plan .....	66
9.9	Knowledge about Initiatives/Programs Undertaken by Local Government Agencies ...	67
<b>Annex: Questionnaires for the Survey .....</b>		<b>68</b>

# Executive Summary

## Introduction

Strengthening Women's Ability for Productive New Opportunities (SWAPNO) is now continuing its second phase following the success in its first phase. The project is undertaken by the Local Government Division, Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C), in partnership with United Nations Development Programme (UNDP), Bangladesh. The project outcomes, in the first phase, have shown encouragement in poverty reduction among beneficiaries. The project targeted poorest of the poor in a community. All the beneficiaries are women and majority of them are widowed/divorces/separated/deserted, and the key earning person of the household.

SWAPNO provides wage earning opportunities for the beneficiaries over a period of 18 months where saving is a mandatory component and the beneficiaries receive the amount saved upon completion of 18 month employment which makes them familiar with the advantages of saving. In addition, there is provision of group savings mechanisms like Rotating Savings and Credit Associations (ROSCA). SWAPNO women also receive basic life skill and livelihood trainings based on geographical conditions and advantages. SWAPNO

## Methodology

This baseline study included intervention as well as control households. Households with beneficiaries of the project were intervention households. Meanwhile, the control households were those, where other eligible women of same union live but were not randomly selected for receiving benefit. The list of such potential beneficiary was preserved in the union offices along with the list of beneficiaries.

It is learnt that baseline survey covered 1,008 sample households evenly distributed between intervention and control households. Survey covered 24 unions in Kurigram (out of 72) and 18 unions in Satkhira (out of 52). Sample for this survey was stratified and selected in two stages. Each district was treated as separate strata. In each district, samples were selected independently. In the first stage, Primary Sampling Units (PSU) was selected through Probability Proportional to Size (PPS) method. Unions selected for project intervention were PSU. In second stage, an equal number of disadvantaged women were randomly selected from each selected union using list collected from SWAPNO office (intervention) and union parishad (control).

Qualitative information was collected through Focus Groups Discussions with project beneficiaries and Key Informant Interviews with project officials, union parishad officials and implementation workers. The qualitative information and quantitative data analysis was accomplished separately and their findings were synthesized.

## Demographic and Socio-Economic Characteristics of the Target Population

The findings revealed that in both intervention and control respondents – the highest number of women found to be both widowed and separated were around 60 per cent in each category. Almost all respondents had poor educational background with about 70 per cent who never attended any school. The surveyed women were maintaining small family size of average 2.8

in intervention households. The estimated dependency ratio was close to 40 per cent in both intervention and control households.

Educational poverty is much more pronounced among the women-headed households as identified in the present study. In respect to literacy rate, close on 40 per cent members in the intervention households had no formal education but literate. Proportion of not completed primary and secondary educational level was also high. Only 18.3 per cent respondent can read or write while 64.0 per cent can sign their name.

Household members above 10 years belonging to intervention group were mostly engaged in two income earning occupations: agricultural labor (20.3%) and non-agriculture labor (20.6%). Highest percentage of intervention households in Satkhira (24.4%) were engaged as agricultural labor. On the contrary, highest percentage of intervention households in Kurigram (18.6%) engaged in non-agricultural activities.

Non-agricultural labor are basically engaged in cooking along with sewing kantha, small business, different handicrafts making, begging etc. Though, main earner of the households, a significant portion of women, could earn low wages only.

### **Ownership of Household Asset**

An 89.5 per cent household owned homestead land, but only 3 per cent beneficiary household owned agricultural/cultivable land. It indicate that personal ownership of arable land was almost absent among SWAPNO women. The average size of the homestead land in intervention and control households was 4.29 and 4.84 decimals respectively. About 18.1 per cent of the women had no dwelling house of their own. They lived in relative's house or stayed in other's house. Although fourth-fifth (81.9%) of beneficiary women had own dwelling, largely these were tin-shed or thatched houses made of bamboo/straw/earth.

According to survey data, access to electricity is limited among the SWAPNO women. Only 35.8 per cent women mentioned that they had access to household electricity. As cooking purpose, most widely reported fuel was straw (83.3%) followed by fire wood (13.7%). Beneficiary women under SWAPNO project owned limited number of household assets. A 66.4 per cent household owned mobile phone whereas only 5.0 and 1.4 per cent owned bicycle and TV respectively. As per survey data, the average value of net assets of the respondents in intervention households was Tk. 4,462. Affiliation of different GO/NGOs is one of the important criteria to determine women's empowerment. Only 7.6 per cent women of beneficiary group were affiliated with any GO/NGO other than SWAPNO and only 4.4 per cent respondent in intervention and 1.4 per cent in control households reported that they received training.

### **Household Income, Expenditure, Savings and Credit**

The average number of income earner per households in the intervention and control areas was 1.3 and 1.4 respectively. In 95.6 per cent intervention households, main income earners were women, while it was 82.5 per cent in control households. The most reported income sources were agriculture labor (intervention: 75.9% and control: 91.7%) and non-agriculture labor (intervention: 61.8% and control: 73. 2%). In a striking number of instances, 'petty businesses, 'livestock' and 'poultry' were also reported as income sources in both households across the districts. It is explicit that income sources of the households, in most cases, were *unstable* and *petty* in nature. Average monthly income in intervention households was Tk. 2,664, whereas it was Tk. 2,733 in control households. Average monthly per capita income

was Tk. 1,052 in intervention households; the figure was Tk. 1,016 in control households. Among the intervention households, more than half (55.3%) of the income was derived from '*working as labour*' (37.9% from agriculture labor and 17.4% from non-agriculture labour). Among the control households, the same was 74.2 per cent (28.0% from agriculture labor and 46.2% from non-agriculture labour).

Average monthly household expenditure in the intervention households was only Tk. 3,016 which was Tk. 3,004. In intervention and control households, per capita monthly expenditures were estimated as Tk. 1,176 and Tk. 1,083 respectively. The households spent their little amount of money mostly to consume food. The intervention households spend around three-fourths (73.2%) of their total monthly income on food, which was similar among the control households (75.1%). These highlight the inability of the poor households who could only buy some food to live; expenditure on other goods (even on the basic needs such as education, health, clothing, and housing) were some sort of 'luxury' to them.

Amount of savings among the households was very small during baseline. More than 90 per cent of them (intervention: 93.4% and control: 94.0%) had savings below Tk. 200 in the baseline. It is to be mentioned that around half of the respondents (intervention: 53.7% and control: 52.8%) did not have any savings during the baseline. the average amount of monthly savings is 57.8 BDT and 54.4 BDT among treatment and control households respectively.

Around one-fourth of the households (27.6% in intervention and 22.0% in control) took credit in past 12 months from the baseline survey. A 39.8 per cent of the credit amount came from the NGOs in intervention households; which was 50.1 per cent in control households. A 30.6 per cent of the credit came from the relatives/neighbors in case of intervention households which is notably higher compare to control households (16.7%). Average amount of credit taken by the intervention and control households was Tk. 2,359 and Tk. 3,378 respectively.

### **Poverty and Vulnerability**

Almost all the households under the survey were poor, and naturally, the poverty rates were significantly higher than the respective divisional averages. Using the upper poverty line, 96.5 per cent of the intervention households were poor in Kurigram; while that was 98.3 per cent in control households. The respective divisional (i.e., Rangpur) data shows that 48.2 per cent households were under the upper poverty line. Estimates for Satkhira, using the upper poverty line, shows that 95.8 per cent intervention and 99.1 per cent control households were poor. The respective divisional (i.e., Khulna) data shows that 27.3 per cent households were poor.

The estimated poverty gap for intervention households was 64.4 per cent and for control, it was 64.6 per cent. However, the national rural poverty gap for Bangladesh is 5.4 per cent. The estimated square poverty gaps were 46.0 per cent and 44.7 per cent respectively for intervention and control households; while the national rural average squared normalized poverty gap for Bangladesh is 1.7 per cent. These surely indicate that the poverty situation is much more grave among the households surveyed, compared to the national scenario.

The Multidimensional Poverty Index or MPI has been constructed in this study. It shows that 59.9 per cent intervention households are multidimensional poor (MPI poor); while 49.1 per cent poor are deprived on average of the weighted indicators. Nationally, they were 49.5 per cent and 47.8 per cent respectively; which indicates that situation is bit worse among the

intervention households compared to the national average. The MPI value estimated for the intervention households was 0.294, which was, nationally 0.253.

Surveyed households in Kurigram were more exposed to a number of crises and shocks, compared to the scenario prevailed in Satkhira. In past 12 months from the survey, around 90 per cent of the surveyed households (intervention: 89.5% and control: 87.8% in) in Kurigram faced ‘flood/ drought/excessive rain/cyclone’; while such natural calamity had been faced by significantly lesser portion of households in Satkhira (intervention:18.1% and control:14.1%). To cope up with ‘flood’ both injurious and resilience strategies, had been adopted by the households, where comparatively households adopted more resilience strategies (primarily, *loan from neighbor/ relatives, personal/relatives donation, utilization of saved money, temporary migration*) than injurious strategies (namely, *adjustment of meals*). Around 90 per cent of the survey households (intervention: 89.5% and control: 87.8%) in Kurigram had to go through ‘food deficit’; while such crisis had been faced by less than 20 per cent of the households in Satkhira (intervention: 19.9% and control: 15.7%). However, ‘unemployment’ had been faced by majority of the households in both districts. In Kurigram, ‘unemployment’ had been faced by 72.5 per cent in intervention and 74.0 per cent in control households. In Satkhira, the instances of ‘unemployment’ faced were 71.3 per cent and 62.0 per cent respectively in intervention and control households. There is a time relation with the crises/shocks faced encountered by the households surveyed. Some particular months are more vulnerable for some particular crisis/shock. For example, ‘Food deficit’ continued in a number of months throughout the year to a different extent; however, Kartik was the most vulnerable month regarding food deficit in both households across the districts (intervention: 38.6% and control: 4.7%).

### **Morbidity and Treatment**

In the 2<sup>nd</sup> cycle of SWAPNO project, in the last 12 months prior to field study, women and other household members in Kurigram and Satkhira suffered from various diseases in a number of times. However, frequency of suffering from disease by household members in the last one year shows that those members had suffered in higher numbers than the women in both intervention and control areas.

In terms of health seeking behavior, majority of the respondents and household members in both intervention and control areas sought health care and/or treatments from the available homeopathic, village, and MBBS doctors. More than three-fourths of them took treatments from those available doctors in both areas. Regarding the sources of treatment, around half of them sought it from the quack doctors in both areas. In addition, about one-third respondents in both areas reported that they sought intervention from pharmacies. Seeking intervention from *Kabiraj* was also reported, but by some insignificant proportions in both areas.

There were some people in both areas who did not take treatments despite their illness. According to them, the most definite reason was ‘high cost’ of treatments. Also, a minor proportion of them in both areas reported that the treatments were ‘not comfortable’ including ‘longer distance’ of the sources from where the treatments could be available.

Regarding the health condition of the respondents in last six months, more than three-fourths of them in both areas reported their health condition as ‘average’. Health condition being poor and very poor came up from some smaller proportions of them in both areas.

In terms of sources of drinking water, Tube well was reported as the assured source in both intervention and control areas. Pond water, filtered water, and rain water were also the source

of drinking water, but these responses came up from some negligible proportion of the respondents in both areas. In addition, while the respondents were asked about the quality of drinking water; whether it was free from arsenic contamination; 66 per cent of them in both areas responded that water was ‘arsenic-free’.

As regards to the issue of sanitation, more than 70 per cent respondents reported about the existence of latrines under household possession in both intervention and control areas. Most of their latrines were ‘slab latrines’ by type. Some others also had ‘pit latrines’ in their households. Besides using slab and pit latrines, people in both areas also used water sealed slab latrines, latrines from other’s houses, and septic tanks. But these responses were made by some smaller proportions of them in both areas. Use of hanging latrines and open space for defecation were also reported by insignificant proportions.

Following morbidity and treatments at the households, mortality dynamics were also identified in both areas. Overall, some minor proportions in both areas responded that a person had died in last 5 years in their households. As to the relationship of the women with the deceased persons at their households in both the areas, most of them were their ‘husbands’.

### **Food Security and Nutritional Status**

Food consumption of the target households is mostly focused on carbohydrate and vegetables. There is a great lack of protein and fruit consumption which proves that their dietary diversity is not satisfactory and requires improvement. The most common food item is rice (almost 7 days in a week) and vegetables (almost 5 days in a week). Oil is frequently consumed since cooking any food requires its use. Among intervention households, 57.9 per cent reported to have consumed vegetables frequently (5-7 days) during the week preceding the survey while it is 56.9 per cent among control households. Dairy products, meat and fish are less frequently consumed. The combined average weekly consumption of dairy products, meat and fish is 1.9 days per week in intervention as well as in control households.

More than half (intervention: 52.1% and control: 53.0%) of target households faced food shortage for more than one month. Only 2.2 per cent household in intervention and 53.0 per cent household in control did not face any food deficiency in the year preceding the survey. Food deficit in target households slowly begins from Bengali month Chaitra (this is the last month of Bengali calendar usually March-April of Gregorian calendar) and continues up to kartik (October-November). Kartik (October-November) is reported as the month of most severe food deficit. In the year preceding survey, 87.1 per cent intervention and 86.7 per cent control households faced occasional food deficit. According to food consumption score (FCS) about 44.9 per cent intervention households and 43.7 per cent control households had poor consumption and another 43.1 per cent intervention and 47.0 per cent control households was in the borderline of food consumption scoring range; leaving 11.9 per cent and 9.3 per cent intervention and control households respectively with acceptable consumption. Very few intervention (8.2%) and control (8.5%) households were food secured according to Household Food Insecurity Access Scale (HFIAS). On average 9 out of 20 households is severely food insecure among intervention as well as control households.

A 56.9 per cent of the women (beneficiary/potential beneficiary in waiting list) in intervention households were not malnourished (BMI>18.5), while it is 63.2 per cent in control households. Among under-5 children, 34.9 per cent were stunted (severely or moderately) with 15.7 per cent being severely stunted in intervention households while in control households such proportion are 39.7 per cent and 16.2 per cent respectively. A 47 per



cent of the children aged under-5 years were underweight with 15.7 per cent being severely underweight among intervention households. Among control households, 36.8 per cent of under-5 children were underweight. Finally, 22.9 per cent of under-5 children were wasted with 7.2 per cent being severely wasted in intervention households. In control households, such estimates were 22.1 per cent and 8.8 per cent respectively.

### **Violence, Harassment, Empowerment and Decision Making**

In terms of violence, in the baseline situation of the 2<sup>nd</sup> cycle of SWAPNO project, psychological oppressions were much pronounced than the physical abuse in both intervention and control areas. This was reported by more than 70 per cent in both areas. Physical abuse was reported by one-fifth of them in the intervention areas, which was more than one-third in proportions in the control areas. Sexual oppression, being significantly severe in nature, was reported by some negligible proportions of women in both areas.

About 80 per cent of the women in both areas were aware of the place to visit to get redress in case of any violence. ‘Union Parishad’ was the mostly decided place of making such complaints in both areas, followed by ‘police, and personnel of law enforcing agencies’. As to making complaints against any violence, about 80 per cent of them in both intervention and control areas reported that they went ‘nowhere’.

Regarding Incidences of harassment (i.e., misbehavior, false cheating, and litigation) of the household members, false cheating were much reflected than misbehavior in both areas. However, there was no reporting on litigation. As to the places of harassments, ‘government institutes’ were the most pronounced responses and representatives of local government were highly involved in the incidences of harassments in both areas. Political leaders were also involved in some of the incidences of harassments, but this response came up from some small proportion of households.

More convincing, women had more control over own assets than the household assets. In terms of own assets, women had control over own income, own savings, and immovable assets or property. But responses on having control over the first two types of assts were highly pronounced in both areas than the last one. In terms of household assets, women had control over household income and savings, land, and immovable assets/properties. But all these were responded much less in comparison with own assets in both surveyed districts.

On the issue of women’s mobility, most of the women could move or go alone outside the neighborhood or community (but within para or village), within own union, to upazila service offices and banks, and to district or division level etc. But responses on the last category came up in comparatively lesser proportions than the previous categories. Few of the women in both areas had to go to the mentioned places with their husbands or with others, while some other notable proportions of them had no mobility in such places.

Reportedly, most of the women could take decisions alone on their own issues (i.e., involvement in new income generating activities, obtaining services, undergoing education or training), despite an exception on the issues of taking decisions on participation in meeting. Very few of them had to take such decisions mutually with their husbands or male members, or by others. A significant proportion of them in both areas had no participation in decision making activities even on their own issues.

Similar trend of responses was also observed in terms of participation in decision making on household issues, like: purchase and sale of physical assets (land, furniture etc.), ornaments,

livestock and poultry birds; vegetable, fruits, and trees; along with decision making on construction of house and repairing, children's education, marriage of children, and health care or intervention of children etc. For each category of household issues, most of the women could take decisions alone, while very few of them had to take other's opinion. Responses on 'no participation' also came up from many of them.

Responses on participation in decision making activities on social issues (i.e., participating in school management committee, in the village court and/or *Shalish*, and casting vote in last election etc.) showed that 'no participation' was more pronounced among women in both areas in case of first two issues under this category. However, in respect to casting votes in last election, a noticeable number of women in both areas could take decisions alone.

As to the awareness and information on various rights based issues, it is observed that about half of the women in both areas did know about property rights, while awareness on basic citizen rights seemed comparatively lower than that. The women were also aware of their right about control over own body, which came up from around half of them in both areas.

The women had knowledge and information on different services and legal issues; (i.e., legal support, health care services and family planning, livelihood related government services, and laws regarding child marriage etc.). However, knowledge on the issues of legal support and livelihood related government services seemed comparatively less than on the issues of health care services and family planning, including laws regarding child marriage.

In line with this, the women also had knowledge and information on different life skill management issues, (i.e., future plan, marriage of minor child, acceptance of husband after his returning back, marriage in future, and acceptance of dowry at the time of children's marriage etc.). However, they seemed to be clearer about their perception on what to do in case of returning back of their husbands despite their husbands' act of deserting them (wives), and future marriage.

Lastly, in comparison other programs, women in both areas were more aware about different initiatives/programs such as widow allowance and old age pensions undertaken by local govt. agencies. Women were also aware of other govt. initiatives and/or programs such as Tube well, Hygiene latrines, Freedom fighter's allowance, Primary education stipend, GR and TR, VGD, VGF, and Food for works etc. However, women in both areas were less aware about the programs of open budget meeting and ward meeting.

# Chapter 1: Introduction

## 1.1 Background

Strengthening Women's Ability for Productive New Opportunities (SWAPNO) is now continuing its second phase following the success of its first phase. The project outcomes in the first phase have shown encouragement in poverty reduction among beneficiaries. The second phase is now being implemented in 72 unions of Kurigram district and 52 unions of Satkhira district targeting most distressed, vulnerable and extreme poor rural women. SWAPNO focuses on creating productive employment opportunities for its beneficiaries (rather than safety net programmes) aiming at more sustainable results in respect to poverty alleviation.

The project was undertaken by the Local Government Division, Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C), in partnership with United Nations Development Programme (UNDP), Bangladesh. SWAPNO follows international recommendations on basic requirements/preconditions/essentials for a public works programme to achieve objectives of getting rid of chronic poverty.

There are three key interventions of the project:

- i) Arrangement of work at fixed wage for 18 months,
- ii) Essential savings and loan through rotating savings and credit association (ROSCA), and
- iii) Training on life skills and livelihoods based on abilities and interest.

Key actions involved in the project are:

- A first set of key actions address the conventional financing constraint that limits the scope of programmes implemented by non-state actors, by leveraging community asset development to generate the returns that justify subsequent investments in asset transfers;
- A second set of activities will provide a package of technical assistance for enhancing productivity, employment generation and thus income;
- A third set of activities will work to build the capacities of both implementing institutions as well as the participating women;
- A fourth set of activities will include the implementation of schemes to address the challenges posed by climate change, and reduce risks associated with natural disasters.

The envisaged outputs (results) of the project are:

- 1) Core beneficiary households are able to protect their post-project food security and livelihoods.
- 2) Core beneficiaries and their dependents have improved their human capital in terms of nutrition, health, education and voice for rights against discrimination and violence.
- 3) Core beneficiary households have access to public services essential for their livelihood activities and family well-being.

- 4) Public assets promoting economic growth, improving social conditions and enhancing environmental conditions are maintained and developed for the benefit of the poor of the participating rural communities.
- 5) Local communities have better capacity to withstand natural disasters and recover after disasters.
- 6) Local government has capacity to improve social transfer projects with accountability, transparency, gender sensitivity and pro-poor approach.

## **1.2 Baseline survey**

### **Objective of the baseline**

The objective of this assignment is to prepare baseline benchmarks for selected outputs and indicators of the project through household survey adapting Randomized Control Trial (RCT) design.

### **Scope of work**

- Participated in planning meetings with relevant project staff of SWAPNO and reviewed relevant project documents;
- Submitted a detailed work plan to SWAPNO team along with timeframe and responsible persons for this assignment;
- Finalized study methodology including data collection methods, sampling strategy with appropriate framework (i.e., RCT, but not limited to);
- Finalized data collection tools for the study in consultation with SWAPNO team. The study team pre-tested and finalized tools and techniques for the survey. The data collection tools have been prepared in Bengali and English language;
- Developed android plus web based application for household survey questionnaire;
- Organized training for the enumerators followed by field practice. The training included methodology, tools and technique of the survey, to ensure that enumerators have in-depth understanding of the study;
- Ensured data collection from the respondents according to sample design, using prescribed tools and techniques;
- Prepared and finalized data analysis and tabulation plan and generated output tables accordingly;
- Provided soft copy of data (MS-Excel, MS-Access & SPSS), both clean and unclean and also output tables with 'do file' (syntax files);
- Submitted draft report of the study to SWAPNO team prior to submission of final report. SWAPNO team reviewed the draft report and provided necessary feedback. The study team submitted the final report addressing the feedback received from SWAPNO team.

## **1.3 Structure of the Report**

The report consists of 9 chapters including Introduction (Chapter 1) and (Chapter 2) Methodology. The remaining chapters are Demographic and Socio-economic Profile of Study Population (Chapter 3), Ownership of Household Assets (Chapter 4), Household Income, Expenditure and Savings (Chapter 5), Poverty and Vulnerability (Chapter 6), Morbidity and treatment (Chapter 7), Food Security and Nutritional Status (Chapter 8), and Violence, Harassment, Empowerment and Decision Making (Chapter 9).

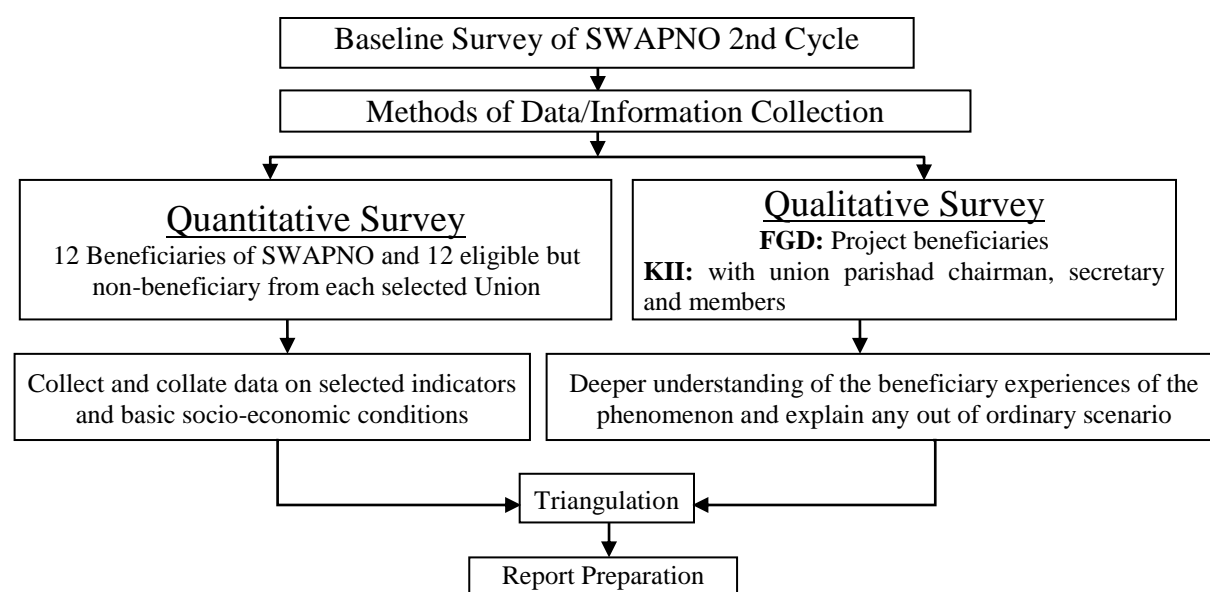
## Chapter 2: Methodology

The baseline survey reveals the current status of the beneficiary households (regarding the outputs/results 1, 2 and 3 as mentioned in section 1.1). The survey results will be considered as benchmarks for impact assessment of the project's interventions. Moreover, the study will also help the project's management to determine the priority intervention areas. This baseline study included both quantitative and qualitative methods for collection of data and information which allowed finding 'what' questions in numerical value; and qualitative indicators provide answers to the 'how' questions in description of judgment, opinion, perception and attitude.

### 2.1 Study Approach

The quantitative survey design will allow a pre-post comparison for selected quantitative indicators in the impact phase. Qualitative information was collected through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). A snapshot view of the survey is provided herein (Diagram 2.1).

Diagram 2.1: Study Design



### 2.2 Quantitative Design

**Sampling and Sample Size:** The second phase of SWAPNO project is being implemented in 72 Union Parishads (UP) of Kurigram district and 52 Union Parishads of Satkhira district. 36 disadvantaged women in each UP have been selected as the primary beneficiaries totaling 4,464 beneficiary households. Since the final beneficiaries were randomly selected from the list of eligible households, there were eligible but non-beneficiary households. Lists of eligible households (beneficiary as well as non-beneficiary) were available from Union workers of SWAPNO.

**Sample Design for Quantitative Survey:** Sample (disadvantaged women) for this survey was stratified and selected in two stages. Each district was separate strata. In each district, samples were selected independently. In the first stage, Primary Sampling Units (PSU) was selected through Probability Proportional to Size (PPS) method. Unions selected for project intervention were PSU. In second stage, equal number of disadvantaged women was randomly selected from each selected union using sampling frame prepared for this project.

**Sample size of Disadvantaged Women:** For better representation of the total scenario of food security and livelihoods, health, health capital in terms of nutrition, education, voice of rights against discrimination and violence sample was drawn separately from selected the two districts. Thus for determining a representative sample size of disadvantaged women, sampling method was adopted ensuring confidence level, precision level, central limit theorem as well as first approximation of sample size.

$$n_i = \frac{n_{0i}}{1 + \frac{n_{0i} - 1}{N_i}} \times deff$$

Where,

- $n_{0i}$  = First approximation =  $\frac{Z^2 p_i q_i}{e^2}$
- $n_i$  = Sample size in each project district
- $p_i$  = Anticipated binomial probability for project district
- $q_i$  =  $1 - p$
- $Z$  = Standard normal variate value at 95% confidence level
- $e$  = Margin of error (5%)
- $deff$  = Design effect for multistage sampling
- $N_i$  = Total Number of project beneficiaries

Using above equation, assuming  $p_i = 0.50$  for maximum sample size, with 5 per cent margin of error and 1.4 design effect estimated sample sizes for disadvantaged women in intervention group are presented in Table 2.1. Sample size of disadvantaged women for control group is equal to

intervention sample size. From each selected union, 12 disadvantaged women were selected from intervention and 12 disadvantaged women were selected from control group.

Table 2.1: Estimated sample size of disadvantaged women for this survey				
District	Sample Respondents			Sample Union
	Intervention	Control	Total	
Kurigram	288	288	576	24
Satkhira	216	216	432	18
Total	504	504	1008	42

Anthropometric measurements (height and weight) were collected from project beneficiaries and all children aged less than 5 years from the beneficiary's household.

## 2.3 Qualitative Design

Qualitative methods search for a deeper understanding of the respondent's/participant's answers or responses of a phenomenon. Moreover, qualitative techniques allowed data/information collection process free from predetermined categories of analysis. KIIs and FGDs were used as tools for qualitative information collection.

### ***Sample Size: Qualitative Methods***

- ✓ Key Informant Interviews (KIIs): 8
  - *UP Chairman* - 2
  - *Secretary of UP*- 2
  - *UP members* – 4
- ✓ Focus Group Discussions (FGD): 4
  - *SWAPNO beneficiaries* (2 in each sample district)

## **2.4 Ethical Consideration**

In social science research, it is important to be aware of the general agreements among the researchers about what is proper and improper while conducting a scientific inquiry. More importantly, ethical agreements/issues present in social research e.g. voluntary participation, no harm to participants, deceiving subjects, informed consent, unbiased analysis and reporting, anonymity and confidentiality, professional code of ethics etc. have been strictly followed or adhered to. Furthermore,

- ✓ The purpose and objective of the study have been explained to respondent/participant;
- ✓ The respondent has been informed that his/her identity will be kept confidential;
- ✓ The permission of respondent has been sought;
- ✓ All the gender issues have been adhered;
- ✓ Pertinent issues (such as anthropometric measures of the women) have been dealt by female enumerators by ensuring privacy.

## **2.5 Data/information Analysis Plan**

The primary unit of analysis in the study is disadvantaged women, with results summarized for districts and total sample. Data have been analyzed using SPSS. In data analysis, the diversification of locations has been taken into consideration.

### ***Quantitative data analysis***

Quantitative data analysis techniques included uni-variate analysis, bi-variate analysis, and more generally, multivariate analysis. The measurement levels of the variables have been taken into account while analyzing the data, as special statistical techniques are available for each level.

*Basic statistical tools* used for data analysis are as follows:

- Frequency distributions and graphical representations (numbers, proportions, percentages),
- Statistics (mean, standard deviation, numbers, proportions, percentages etc.),
- Cross tabulations,
- Graphical representations,
- Comparative analysis (upon discussion with client),
- Confidence intervals (if necessary).

### ***Qualitative data analysis***

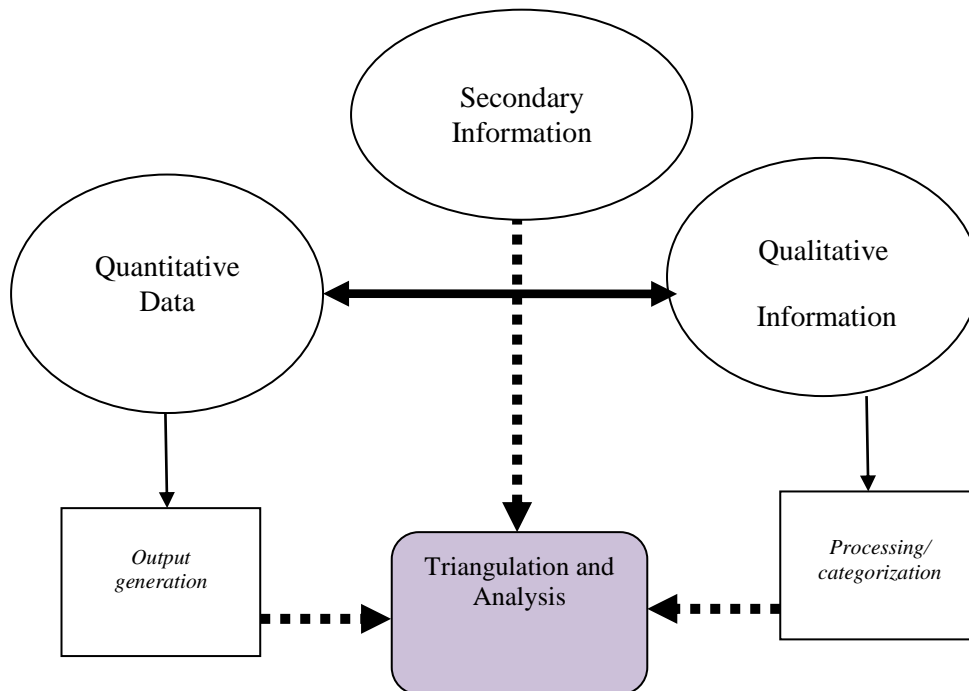
Approaches to qualitative data analysis are as follows:

- ✓ Documentation of the data and the process of data collection;
- ✓ Organization/categorization of the data into concepts;
- ✓ Connection of the data to show how one concept may influence another;
- ✓ Corroboration/legitimization, by evaluating alternative explanations, disconfirming evidence, and searching for negative cases;
- ✓ Representing the account (reporting the findings).

### ***Triangulation***

Content analysis have been be done for making replicable and valid inferences from information to their context, for the purpose of new insights, a representation of facts and a practical guide for action. The qualitative information and quantitative data analysis have been accomplished separately and their findings have been synthesized (Diagram 2.2).

Diagram 2.2: Synthesizing qualitative and quantitative findings





## Chapter 3: Demographic and Socio-economic Profile of the Study Population

Household is the smallest primary unit of social institution and almost all socio-economic activities are being performed around this unit<sup>1</sup>. Household is defined as a dwelling unit where one or more persons eat together under a common cooking arrangement and lives (generally, slept at night under the same roof at least once in last six months; guests are not included). Matrimonial or blood-related relations exist among most of the persons who reside in the dwelling. This chapter clearly maps out the demographic, social and economic characteristics of the sample households with respect to age, household size, sex ratio, marital status, occupation and educational attainment etc.

### 3.1 Characteristics of Respondents

In this baseline survey (Cycle 2), more than 40 per cent women was found in the age group 30-39 years. No significant difference in age was observed between intervention and control. More than 50 per cent women fell below 39 years of age in control households (56.2%), whereas it was higher in the intervention households (61.8%). It is also noticed that more than 75 per cent women in both districts — Satkhira (90.7%) and Kurigram (76.7%) — were below 45 years of age. However, elderly population aged more than 45 years and above constituted a small section of population in intervention (2.4%) and control areas (5.4%). The underpinning argument behind this estimation is that a large number of women would be able to provide physical labor for different activities.

Table 3.1: Age of respondents in percentage

Age group	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Less than 30	12.9	13.9	21.8	13.9	16.7	13.9
30-34	18.1	15.6	21.3	19.0	19.5	17.1
35-39	23.3	25.3	28.7	25.9	25.6	25.6
40-45	22.3	19.4	19.0	20.4	20.9	19.8
45+	23.3	25.3	9.3	21.3	17.3	23.6
Total (n)	287	288	216	216	503	504

Marital status were categorized as *unmarried*, *married with disable and sick husband*, *widowed*, *divorced* and *separated*. Reportedly, among both intervention and control respondents, the highest number of women was found to be widowed and separated; being around 60 per cent in each category. Proportion of these two categories of women in both intervention (widowed: 36.8% and separated: 30.8%) and control respondents (widowed: 28% and separated: 31.3%) were more or less identical. An 8.5 per cent women respondents in the intervention were married with disable and sick husband. Comparatively, the portion belonging to the same category in control was quite higher (23.6%).

Table 3.2: Marital status of respondents in percentage

<sup>1</sup> Barkat, A., Suhrawardy, G. M., Osman, A., Sobhan, M. A., and Rafique, R. B (2017). Agricultural Production Practices in Chittagong Hill Tracts. Dhaka: Manusher Jonno Foundation and Human Development Research Centre.

Marital Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Unmarried	1.0	1.0	1.4	4.6	1.2	2.6
Married with disable or sick husband	8.4	19.8	8.8	28.7	8.5	23.6
Divorced	21.3	13.5	24.5	15.7	22.7	14.5
Widowed	41.8	35.8	30.1	17.6	36.8	28.0
Separated/Deserted	27.5	29.9	35.2	33.3	30.8	31.3
Total (n)	287	288	216	216	503	504

Often, it is recognized that education plays a vital role in forming human capital<sup>2</sup>. But, the percentage of respondents with no schooling (intervention: 72.4% and control: 79.2%) is very high. By education level, highest literacy rate among the respondents having completed their primary education is observed in the intervention households (8.3%) in Satkhira. On the other hand, nearly a similar portion of respondents in Kurigram (7%) have completed primary education. It is also found that 13.3 per cent respondents in the intervention households did not complete primary education and another 6.6 per cent did not complete secondary level of education; the percentages were, however, a bit lower in control households (12.1% and 4.2% respectively).

Table 3.3a: Educational attainments of respondents in percentage

Educational attainment	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
No schooling	79.4	83.0	63.0	74.1	72.4	79.2
Incomplete primary	9.8	10.1	18.1	14.8	13.3	12.1
Complete primary	7.0	4.5	8.3	3.7	7.6	4.2
Incomplete secondary	3.8	2.1	10.2	6.9	6.6	4.2
SSC or above	-	0.3	0.5	0.5	0.2	0.4
Total (n)	287	288	216	216	503	504

Low schooling rate yields into low literacy rate. Though 64.0 per cent of the beneficiaries can sign their name, only 18.3 per cent can read or write which is a limitation in moving ahead with different training activities. Also 15.5 per cent beneficiary cannot read, write or sign. The situation is ever worse among respondents of control. 59.1 per cent of them can sign their name, while only 12.3 per cent can read or write and 26.6 per cent cannot read, write or sign.

Table 3.3b: Literacy status of respondents in percentage

Literacy Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Can read and write	11.8	10.4	26.9	16.2	18.3	12.9
Can read only	1.7	1.0	2.8	1.9	2.2	1.4
Can sign only	65.9	59.0	61.6	59.3	64.0	59.1
Cannot read, write or sign	20.6	29.5	8.8	22.7	15.5	26.6
Total (n)	287	288	216	216	503	504

In the survey areas, beneficiary women were basically engaged in three types of occupations: work in other's house (maid), agriculture labor and non-agriculture labor. Around 95.0 per

<sup>2</sup> Amartya Sen (1997). Editorial: *Human Capital and Human Capability*; Robert Crocker (2006). *Human Capital Development and Education: Skills and Knowledge for Canada's Future: Seven Perspectives*; Simon Burgess (2016). *Human Capital Development and Education: The State of the Art in the Economics of Education*.

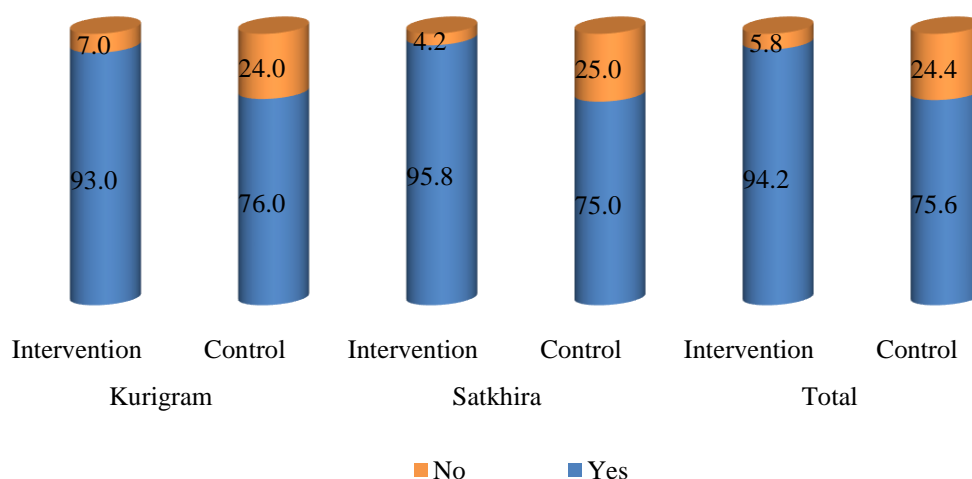
cent of the beneficiary women in intervention households were engaged in those occupations by comparison with 88.0 per cent in control households. In Satkhira (95.8%), highest percentage of respondents were engaged in these three occupations, whereas in Kurigram, it was a bit low (93.3 %). Furthermore, a smaller percentage of women was engaged in handicrafts – 0.8 per cent in intervention and 1.6 per cent in control. A small percentage of beneficiary women was employed in livestock rearing and small business (0.6%); whereas, the percentage of beneficiary women involved in the same occupation was a little higher in control (2.6 %). 2.0 per cent beneficiary women was found unemployed; while 1.4 per cent women in the control households remain unemployed in most of the time.

Table 3.4: Major occupation of respondents in percentage

Major occupation	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Work in other's house	36.9	37.5	1.9	4.2	21.9	23.2
Agriculture labor	29.6	28.1	49.5	53.2	38.2	38.9
Handicrafts	0.7	1.7	0.9	1.4	0.8	1.6
Livestock rearing	0.3	0.6	0.5	1.4	0.4	1.0
Small business	0.3	1.0	-	2.3	0.2	1.6
Begging	-	0.3	-	1.4	-	0.8
Non Agriculture labor	26.8	23.6	44.4	27.8	34.4	25.4
Unemployed	3.8	6.6	-	5.6	2.2	6.2
Others	1.3	0.3	2.8	2.8	2.0	1.4
Total (n)	287	288	216	216	503	504

As expected, about 95 per cent of women were the main income earner in the intervention households (76% at control). Above 90 per cent women were observed to be main income earner in both Satkhira and Kurigram (Figure 3.1). The remaining income earners of the households were 5.8 per cent in the intervention and 24.4 per cent in the control.

Figure 3.1: Main income earner of the households

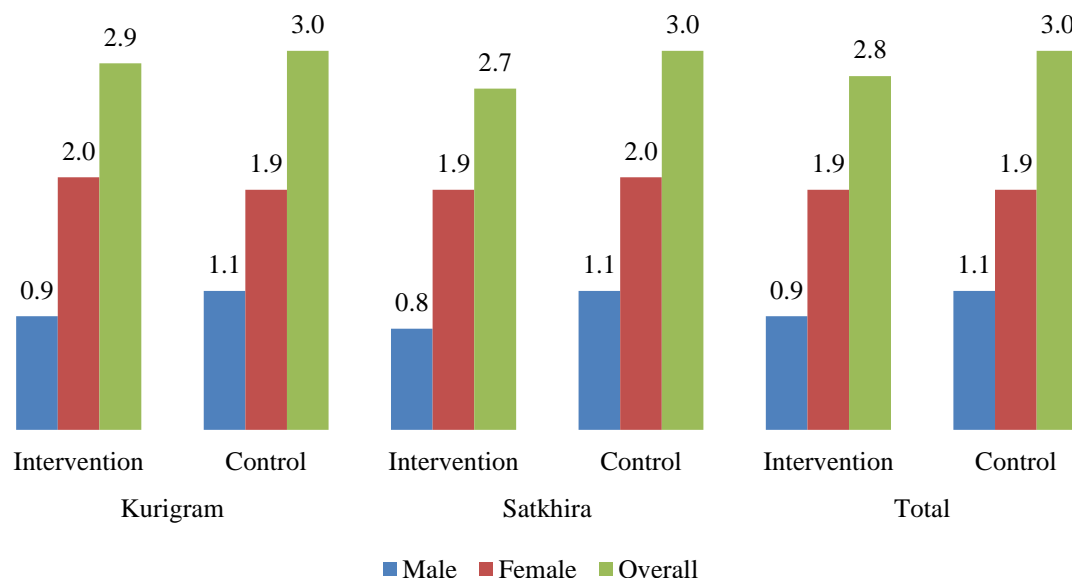


## 3.2 Demographic Characteristics of Population

Demographic characteristics of the households play critical role in defining livelihoods and living condition. **are very important for analyzing their living and livelihood<sup>3</sup>**. This section maps out demographic characteristics like household size, age of household members, dependency ratio etc.

**Household size:** Average household size in the intervention area was 2.8; whereas in the control, it was 3.0 (Figure 3.2). The household size in Kurigram (2.9) was a little higher compared to Satkhira (2.7). The Preliminary report of household survey 2016 reveals that the average household size of rural Bangladesh is 4.1, which is significantly higher compared to the average household size of this survey. The reason lies in the targeting criteria of this SWAPNO project that mostly selected divorced, separated, and widowed women. Analysis suggests that only 8.5 per cent of the respondents are currently married and 90 per cent of them are household heads.

Figure 3.2: Average household size by sex



**Age of household members:** Analysis of age structure reflects that the population in the survey areas is comparatively young. It appears that among the total sample of intervention households, close to one-third of the population was below 15 years along with about 5.8 per cent under 5 age-group. In the intervention households, around 6 per cent belonged to age group 60+. In the control households, the distribution of population was also similar. The highest percentage of population ranged between the age group 10-14 years (intervention: 15.9% and control: 15.4%); and lowest percentage was observed between the age group 60-64 (intervention: 2.1% and control: 2.2%).

<sup>3</sup> Barkat, A., Suhrawardy, G. M., Osman, A., Sobhan, M. A., and Rafique, R. B (2017). Agricultural Production Practices in Chittagong Hill Tracts. Dhaka: Manusher Jonno Foundation and Human Development Research Centre.

Table 3.5: Percentage distribution of household members by age

Age in years	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
0-4	6.5	5.2	4.7	3.5	5.8	4.5
5-9	13.2	13.3	12.3	9.4	12.8	11.6
10-14	16.9	17.7	14.5	12.5	15.9	15.4
15-19	11.2	9.1	8.9	10.4	10.3	9.6
20-24	4.5	4.0	4.4	5.0	4.4	4.4
25-29	5.4	6.2	8.4	5.6	6.7	5.9
30-34	6.5	6.3	8.4	7.5	7.3	6.8
35-39	8.6	9.0	12.0	10.5	10.0	9.6
40-49	16.5	18.0	12.5	17.2	14.8	17.7
50-59	3.6	5.4	4.6	8.1	4.0	6.5
60-64	1.6	1.9	2.9	2.6	2.1	2.2
65+	5.4	4.1	6.4	7.8	5.8	5.7
Total (n)	828	859	593	657	1421	1516

In both intervention and control, respondents reported that percentage distribution of women members were highest in the age group 40-49 years (intervention: 20.2% and control: 21.6%); where the highest male members were found between the age group 10-14 (intervention: 28.1% and control: 21.2%). According to the percentage distribution of members in both intervention and control, women were found lowest between the age group 60-64 (intervention: 2.3% and control: 2%); (Table 3.5a and 3.5b). Average age of female was quite similar in both intervention (31.2 years) and control (31.5 years). In control households, male and female are 24.6 per cent and per cent respectively.

Table 3.5a: Percentage distribution of members in intervention households by sex

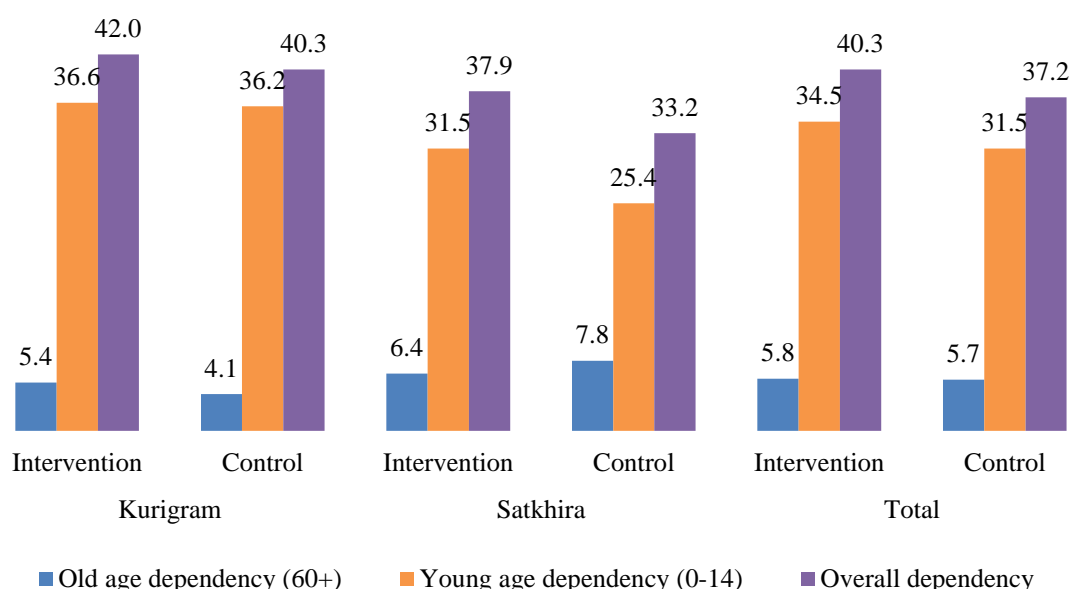
Age in years	Kurigram		Satkhira		Total	
	Male	Female	Male	Female	Male	Female
0-4	9.3	5.2	8.3	3.2	8.9	4.3
5-9	19.0	10.4	21.0	8.5	19.8	9.6
10-14	29.5	10.9	26.0	9.5	28.1	10.3
15-19	19.4	7.3	14.9	6.3	17.6	6.9
20-24	5.6	3.9	6.1	3.6	5.8	3.8
25-29	4.5	5.9	3.3	10.7	4.0	7.9
30-34	0.7	9.3	0.6	11.9	0.7	10.4
35-39	1.1	12.1	3.3	15.8	2.0	13.7
40-49	2.6	23.2	4.4	16.0	3.3	20.2
50-59	3.4	3.8	3.9	4.9	3.6	4.2
60-64	1.1	1.8	2.8	2.9	1.8	2.3
65+	3.7	6.3	5.5	6.8	4.5	6.5
Total (n)	268	560	181	412	449	972
<b>Avg. age (years)</b>	17.4	30.7	19.9	31.9	18.4	31.2

Table 3.5b: Percentage distribution of members in control households by age

Age in years	Kurigram		Satkhira		Total	
	Male	Female	Male	Female	Male	Female
0-4	6.9	4.3	3.4	3.5	5.4	4.0
5-9	20.3	9.4	13.4	7.3	17.3	8.5
10-14	24.5	13.9	16.8	10.1	21.2	12.3
15-19	15.0	5.8	14.7	8.0	14.9	6.7
20-24	5.2	3.3	5.6	4.7	5.4	3.9
25-29	4.6	7.1	6.0	5.4	5.2	6.3
30-34	1.6	8.9	3.0	9.9	2.2	9.3
35-39	1.0	13.4	4.7	13.6	2.6	13.5
40-49	9.5	22.8	12.1	20.0	10.6	21.6
50-59	6.5	4.7	8.2	8.0	7.2	6.1
60-64	2.0	1.8	3.0	2.4	2.4	2.0
65+	2.9	4.7	9.1	7.1	5.6	5.7
Total (n)	306	553	232	425	538	978
Avg. age (years)	21.0	30.5	29.2	32.7	24.6	31.5

**Demographic dependency:** Dependency ratio refers to the ratio of the dependent population (population aged 0-14 years and 60 years and over) to the working age population (population aged 15-59 years). This is divided into young age dependency calculated as the ratio of population aged 0-14 years, while old age dependency is calculated as the ratio of population aged over 60 years. The estimated dependency ratio is around 40 per cent in both intervention and control households. Compared to Kurigram (42%), dependency in Satkhira (37.9%) was lower in intervention households. Young age dependency was 34.5 per cent and old age dependency 5.8 per cent in intervention households (Figure 3.3).

Figure 3.3: Demographic dependency ratio of household members



Household members were predominantly female. About two-thirds of the population in intervention households was female and the remaining one-third was male. This male-female distribution was more or less similar in the control households. It was observed that the sex

ratio<sup>4</sup> for intervention households was less than control (Table 3.6). The bias of female population among surveyed households is due to project targeting design. We have already discovered that 84 per cent of the respondents was separated, divorced, or widowed. This naturally results in absence of an adult male member in the surveyed households.

Table 3.6: Distribution of population by sex

Sex	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Male	32.4	35.6	30.5	35.3	31.6	35.5
Female	67.6	64.4	69.5	64.7	68.4	64.5
Total (n)	828	859	593	657	1421	1516
<b>Sex ratio</b>	47.9	55.3	43.9	54.6	46.2	55.0

Marital status of household members demonstrates that around 45 per cent women were unmarried in both intervention and control. The following table shows, highest percentage of widowed and separated in the intervention households represents Satkhira (32.9%); albeit Kurigram represents slightly lower (31.1%) percentage of widowed and separated in the intervention households. The

Table 3.7: Marital status of household members in percentage

Marital Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Unmarried	47.6	45.9	42.8	39.6	45.6	43.1
Married	13.9	21.4	15.0	30.9	14.4	25.5
Divorced	7.4	4.8	9.3	5.8	8.2	5.2
Widowed	21.0	17.0	19.1	11.9	20.2	14.8
Separated/Deserted	10.1	10.9	13.8	11.9	11.7	11.3
Total (n)	828	859	593	657	1421	1516

### 3.3 Socio-economic Characteristics of Population

This section analyzes socio-economic characteristics e.g. education status of the household members, occupation and income earning status of the surveyed households.

**Education:** Literacy and educational attainments among household members is important because higher schooling years of the members can lead to their higher productivity, which further leads to higher household income. Educational poverty is much more pronounced among the women-headed households which were also found in the present study. In the intervention households, around 40 per cent household members had no formal education but were literate; whereas illiterate members were about 60 per cent. A 1.9 per cent household member age 6+ in intervention group had no schooling at all. According to the FGD respondents across the districts, lack of education among the household members, specially female household members, hindered their access to both social and economic opportunities.

On the other hand, about 29 per cent had completed primary and SSC or above in the intervention households (22.7% completed primary and 5.9% completed SSC or above). Compared to the intervention group, higher percentage of households who did not complete primary and secondary education level were found in the control group (72.4%); which was a bit lower in control (69.5%). At the same point, highest members were found in Satkhira (72.5%); whereas in Kurigram, it was (66.9%) in the intervention households.

<sup>4</sup> Sex ratio is the number of males per 100 females.



Table 3.8: Literacy and educational attainments among household members aged 6+ (in %)

Literacy & education	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether having literacy</b>						
Yes	36.9	35.5	44.5	38.9	40.1	37.0
No	63.1	64.5	55.5	61.1	59.9	63.0
<b>Educational attainments</b>						
No schooling	1.8	.7	2.0	1.2	1.9	0.9
Incomplete primary	40.6	42.0	38.1	40.7	39.4	41.4
Complete primary	26.3	22.7	18.6	18.1	22.7	20.6
Incomplete secondary	26.3	29.4	34.4	32.9	30.1	31.0
SSC or above	5.0	5.2	6.9	7.0	5.9	6.0
Total (n)	281	286	247	243	528	529

In both intervention and control, household members informed the highest percentage of children aged 5-16 admitted into schools (intervention: 68% and control: 64.1%). On the other hand, at the same age group 34.3 per cent denied going into schools in the intervention households of Satkhira; whereas in Kurigram, it was 30.3 per cent.

Highest percentage of households was around 94.0 per cent where children were regularly going to school in both the intervention and control. Very few children were irregular in both intervention (3.1%) and control (2.8%). However, a small portion of the children were also found who never went to the school (Intervention: 3.1% and Control: 3.7%).

Table 3.9a: Percentage distribution of households by status of children's schooling

Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether or not getting children age 5-16 admitted in schools</b>						
Yes	69.7	68.4	65.7	58.3	68.0	64.1
No	30.3	31.6	34.3	41.7	32.0	35.9
Total (n)	287	288	216	216	503	504
<b>Whether or not school age children going to school</b>						
Regularly	92.3	93.8	95.9	93.0	93.7	93.5
Irregularly	3.3	1.1	3.0	5.7	3.1	2.8
Not at all	4.5	5.1	1.2	1.3	3.1	3.7
Total (n)	246	275	169	157	415	432

The major reason for children's not attending schools regularly was that they cannot afford the educational expense (intervention: 41.7% and control: 54.8%). A similar percentage of children in the intervention households reported that they had no interest to read and write; and another 18.8 per cent were not attentive. In respect to both intervention and control households, Table 3.9b highlights some other appalling reasons for not attending school regularly e.g. they were busy with household work (19.8%), worked for supplement family income (32.3%) and lacked of safety (4.2%).



Table 3.9b: Percentage of households by reasons of children's not attending schools regularly

Reasons	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Busy with household work	22.1	21.2	14.3	12.5	19.8	17.9
Work to supplement family income	41.2	36.5	10.7	21.9	32.3	31.0
No interest to read and write	16.2	11.5	25.0	40.6	18.8	22.6
Lack of safety	4.4	3.8	3.6	3.1	4.2	3.6
Not attentive	17.6	13.5	21.4	34.4	18.8	21.4
Cannot bear the educational cost	36.8	50.0	53.6	62.5	41.7	54.8
Others	8.8	17.3	25.0	9.4	13.5	14.3
Total (n)	68	52	28	32	96	84

**Occupation:** Occupation of household members above 10 years of age belonging to intervention group was predominantly engaged in two income earning occupations: agricultural labor (20.3%) and non-agricultural labor (20.6%). Highest percentage of households in the intervention group in Satkhira (24.4%) was engaged as agricultural labor. On the contrary, belonging to the same group, highest percentage of household members in Kurigram (18.6%) were found engaged in non-agricultural activities. In intervention, a portion of household members (27.8%) was also engaged in some non-income activities, such as study and household work. On the other hand, very small percentage of households was engaged in additional income earning activities: 3.3 per cent in intervention and 3.5 per cent in control. Around 14 per cent intervention household members were unemployed during the survey.

Table 3.10: Major occupation of household members aged 10+ in percentage

Occupation	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Work in other's house	18.1	18.5	1.0	2.7	10.8	11.4
Agriculture labor	17.2	16.6	24.4	25.6	20.3	20.7
Handicrafts	0.5	0.9	0.6	1.4	0.6	1.2
Livestock rearing	0.2	0.4	0.4	0.7	0.3	0.6
Small business	0.6	1.5	0.2	2.3	0.4	1.9
Begging	0.5	0.4	0.6	1.1	0.5	0.7
HH Work	7.9	7.7	3.8	7.2	6.1	7.5
Non Agriculture labor	18.6	20.0	23.2	18.8	20.6	19.5
Student	20.3	20.9	23.4	18.1	21.7	19.6
Unemployed	12.5	10.7	16.9	14.2	14.4	12.2
Rickshaw/van puller	0.6	0.6	1.3	2.3	0.9	1.4
Others	3.0	1.8	4.2	5.6	3.5	3.5
Total (n)	634	675	479	558	1113	1233

More than three-fourths female members of intervention households were engaged as non-agricultural labor against less than two-thirds control household female members (Table 3.11)

Table 3.11: Involvement of household members in non-agricultural labor by sex in percentage

Sex	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Male	32.5	44.1	9.8	37.1	21.6	41.1
Female	67.5	55.9	90.2	62.9	78.4	58.9
Total (n)	120	136	112	105	232	241

## Chapter 4: Ownership of Household Asset

Ownership and control over different household assets either movable or immovable provide multifarious benefits to individuals and households, including a secure place to live, livelihoods and protection during emergencies. Information regarding this type of ownership obviously plays an important role in assessing the general socio-economic characteristics of the sample population.

### 4.1 Ownership, Pattern and Construction Materials of Dwelling House

Reportedly, almost 75.0 per cent households in intervention and almost 80.0 households in, control owned their dwelling house on their own land. Prevalence of such ownership was higher in Satkhira in both intervention (75.5%) and control (81.5%) households. On the other hand, little less than one-fifth surveyed women in intervention and control households did not own any dwelling house. In intervention household, 14.9 per cent of them in Kurigram and 11.1 per cent in Satkhira district lived in relative's house. Rest of them stayed in other's house and a very few lived in own dwelling built on *khas* land (Table 4.1).

Table 4.1: Ownership of dwelling house in percentage

Ownership	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Own dwelling on own land	74.2	77.8	75.5	81.5	74.8	79.4
Own dwelling on other's land (except Khas land)	5.6	4.1	6.0	2.8	5.8	3.6
Relative's house	15.0	10.8	14.8	11.6	14.9	11.1
Other's house	3.8	5.2	2.3	3.7	3.2	4.6
Own dwelling on Khas land	1.4	2.1	1.4	0.4	1.4	1.4
Total (n)	287	288	216	216	503	504

Overall, more than 90 per cent of the respondents in intervention (95.6%) and control (93%) districts lived either in make shift *kancha* tin shed houses or in thatched houses made of bamboo/straw/earth. It indicates that percentage of make shift houses were little higher in intervention than in control household. District-wise analysis showed that *Kancha* tin shed houses were predominant in Kurigram and thatched houses made of bamboo/straw/earth were predominant in Satkhira district. In Satkhira, percentage of thatched houses was higher in intervention household (68.1%) as compared to control household (61.1%). On the other hand, percentage of tin shed houses was almost identical in intervention (86.5%) and controls (86.8%) households of Kurigram (Table 4.2). FGD respondents mentioned about the vulnerability of make shift houses to natural calamities.

Table 4.2: Type of dwelling house in percentage

Type of dwelling house	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Pucca <sup>5</sup>			0.5	0.5	0.2	0.2
Semi-pucca tin shed <sup>6</sup>	1.0	2.1	8.3	13.0	4.2	6.7
Kancha tin shed <sup>7</sup>	86.5	86.8	23.1	25.4	59.2	60.5
Bamboo/Straw/Earth	12.5	11.1	68.1	61.1	36.4	32.5
Total (n)	287	288	216	216	503	504

## 4.2 Energy Use

At household level, energy is used mainly for two reasons: cooking and lighting. For cooking purpose, most reported fuel was straw (intervention: 83.3% and control: 89.7%) followed by fire wood (intervention: 13.7% and control: 9.1%). Compared to intervention households (83.3%), straw was relatively more used by control households (89.7%) and it was vice versa in case of fire wood (13.1% and 9.1%). By districts, use of straw was predominant in Kurigram (intervention: 90.6% and control: 95.1%) by comparison with Satkhira (intervention: 78.3% and control: 82.4%). On the other hand, fire wood was primarily used in Satkhira (intervention: 21.3% and control: 15.7%) and only in few intervention (8%) and control households (4.2%) in Kurigram. In both surveyed districts, use of straw was more in control than intervention households; whereas fire wood was used to a large extent in intervention households as compared to control households (Table 4.3). Other sources of fuel for cooking purpose were coal and animal dung, which were only reported by few respondents in Kurigram and not reported at all in Satkhira.

Table 4.3: Fuel for cooking at household level in percentage

Source of fuel	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Fire wood	8.0	4.2	21.3	15.7	13.7	9.1
Coal	0.3	0.0	0.0	0.0	0.2	0.0
Straw	90.6	95.1	73.6	82.4	83.3	89.7
Gas	0.0	0.0	0.0	0.0	0.0	0.0
Animal dung	0.8	0.0	0.0	0.0	0.4	0.0
Others	0.3	0.7	5.1	1.9	2.4	1.2
Total (n)	287	288	216	216	503	504

Table 4.4 demonstrates that 64.2 per cent intervention households out of the total sample did not have access to electricity, while only 35.8 per cent control households did. It was further exposed that an equal proportion of household outside the SWAPNO project had no access to electricity. In both intervention and control households, the percentage of household having no electricity was higher in Kurigram than Satkhira district. A 71.8 per cent respondent in the intervention household of Kurigram had no access to electricity (Table 4.4).

<sup>5</sup> Pucca house has roof, wall and floor made of rod, cement and bricks/stone

<sup>6</sup> Semi-pucca tin shed house has roof made of CI sheets/tin and wall and floor made of rod, cement and bricks

<sup>7</sup> Kancha tin shed house has floor made of earth, wall made of bamboo and straw and roof made of CI sheets

Table 4.4: Access to electricity in percentage

Having electricity	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Yes	28.2	28.5	45.8	45.4	35.8	35.7
No	71.8	71.5	54.2	54.6	64.2	64.3
Total (n)	287	288	216	216	503	504

### 4.3 Ownership of Household Assets

Ownership of household assets of the respondents was assessed on the basis of possessing five different household items namely TV, Radio, mobile phone, bicycle and motorcycle. Table 4.5 reveals that except mobile phone and to some extent, bicycle reported ownership of other household items in intervention and control households were not worth mentioning. The ownership of mobile phone is higher among the respondents in intervention (66.4%) than that was in control households (59.3%). District-wise ownership of mobile phone was more in Satkhira than in Kurigram. Against 62.7 per cent respondents in Kurigram, 71.3 per cent respondents in intervention households of Satkhira owned mobile phone. Similarly, ownership of mobile phone was more in control households of Satkhira (67.6%) compared to control households of Kurigram (53.1%). Of the few respondents who owned bicycle, the percentage of ownership was slightly higher in control households (7.5%) than the intervention (5%). In comparison with Kurigram, ownership of bicycle was more pronounced in Satkhira (Table 4.5).

Table 4.5: Ownership of other household assets

Ownership of Assets	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>TV</b>						
Percentage of HH	1.0	1.0	1.9	3.2	1.4	2.0
Avg value (Tk)	4833	4667	2000	3786	3214	4050
Max value (Tk)	7000	8000	3000	8000	7000	8000
Min value (Tk)	1500	2000	500	1000	500	1000
<b>Radio</b>						
Percentage of HH	0.0	0.0	0.9	0.5	0.4	0.2
Avg value (Tk)	-	-	350	150	350	150
Max value (Tk)	-	-	500	150	500	150
Min value (Tk)	-	-	200	150	200	150
<b>Mobile phone</b>						
Percentage of HH	62.7	53.1	71.3	67.6	66.4	59.3
Avg value (Tk)	676	714	647	704	663	709
Max value (Tk)	2500	5000	3500	6000	3500	6000
Min value (Tk)	100	100	100	100	100	100
<b>Bicycle</b>						
Percentage of HH	4.5	5.2	5.6	10.6	5.0	7.5
Avg value (Tk)	2015	1553	2325	1796	2164	1700
Max value (Tk)	3500	3000	4500	6000	4500	6000
Min value (Tk)	1000	500	400	400	400	400
<b>Motor Cycle</b>						
Percentage of HH	0.0	0.0	0.5	0.5	0.2	0.2
Avg value (Tk)	-	-	10000	80000	10000	80000
Max value (Tk)	-	-	10000	80000	10000	80000
Min value (Tk)	-	-	10000	80000	10000	80000

## 4.4 Ownership of Land

Land ownership is one of the important indicators to measure household economic status. Only 4 per cent of rural land in Bangladesh is owned by women<sup>8</sup> and this land inequality was found in acute form among the survey households. On the whole, survey findings showed that hardly 3.0 per cent household in intervention and 3.6 per cent in control households owned agricultural/cultivable land. The reported average size of the agricultural/ cultivable land was 0.36 and 1.00 decimal respectively in intervention and control households. In contrast to ownership of cultivable land, a large proportion of households in intervention (89.5%) and control (91.3%) households was found to have their own homestead land (Table 4.6a). However, the average size of the homestead land in intervention and control households was 4.29 and 4.84 decimals respectively.

All of the FGD participants were found from functionally landless households and most of them claimed that they were even deprived from their inherited land to a large extent. It can be mentioned here that households having less than 50 decimal of land are landless<sup>9</sup> either actually or functionally. By districts, reported ownership of homestead land was higher in Satkhira (intervention: 91.2% and control: 93.1%) than in Kurigram (intervention: 88.2% and control 89.9%). Irrespective of intervention and control households, average size of the land owned by the household in Kurigram and Satkhira was less than 50 decimal (Table 4.6b) and in that sense they are landless, either actually or functionally.

Table 4.6a: Incidence of ownership of different types of land (average size)

Categories of land	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Homestead land</b>						
Percentage of HH owning	88.2	89.9	91.2	93.1	89.5	91.3
Avg. size (decimal)	5.11	5.94	3.10	3.35	4.29	4.84
<b>Agricultural land/Cultivable land</b>						
Percentage of HH owning	2.8	3.1	3.2	4.2	3.0	3.6
Avg. size (decimal)	0.24	0.64	0.53	1.49	0.36	1.00
<b>Pond</b>						
Percentage of HH owning	0.7	0.3	5.6	3.2	2.8	1.6
Avg. size (decimal)	0.02	0.35	0.21	0.23	0.10	0.30
<b>Fallow land</b>						
Percentage of HH owning		0.3		0.9		0.6
Avg. size (decimal)		0.02		0.15		0.08

<sup>8</sup> Abul Barkat (2016b). *Political Economy of Agrarian-Land-Aquarian Reform in Bangladesh* (In Bengali – *Bangladeshe KrishiVumi-Jola Shongshkarer Rajnoitik-Orthoneeti*). Muktabuddhi Prokashona, Dhaka.

<sup>9</sup> 'landless household-I' that does not claim ownership of homestead land or other arable land; 'landless household-II' that claims ownership of homestead land but no ownership of arable land; 'Landless household-III' possesses ownership of some arable land specifically not more than half an acre or 50 decimal but no homestead land; and finally 'Landless household-IV' claims ownership of both arable and homestead land but area of arable land should not exceed half an acre or 50 decimal [BBS, 2004. 2003 Statistical Yearbook of Bangladesh. Bangladesh Bureau of Statistics, Ministry of Planning, Government of the People's Republic of Bangladesh, Dhaka.]

Table 4.6b: Percentage distribution of households by ownership of land

Size of land owned (decimal)	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
0	53.0	48.6	42.1	38.9	48.3	44.4
1-4	33.4	36.5	39.8	42.1	36.2	38.9
5-49	13.6	14.2	18.1	18.1	15.5	15.9
50+	0.0	0.7	0.0	0.9	0.0	0.8
Total (n)	287	288	216	216	503	504

According to survey data, most of the women under SWAPNO project were poor and they had limited resource. Moreover, they had liabilities mainly due to borrowing money from NGOs, friends and relatives. Notwithstanding, the loans from friends and relatives were usually without interest but loans from NGOs had to pay back along with interest. In urgency, they had to take loans from the money lenders and shop-keepers with high rate of interest. Net resources of the respondents have been calculated by deducting their liabilities (mainly loans) from the value of total assets. Average liabilities of the respondent in intervention and control households were Tk.2, 001 and Tk.2, 477 against the total assets of Tk. 6,463 and Tk. 8,546 respectively (Table 4.7). Thus the average value of net assets of the respondents in intervention households was Tk. 4,462 and in control households Tk. 6,069. Except with a little variation, there was no substantial difference in the value of net assets among the respondent in the intervention households of Kurigram (Tk. 4274) and Satkhira (Tk.4, 712) district (Table 4.7). It is almost similar in case control households of Kurigram (Tk. 5,982) and Satkhira (Tk. 6,185) district.

Table 4.7: Average value of total assets, net assets & liabilities (Tk.)

Value	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Total assets	6,228	7,338	6,774	10,157	6,463	8,546
Liabilities	1,954	1,356	2,062	3,972	2,001	2,477
Net assets	4,274	5,982	4,712	6,185	4,462	6,069

## 4.5 Organizational Affiliation

Affiliation with different GO/NGOs is one of the important criteria to determine women's empowerment. The survey result exposed that under SWAPNO project only 7.6 per cent women in intervention and 8.9 per cent in control households were affiliated with any GO/NGO other than SWAPNO. District wise data of intervention households showed that in percentage term more women were affiliated as compared to control households. For example, against 11.1 per cent in Satkhira, the GO/NGO affiliated women in Kurigram was 7.3 per cent. Data further demonstrate that, women were mostly affiliated with NGO (intervention: 63.2% and control: 77.8%) followed by union parishad (intervention: 36.8% and control: 2.2%). By district, affiliation with NGO was higher in Satkhira than Kurigram both in intervention and control household.

Overall, women under SWAPNO project were mainly affiliated with several GO/NGOs to get credit/financial facilities (34.0%), to create voice for destitute women (30.2%), to deposit money (22.6%) and to avail service provided by GO/NGO, etc. A total of 64.2 per cent women in intervention and 28.9 per cent in control households was general member in socio-economic institutions. Irrespective of intervention and control household, this percentage was higher in Kurigram (intervention: 88.2% and control: 37.5%) than Satkhira (intervention:



21.1% and control: 22.7%)). On the other hand, 68.4 per cent intervention households in Satkhira reported that they were the client/beneficiary of these institutions, while it was only 5.9 per cent in Kurigram (Table.4.8).

Table 4.8: Percentage distribution of women by organizational affiliation

Organizational affiliation issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether or not affiliated with any organization other than SWAPNO</b>						
Yes	8.4	7.3	6.5	11.1	7.6	8.9
No	91.6	92.7	93.5	88.9	92.4	91.1
Total (n)	287	288	216	216	503	504
<b>Name of organizations</b>						
Bank	12.5		14.3	4.2	13.2	2.2
NGO	50.0	71.4	85.7	83.3	63.2	77.8
Village Court	20.8				13.2	
Shalish (Arbitration)			7.1		2.6	
Social functions	4.2				2.6	
Political party						
Union parishad	41.7	4.8	28.6		36.8	2.2
Others				4.2		2.2
Total (n)	24	21	14	24	38	45
<b>Purpose of affiliation with socio-economic institutions</b>						
To be honoured	5.9	6.3			3.8	2.6
Public relations	2.9		5.3		3.8	
To get credit/Financial facilities	23.5	50.0	52.6	40.9	34.0	44.7
To avail service provided by govt/NCO	14.7	18.8		9.1	9.4	13.2
To dominate others	5.9	6.3			3.8	2.6
To create voice for destitute women	47.1				30.2	
To establish poor rights	2.9		5.3		3.8	
To deposit money	11.8	31.3	42.1	45.5	22.6	39.5
Others	2.9		5.3	9.1	3.8	5.3
To be honoured	5.9	6.3			3.8	2.6
<b>Level of involvement in socio-economic institutions</b>						
General member	88.2	37.5	21.1	22.7	64.2	28.9
Member of executive body						
Client/beneficiary	5.9	62.5	68.4	77.3	28.3	71.1
Arbitrator						
Invited	2.9				1.9	
Observer						
Not applicable	2.9		10.5		5.7	

As observed, different types of services are provided by GO/NGOs at Union (UP) and Upazila (UZ) levels. Of those, five different types of services such as agriculture, livestock, fisheries, health care and information technology have been shown below (Table 4.9a) to analyze awareness of the respondents regarding these services. Data demonstrates that information most widely known to the respondents was health care services (83.7%) followed by information technology (53.5%). By districts, no substantial difference was observed about respondent's awareness in respect to these two services provided to intervention as well

as control households of Kurigram and Satkhira. Awareness about other services like agriculture, livestock and fisheries was not worth mentioning (Table 4.9a).

Table 4.9a: Access to services provided UP and UZ in percentage

Services	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Agriculture	0.7	0.7	1.9		1.2	0.4
Livestock	4.2	2.8	3.2	0.5	3.8	1.8
Fisheries			0.9		0.4	
Health care/services	83.3	85.1	84.3	81.0	83.7	83.3
Information & technology services	51.9	56.3	55.6	47.2	53.5	52.4
Total (n)	287	288	216	216	503	504

**Training received:** About training, 4.4 per cent respondent in intervention and 1.4 per cent in control households reported that they received training from NGOs. Between two surveyed districts, a substantial variation is found in receiving training. In Kurigram, 5.9 per cent women obtained training from NGOs, while such percentage was very low in Satkhira (2.3%). Livestock and poultry rearing are more common among received training (Table 4.9b).

Table 4.9b: Distribution of women receiving training in percentage

Training related issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Percentage of women obtaining training	5.9	1.4	2.3	1.4	4.4	1.4
<b>Training on:</b>						
Livestock rearing	1.7	1.4		0.5	1.0	1.0
Poultry rearing	3.5		1.4		2.6	0.0
Handicrafts				0.9	0.0	0.4
Business					0.0	0.0
Fish cultivation			0.9		0.4	0.0
Vegetables cultivation					0.0	0.0
Others	0.7				0.4	0.0
Total (n)	287	288	216	216	503	504

## 4.6 Use of Public Assets and their Quality of Service

Public assets included road, market, school and health care center. Respondents under the survey were asked about the use of public assets and their service quality. Almost all respondents in intervention and control households of the two districts reported that they used all type of public assets and all these services were located within two kilometers of their residence. Data further express that 5 to 10 per cent respondents were highly dissatisfied with the quality of public services; while the rest 90 per cent respondents were satisfied at different degrees with the service quality of the public goods (Table 4.10).



Table 4.10: Use of public assets, average distance of their location & satisfaction in percentage

Public goods	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Road:</b>						
Use of roads	99.7	100.0	99.5	100.0	99.6	100.0
Average distance from home (km)	0.46	0.42	0.66	0.57	0.55	0.49
<b>Satisfaction level:</b>						
Highly satisfactory	10.5	8.0	9.3	4.6	10.0	6.5
Satisfied	40.2	43.8	39.5	53.7	39.9	48.0
Moderate	26.2	29.2	36.7	31.5	30.7	30.2
Somewhat satisfied	15.7	13.2	13.0	8.8	14.6	11.3
Not at all	7.3	5.9	1.4	1.4	4.8	4.0
Total (n)	286	288	215	216	501	504
<b>Market:</b>						
Use of markets	99.7	100.0	99.1	99.5	99.4	99.8
Average distance from home (km)	1.12	1.17	1.32	1.50	1.21	1.31
<b>Satisfaction level:</b>						
Highly satisfactory	4.2	4.5	4.7	2.3	4.4	3.6
Satisfied	33.2	37.2	31.3	37.7	32.4	37.4
Moderate	34.6	30.6	44.9	49.3	39.0	38.6
Somewhat satisfied	19.6	18.8	15.9	8.8	18.0	14.5
Not at all	8.4	9.0	3.3	1.9	6.2	6.0
Total (n)	286	288	214	215	500	503
<b>School:</b>						
Use of schools	92.3	90.3	94.0	94.4	93.0	92.1
Average distance from home (km)	0.75	0.84	0.77	0.78	0.76	0.82
<b>Satisfaction level:</b>						
Highly satisfactory	6.0	6.2	5.4	5.4	5.8	5.8
Satisfied	34.3	41.9	49.8	53.4	41.0	47.0
Moderate	41.1	34.2	33.5	32.4	37.8	33.4
Somewhat satisfied	15.1	13.5	7.9	8.3	12.0	11.2
Not at all	3.4	4.2	3.4	0.5	3.4	2.6
Total (n)	265	260	203	204	468	464
<b>Health care center:</b>						
Use of markets	100.0	99.7	98.1	99.1	99.2	99.4
Average distance from home (km)	1.60	1.70	1.73	1.63	1.65	1.67
<b>Satisfaction level:</b>						
Highly satisfactory	2.8	3.5	4.7	1.9	3.6	2.8
Satisfied	32.8	33.8	28.8	36.4	31.1	34.9
Moderate	30.3	28.9	40.6	37.9	34.7	32.7
Somewhat satisfied	23.0	22.3	20.8	15.0	22.0	19.2
Not at all	11.1	11.5	5.2	8.9	8.6	10.4
Total (n)	287	287	212	214	499	501

## Chapter 5: Household Income, Expenditure, Savings and Credit

### 5.1 Household Income

#### Household Income Earning Members

The average number of income earner in each intervention and control household was 1.3 and 1.4 respectively. Average household size is noticeably smaller than the national average of rural household size. National average household size is 4.1 in rural areas; the same is 2.8 and 3.0 respectively in intervention and control households.

Among the intervention households, in 94.6 per cent cases the main income earner was the respondent herself; while this was 79.8 per cent among control households. Among the intervention households, the percentage of husband as the main income earner was very insignificant (0.2%). The details are shown in Table 5.1a.

Table 5.1a: Average HH size, number of income earning members and percentage of main income earners

Items	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Avg HH size	2.9	3.0	2.7	3.0	2.8	3.0
Avg number of income earners	1.3	1.4	1.2	1.5	1.3	1.4
<b>Main income earner (%)</b>						
Respondent herself	93.7	81.3	95.8	77.8	94.6	79.8
Sons	3.5	8.0	0.5	6.9	2.2	7.5
Husbands	0.3	5.6		9.7	0.2	7.3
Others	3.8	5.1	3.7	5.6	3	5.4
Total (n)	287	288	216	216	503	504

Table 5.1a makes it explicit that majority of the main income earner among the households were female. However, in 95.6 per cent intervention households female were the main income earners, while it was 82.5 per cent in control (Table 5.1b).

Table 5.1b: Main income earners by sex

Sex	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Male	5.6	15.6	2.8	19.9	4.4	17.5
Female	94.4	84.4	97.2	80.1	95.6	82.5
Total (n)	287	288	216	216	503	504

#### Household Income Sources and Amount

The households mentioned different sources of income. In most of the cases, ‘*working as labour*’ were the source of income across districts in both intervention and control. The most reported income sources were agriculture labor (intervention: 75.9% and control: 91.7%) and non-agriculture labor (intervention: 61.8% and control: 73.2%).

‘Petty businesses’, ‘livestock’ and ‘poultry’ were also specified as income sources in mentionable instances in the surveyed districts in both intervention and control. It is notable that 33.8 per cent and 38.6 per cent intervention households respectively reported ‘institutional grant’ and ‘personal donation/gift’ as their source of income against 23.6 per cent and 35.1 per cent respectively control households; it clearly reflects vulnerability of the households. The analysis clearly reveals that the households were mostly dependent on *unstable/irregular* and *petty* sources (Table 5.2a).

Table 5.2a: Percentage distribution of household income sources

Sources of income	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Crop agriculture	2.1	3.1	2.3	3.2	2.2	3.2
Agriculture labour	77.4	58.3	74.1	66.2	75.9	61.7
Non-agriculture labour	57.5	77.8	67.6	67.1	61.8	73.2
Petty business	29.6	3.8	0.5	6.0	17.1	4.8
Institutional grant	46.0	29.5	17.6	15.7	33.8	23.6
Personal donation/gift	46.0	41.7	28.7	26.4	38.6	35.1
Relief/ Assistance	51.2	44.8	13.0	9.7	34.8	29.8
Livestock	5.9	5.6	3.7	3.7	5.0	4.8
Fish	0.0	1.0	5.1	1.9	2.2	1.4
Poultry	24.0	19.8	14.8	11.1	20.1	16.1
Rickshaw/ Van	0.7	1.7	2.8	6.5	1.6	3.8
Handicrafts	8.4	10.1	8.8	7.9	8.5	9.1
Begging	1.0	1.4	3.2	5.1	2.0	3.0
Other IGAs	3.8	3.1	6.5	4.6	5	3.8
Job	3.5	1.7	1.9	2.3	2.8	2.0
Others	12.5	5.6	10.6	12.5	11.7	8.5
Total (n)	287	288	216	216	503	504

In majority cases, ‘*working as labour*’ was mentioned as source of income across districts in both intervention and control households and major share of the income of intervention households was derived from *working as labour* as well (37.9% as agriculture labour and 17.4% as non-agriculture labour). Among the control households, the same was 74.2 per cent (28.0% as agriculture labour and 46.2% as non-agriculture labour). Other sources which contributed most in the total income of intervention households were: crop agriculture (15.8% of total income), personal donation/gift (10.5% of total income) and institutional grant (4.3% of total income). In case of control households, mentionable sources were: personal donation/gift (5.3%), petty business (4.6%) and rickshaw/van (3.7%).

Table 5.2b: Composition of household income in percentage

Sources of income	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Crop agriculture	1.1	0.5	0.2	0.4	15.8	0.5
Agriculture labour	37.0	29.5	39.2	26.1	37.9	28.0
Non agriculture labour	27.4	47.5	39.3	44.5	17.4	46.2
Petty business	1.1	4.0	0.2	5.4	0.7	4.6
Institutional grant	7.2	1.4	0.4	0.7	4.3	1.1
Personal donation/gift	14.0	6.6	5.7	3.6	10.5	5.3
Relief/ Assistance	1.3	0.7	0.5	0.2	1.0	0.5
Livestock	1.3	1.5	1.0	1.2	1.2	1.4
Fish	0.0	0.1	1.0	0.3	0.4	0.1

Sources of income	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Poultry	0.7	0.3	0.4	0.9	0.6	0.6
Rickshaw/ Van	1.2	1.7	2.1	6.3	1.6	3.7
Handicrafts	1.7	1.8	2.0	1.6	1.8	1.7
Begging	0.4	0.5	1.9	2.9	1.0	1.5
Other IGA	0.2	0.0	0.1	0.0	0.1	0.0
Salaried job	3.8	1.1	1.5	1.9	2.8	1.4
Others	1.6	2.8	4.5	4	2.9	3.4
Total (n)	287	288	216	216	503	504

Average monthly income of intervention households was Tk. 2,664. In contrast, it was Tk. 2,733 among control group. Average monthly per capita income was Tk. 1,052 among intervention households; the corresponding figure was Tk. 1,016 among control households. Three-fourths of the households (intervention: 64.8% and control: 63.9% respectively) had monthly income within the range between Tk. 1,000 and Tk. 2,000; which truly reflects high prevalence of income poverty among the households across both the districts<sup>10</sup>. Only few of the households (7.0% and 7.3% respectively in intervention and control) had monthly income of Tk. 5,000 and above (Table 5.2c).

Table 5.2c: Percentage distribution of HHs by their monthly household income

Monthly income (Tk.)	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Less than 1,000	5.6	2.4	2.8	2.8	4.4	2.6
1,000-2,999	61.3	64.6	69.4	63.0	64.8	63.9
3,000-4,999	25.4	26.7	21.8	25.5	23.9	26.2
5,000 and above	7.7	6.3	6.0	8.8	7.0	7.3
Total (n)	287	288	216	216	503	504
Avg. monthly HH income (Tk.)	2,674	2,745	2,650	2,718	2,664	2,733
Household size	2.9	3.0	2.7	3.0	2.8	3.0
Avg. monthly per capita income (Tk.)	1,047	1,033	1,060	993	1,052	1,016

It has been observed that very high proportion of household have less than a dollar (equivalent to Tk. 80) per capita income per day. This analysis clearly depicts the most poor and vulnerable state of the intervention households (95.4%) whose daily per capita income was less than a dollar (equivalent to Tk. 80); the percentage of most poor and vulnerable was slightly higher for the control group (98.0%). In only 1.2 per cent cases among the intervention households, the daily per capita income was above Tk. 100; which was only 0.4 per cent of the control households. The scenario does not show any striking difference between Kurigram and Satkhira (Table 5.2d).

<sup>10</sup> The upper poverty line for Kurigram was Tk. 2,065 per person per month and for Satkhira, it was Tk. 2,019 per person per month. The lower poverty lines for Kurigram were Tk. 1,716 per person per month and for Satkhira, Tk. 1,677 per person per month. The poverty lines considered in this study is based on the Preliminary Report of Household Income and Expenditure Survey 2016 (Bangladesh Bureau of Statistics).

Table 5.2d: Percentage distribution of households by daily per capita income

Per capita per day income (Tk)	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Less than 80	94.8	99.0	96.3	96.8	95.4	98.0
80-100	3.5	0.7	3.2	2.8	3.4	1.6
100+	1.7	0.3	0.5	0.5	1.2	0.4
Total (n)	287	288	216	216	503	504

## 5.2 Household Expenditure

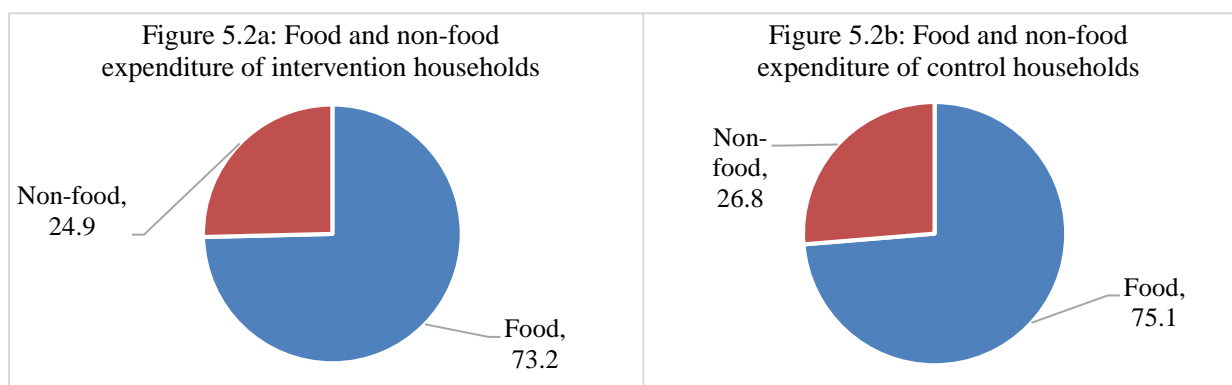
### Amount of Expenditure and its Composition

Average monthly expenditure in the intervention and control households was only Tk. 3,016 and Tk. 3,004 respectively. On the other hand, average per capita expenditure is estimated as Tk. 1,176 and Tk. 1,083 respectively for intervention and control households. The scenario was quite similar across the study areas. In the intervention group, around three-fourths of the households (63.4%) incurred expenditure between Tk. 1,000 and Tk. 2,999; for the same level of expenditure, the percentage of control households was 54.6 per cent. Almost all of the surveyed households had a monthly expenditure below Tk. 5,000; which reflects their inability to spend to uphold even a minimum level of living standard (Table 5.3a).

Table 5.3a: Percentage distribution of HHs by average monthly household expenditure

Avg. Monthly expenditure (Tk.)	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Less than 1,000	2.8	2.4	1.4	8.8	2.2	5.2
1,000-2,999	61.7	55.2	65.7	53.7	63.4	54.6
3,000-4,999	35.5	42.0	31.9	36.6	34.0	39.7
5,000+	0.0	0.3	0.9	0.9	0.4	0.6
Total (n)	287	288	216	216	503	504
Avg. monthly HH expenditure	2,933	2,950	3,126	3,075	3,016	3,004
Household size	2.9	3.0	2.7	3.0	2.8	3.0
Avg. per capita expenditure	1,149	1,108	1,212	1,050	1,176	1,083

The households spent most of the money on food. Around three-fourths (73.2%) of total monthly expenditure of intervention households was on food; which was similar among the control households (75.1%). This reflects that lower income people will spend most of their income on food. This observation validates the famous Engel's law that 'lower income households spend a greater proportion of their income on food than middle or higher-income households', as propounded by Ernst Engel (1857), a German statistician.



The situation is worse among households in Kurigram where intervention households spent around 80 per cent of the monthly expenses on food (intervention: 78.2% and control: 79.7% of the total monthly expenditure). On the contrary, in Satkhira food expenditure comprises 67.0 per cent of the total expenditure made by intervention households, which was 69.1 per cent among control households. Expenditure on other goods (even on the basic needs, such as education, health, clothing, and housing) were some sort of ‘luxury’ to them (Table 5.3b).

Table 5.3b: Composition of household expenditure in percentage

Heads of HH expenditure	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Consumption expenditure</b>						
Food	78.2	79.7	67.0	69.1	73.4	75.0
Education	1.5	1.5	3.3	2.3	2.3	1.9
Health care	3.6	4.4	6.1	10.3	4.7	7.0
Clothing	2.3	2.6	3.6	3.7	2.9	3.1
Gift/donation	0.1	0.1	0.4	0.4	0.2	0.2
Telephone cost (mobile)	1.2	1.3	1.1	1.3	1.1	1.3
Cosmetics	3.6	3.8	2.0	2.4	2.9	3.2
Festival	0.9	1.0	1.6	1.9	1.2	1.4
Electricity	0.1	0.1	0.1	0.1	0.1	0.1
Others	2.4	2.1	9.9	5.3	5.7	3.5
Sub-total	93.9	96.6	95.1	96.8	94.5	96.7
<b>Investment expenditure</b>						
House construction	3.2	1.0	1.4	0.8	2.4	0.9
Sanitation	0.0	0.1	0.3	0.1	0.1	0.1
Loan repayment	2.9	2.3	3.2	2.3	3.0	2.3
Sub-total	6.1	3.4	4.9	3.2	5.5	3.3

### Propensity to Consume

Generally, it is assumed that the average propensity to consume decreases with the increase in income. However, this logic does not hold for the income groups in this study. For example, the average propensity to consume is 1.09 among the intervention households, who were in the income range between Tk. 1,000 and 2,999; which is 1.18 for a higher income group (Tk. 3,000—Tk. 4,999). The pattern is much the same for the control households (Table 5.4).

Table 5.4: Percentage distribution of HHs by propensity to consume

Avg. Monthly expenditure (Tk.)	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Less than 1,000</b>						
Avg. income	820	755	874	789	835	770
Avg. consumption expenditure	656	573	544	835	626	765
Avg. prosperity to consume	0.80	0.76	0.62	1.06	0.75	0.99
Total (n)	8	7	3	19	11	26
<b>1,000-2,999</b>						
Avg. income	1944	2094	2027	1793	1982	1967
Avg. consumption expenditure	2203	2186	2092	2007	2154	2111
Avg. prosperity to consume	1.13	1.04	1.03	1.12	1.09	1.07
Total (n)	177	159	142	116	319	275
<b>3,000-4,999</b>						
Avg. income	3600	3736	3854	3934	3700	3819
Avg. consumption expenditure	4379	4074	4387	4401	4382	4203
Avg. prosperity to consume	1.22	1.09	1.14	1.12	1.18	1.10
Total (n)	102	121	69	79	171	200
<b>5,000+</b>						
Avg. income	-	6005	6314	6421	6615	6219
Avg. consumption expenditure	-	5063	6925	6858	6925	6259
Avg. prosperity to consume	-	0.84	1.10	1.07	1.05	1.01
Total (n)	-	1	2	2	2	3

### 5.3 Household Savings and Propensity to Save

Amount of savings among the households was very small during baseline. More than 90 per cent of them (intervention: 93.4% and control: 94.0%) had savings amounting less than Tk. 200 during the baseline. Only 1.0 per cent intervention households had savings amounting Tk. 1,000 or above, which was even less in case of control households (0.8%). Notably, around half of the respondents (intervention: 53.7% and control: 52.8%) did not have any savings during the baseline. Data suggest that, on average, surveyed households are able to save very small amount of money compared to their earning. On average, intervention households save only 2.2 per cent of their income while it is 2.0 per cent among control households (Table 5.5a).

Table 5.5a: Percentage distribution of households by savings

Savings (Tk.)	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Less than 200	95.5	95.1	90.7	92.6	93.4	94.0
200-499	3.1	2.8	6.0	3.7	4.4	3.2
500-749	0.7	1.7	1.4	1.9	1.0	1.8
750-999	0.0	0.3	0.5	0.0	0.2	0.2
1,000 and above	0.7	0.0	1.4	1.9	1.0	0.8
Total (n)	287	288	216	216	503	504
<b>Average savings (Tk.)</b>	<b>43.1</b>	<b>40.9</b>	<b>77.4</b>	<b>72.4</b>	<b>57.8</b>	<b>54.4</b>
No savings	47.7	45.8	61.6	62.0	53.7	52.8
Propensity to save (%)	1.6	1.5	2.9	2.7	2.2	2.0

A 37.0 per cent of the intervention households saved in cash, in comparison with 39.3 per cent control households. Around 10 per cent or more households (intervention: 9.3% and control: 10.7%) saved in samitees (Table 5.5b).



Table 5.5b: Percentage distribution of destinations of respondents' personal savings

Destination	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Savings with bank	3.5	0.0	0.9	0.0	2.4	0.0
Savings with samitees	7.3	6.9	12.0	15.7	9.3	10.7
Savings in cash	43.9	49.3	27.8	25.9	37.0	39.3
Informal savings	7.3	4.5	3.2	4.2	5.6	4.4
Savings in insurance	1.4	1.0	3.2	1.4	2.2	1.2
Total (n)	287	288	216	216	503	504

## 5.4 Household Credit

Around one-fourth of the households (intervention: 27.6% and control: 22.0% respectively) took credit during past 12 months from the baseline survey (Table 5.6). In more instances, households in Satkhira, took credit compared to Kurigram. In Satkhira, 35.2 per cent of the intervention households took credit, which was 14.6 per cent among control. At the same time, the respective figures in Kurigram were 22.0 per cent and 14.6 per cent. Relative/neighbor, Moneylender and NGO (intervention: 91.7%, control: 89.7%) were the three leading sources from where most of the households took credit.

Average amount of credit taken by the intervention households was Tk. 2,359. Comparatively, higher amount of credit was taken by the control households (Tk. 3,378). It is worth mentioning that intervention households (among those who took credit) in Kurigram, on average, took credit amounting to Tk. 2,453; the amount is strikingly small in Satkhira (Tk. 2,229). However, around half of the intervention households (48.8%) took credit less than Tk. 5,000; whereas this was 34.2 per cent in case of control households.

Analysis shows that 39.8 per cent of the credit to intervention households was sourced from the Micro Finance Institutions (NGOs); it was 50.1 per cent in case of control. Relatives/neighbors were the source for 30.6 per cent of the credit to intervention households; which was significantly lower in respect of control households (16.7%).



Table 5.6: Credit-receiving status at household level

Credit receiving status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Took credit</b>						
Yes (%)	22.0	14.6	35.2	31.9	27.6	22.0
No (%)	78.0	85.4	64.8	68.1	72.4	78.0
Total (n)	287	288	216	216	503	504
<b>Credit sources (%)</b>						
Bank	1.4	0.0	1.2	0.0	1.3	0.0
MFI	31.0	61.4	22.4	31.5	26.3	42.7
Association	2.8	0.0	8.2	13.7	5.8	8.5
Moneylender	2.8	0.0	49.4	38.4	28.2	23.9
Relative/Neighbor	59.2	34.1	18.8	16.4	37.2	23.1
Others	2.8	4.5	0.0	0.0	1.3	1.7
<b>Amount of loan received (Tk.)</b>						
Less than 1000	2.8	6.8	8.2	11.0	5.8	9.4
1001-2000	14.1	4.5	22.4	5.5	18.6	5.1
2001-5000	22.5	13.6	25.9	23.3	24.4	19.7
5001-10000	25.4	20.5	35.3	17.8	30.8	18.8
10001-20000	21.1	38.6	4.7	23.3	12.2	29.1
20001-50000	12.7	15.9	3.5	15.1	7.7	15.4
50000+	1.4	0.0	0.0	4.1	0.6	2.6
Average	2,453	2,070	2,229	5,121	2,359	3,378
<b>Share of Credit by sources (%)</b>						
Bank	3.2	0.0	0.9	0.0	2.3	0.0
MFI	43.7	78.2	34.0	35.1	39.8	50.1
Association	4.2	0.0	9.8	28.4	6.4	18.5
Moneylender	2.0	0.0	36.6	19.3	16.0	12.6
Relative/Neighbor	38.6	15.9	18.8	17.2	30.6	16.7
Others	8.3	5.9	0.9	0.0	5.0	2.1

## Chapter 6: Poverty and Vulnerability

### 6.1 Household Poverty Scenario

#### Poverty Status

Almost all households were poor and the poverty rates being significantly higher than the respective divisional averages. Using the upper poverty line (Tk. 2,065 per person per month<sup>11</sup>), 96.5 per cent intervention and 98.3 per cent control households were poor in Kurigram. It needs to mention here that the poverty rate of Kurigram below upper poverty line is 70.8 per cent according to Preliminary Report of Household Income and Expenditure Survey (HIES) 2016. An estimate for Satkhira, using the upper poverty line (Tk. 2,019 per person per month), figured that 95.8 per cent of intervention households were poor; and for control households, it was 99.1 per cent. Corresponding district data show that only 18.6 per cent households were poor according to the HIES Preliminary Report. Using upper poverty line, the significance tests showed no statistically significant differences in poverty level between intervention and control households ( $p=0.03752$ ).

According to lower poverty line (Tk. 1,716 per person per month<sup>12</sup>), 93.0 per cent intervention households in Kurigram were below lower poverty line; which was 96.2 per cent for control group. In Satkhira (Tk. 1,677 per person per month), 94.9 per cent intervention households were below lower poverty line; and the same was 97.2 per cent in control. While estimating upper poverty line, the Chi-square tests showed that there were no statistically significant differences in poverty level between intervention and control households ( $p=0.01684$ ).

The ‘poverty gap’ and ‘squared poverty gap’ were estimated to understand the baseline scenario of the depth of the poverty among the households. The poverty gaps estimates the depth of poverty of a population. It measures the distance of the poor households from the poverty line. The estimated poverty gap (using upper poverty line) for intervention households was 64.4 per cent and for control, it was 64.6 per cent. However, the national rural poverty gap for Bangladesh is 5.4 per cent (HIES 2016).

Squared Poverty Gap measures the squared distance of poor households from the poverty line. The estimated square poverty gaps (using upper poverty line) were 46.0 per cent and 44.7 per cent respectively for intervention and control households; while the national rural average squared poverty gap for Bangladesh is 1.7 per cent (HIES 2016). These indicate that the poverty situation is more afflictive among the surveyed households, compared to the national scenario in rural areas of Bangladesh. It is remarkable that independent sample t-tests showed no statistically significant difference (at 10% level) between the intervention and control households of the Kurigram in respect to poverty gap and squared poverty gap. Similarly, there was no statistically significant difference (at 10% level) between the two types of households of Satkhira regarding poverty gap and squared poverty gap (Table 6.1).

<sup>11</sup> The poverty lines considered in this study is based on the Preliminary Report of Household Income and Expenditure Survey 2016 (Bangladesh Bureau of Statistics).

<sup>12</sup> Ibid.

Table 6.1: Incidence, depth and severity of income poverty

Poverty line	Kurigram			Satkhira			Total		
	Int.	Cont.	All	Int.	Cont.	All	Int.	Cont.	All
% below lower poverty line	93.0	96.2	94.6	94.9	97.2	96.1	93.8	96.6	95.2
% below upper poverty line	96.5	98.3	97.4	95.8	99.1	97.5	96.2	98.6	97.4
Non-poor (%)	3.5	1.7	2.6	4.2	0.9	2.5	3.8	1.4	2.6
Total (n)	287	288	575	216	216	432	503	504	1007
Poverty gap	64.5	63.8	64.2	65.3	65.2	65.3	64.8	64.4	64.6
Squared poverty gap	45.1	44.6	45.4	47.3	44.8	46.1	46.0	44.7	45.4

Note: Int. = Intervention and Cont. = Control

### Poverty as per Multidimensional Poverty Index (MPI)<sup>13</sup>

The Oxford Poverty and Human Development Initiative (OPHI) developed a new international measure of poverty – the Multidimensional Poverty Index or MPI – for the 20th Anniversary edition of the United Nations Development Programme’s flagship Human Development Report 2010<sup>14</sup>. The index goes beyond a traditional focus on income to reflect the multiplex deprivations that a poor person faces with respect to education, health and living standard. The MPI assesses the nature and intensity of poverty at the individual level, with poor people being those who are deprived in many ways and the extent of their poverty being measured by the extent of their deprivations.

Multidimensional Poverty Index (MPI)
<p>The MPI is an index of acute multidimensional poverty. It is used as an analytical tool to identify the most vulnerable people, highlight aspects in which they are deprived and facilitate to focus the interconnections among deprivations. This enables policy makers to target resources and design policies more effectively. The indicators used to estimate MPI were based on participatory exercises with poor people, emerging international consensus and the availability of suitable data. Most of these were linked to Millennium Development Goals (MDGs). The following ten indicators are used to calculate the MPI:</p> <p><b>Education</b> (<i>each indicator is weighted equally at 1/6</i>)</p> <ol style="list-style-type: none"> <li>1) Years of schooling: deprived if no household member has completed five years of schooling;</li> <li>2) Child school attendance: deprived if any school-age child is not attending school up to class 8.</li> </ol> <p><b>Health</b> (<i>each indicator is weighted equally at 1/6</i>)</p> <ol style="list-style-type: none"> <li>1) Child mortality: deprived if any child has died in the family;</li> <li>2) Nutrition: deprived if any adult or child who is malnourished.</li> </ol> <p><b>Standard of Living</b> (<i>each indicator is weighted equally at 1/18</i>)</p> <ol style="list-style-type: none"> <li>1) Electricity: deprived if the household has no electricity;</li> <li>2) Sanitation: deprived if the household’s sanitation facility is not improved, or it is improved but shared with other households;</li> <li>3) Drinking water: deprived if the household does not have access to safe/clean drinking water (according to MDG guidelines) or safe drinking water is more than a 30-minute walk from home round-trip;</li> <li>4) Floor: deprived if the household has a dirt, sand or dung floor;</li> </ol>

<sup>13</sup> Based on Sabina Alkire and Maria Emma Santos (2010). Multidimensional Poverty Index. Oxford Poverty and Human Development Initiative. University of Oxford; Maria Emma Santos and Sabina Alkireb (2011). The Multidimensional Poverty Index (MPI): Training Material for Producing National Human Development Reports (Final Draft).

<sup>14</sup> Human Development Report 2010 (20<sup>th</sup> Anniversary Edition). The Real Wealth of Nations: Pathways to Human Development. The United Nations Development Programme.

- 5) Cooking fuel: deprived if the household cooks with dung, wood or charcoal;
- 6) Assets ownership: deprived if the household does not own more than one radio, TV, telephone, bike, motorbike or refrigerator and does not own a car or truck.

A three-stage procedure is followed to estimate the MPI:

- *In first stage*, each of the households is assigned 1 or 0 score against each of the above 10 indicators. For example, if a household is deprived of electricity connection, it is assigned 1 and if it has electricity connection it scores 0. Thus, scoring 1 against a specific indicator means, the household is poor with respect to that indicator and scoring 0 against some specific indicator infers that the household is not poor with respect to that indicator.

Table: MPI indicators and their scoring

Indicators	Score
<b>Education</b>	
i. No one has completed five years of schooling	Yes response scores 1; otherwise 0
ii. At least one school-age child not enrolled in school	Yes response scores 1; otherwise 0
<b>Health</b>	
i. At least one member is malnourished (BMI<18.5)	Yes response scores 1; otherwise 0
ii. One or more children have died	Yes response scores 1; otherwise 0
<b>Living Standard</b>	
i. No electricity	Yes response scores 1; otherwise 0
ii. No access to clean drinking water	Yes response scores 1; otherwise 0
iii. No access to adequate sanitation	Yes response scores 1; otherwise 0
iv. House has dirty floor	Yes response scores 1; otherwise 0
v. Household uses “dirty” cooking fuel (dung, firewood or charcoal)	Yes response scores 1; otherwise 0
vi. Household has no car and owns at most one bicycle, motorcycle, radio, refrigerator, telephone or television	Yes response scores 1; otherwise 0

- *In second stage*, each of the score of education and health related indicators is multiplied by weight (1/6 i.e. 0.167) of respective indicator for each household. However, each of the scores of living standard related indicators is multiplied by 1/18 (i.e. 0.056) for each household. Thus, total score  $c_i$  (sum of each deprivation multiplied by its weight) against the 10 MPI indicators will be constructed for each of the households.
- *In third stage*, a cut-off point of 1/3 (i.e. 0.333) weight of total score is used to binary code each household. If the household  $i$ 's score  $c_i$  is  $\geq 1/3$  (0.333), the household  $i$  is categorized as poor. But if  $c_i$  is  $< 0.333$ , the household  $i$  is categorized as non-poor. Because, according to MPI, a household is considered poor if it is deprived in at least one-third of the weighted indicators. To compute multidimensional headcount ratio (H) i.e. incidence of poverty, the total number of members of poor households is divided by total number of household members of all households.

To compute the intensity of multidimensional poverty (A), total Censored score  $c_i(k)$  of only poor households is divided by total number of household members of all poor households. Before computing A, the Censored score  $c_i(k)$  of each poor household is computed by multiplying each poor household's score  $c_i$  with the number of family member of that poor household. The intensity of poverty (A) denotes the proportion of indicators in which they are deprived. Finally, the MPI of the surveyed population is computed by multiplying H with A.

Table 6.2 presents the deprivation of households' concerning 10 MPI indicators. It shows that under the variable of 'living standard', the deprivation situation is more gruesome particularly in case of having *electricity, adequate sanitation, good floor materials, cooking fuel*, and *specific set of assets*. FGD participants, especially those of Satkhira, were also concerned about the non-access of clean drinking water; deprivation in clean drinking water remained one of the major causes behind their diseases. In this respect, there is a stark resemblance between intervention and control households across the districts. Two indicators used to assess the 'health' situation evidenced that deprivation in *nutrition* is frustrating enough; while *child mortality* in the households is not that much grim. It stands to reason that, the relevant sample is not large enough to estimate child mortality. *School attendance* scenario highlights much more deprivation than the scenario of *years of schooling*.

Table 6.2: Deprivation of households against 10 indicators of MPI

Indicators	% of HHs in Kurigram		% of HHs in Satkhira		Total % of HHs	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Education</b>						
Deprivation in years of schooling	23.3	28.1	35.6	34.7	28.6	30.9
Deprivation in child school attendance	8.0	5.9	6.5	6.5	7.4	6.2
<b>Health</b>						
Deprivation for child mortality	0.7	0.3	0.5	0.5	0.6	0.4
Deprivation in nutrition	42.2	38.0	44.4	35.2	43.1	36.8
<b>Living standard</b>						
Deprivation in electricity	71.8	71.5	54.2	54.6	64.2	64.3
Deprivation in adequate sanitation	84.7	84.7	97.7	95.8	90.3	89.5
Deprivation in clean drinking water	1.0	0.0	2.8	2.3	1.8	1.4
Deprivation in floor materials	98.6	97.7	97.9	95.6	98.3	96.8
Deprivation in cooking fuel	100	100	99.5	100	99.8	100
Deprivation in specific set of assets	100	100	100	100	100	100
Total (n)	287	288	216	216	503	504

Estimates unveil that 65.0 per cent intervention households have multidimensional poverty and the poverty head count is 59.9 per cent (MPI poor); while the poor are deprived on average in respect to 49.1 per cent of the weighted indicators (Table 6.3). At national level, according to the Human Development Report 2015<sup>15</sup>, they were 49.5 per cent and 47.8 per cent respectively; which indicates that situation is worse among the intervention households compared to the national average. The MPI value estimated for the intervention households was 0.294 and for the control households was 0.266, which was, nationally 0.253 (Human Development Report 2015).

<sup>15</sup> Human Development Report 2015: Work for Human Development. The United Nations Development Programme.

Table 6.3: Households poverty level based on MPI

Multidimensional Poverty Measures	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
HH poverty (MPI index)	64.6	69.7	56.9	58.8	65.0	61.3
Head count poverty (MPI index)	63.9	59.8	54.3	49.9	59.9	55.5
Non poor (MPI index)	36.1	40.2	45.7	50.1	40.1	44.5
Multidimensional Headcount ratio (H)	0.639	0.598	0.543	0.499	0.599	0.555
Intensity of poverty (A)	0.497	0.488	0.481	0.464	0.491	0.479
Multidimensional Poverty Index, MPI	0.318	0.292	0.261	0.232	0.294	0.266
Total (n)	287	288	216	216	503	504

## 6.2 Vulnerability Scenario

The survey gives deep insights into the vulnerability faced by the households in the study areas. In this respect, the crises/shocks which are most prevalent have been categorized as: (1) Common; and (2) Personal/Individual.

Findings unveiled that in past 12 months since inception of the survey, households in Kurigram were found more vulnerable compared to households in Satkhira. Around 90 per cent of the households (intervention: 89.5% and control: 87.8%) in Kurigram faced ‘flood/drought/excessive rain/cyclone’; while such natural calamity had been faced by comparatively small percentage of households in Satkhira (intervention: 18.1% and control: 14.4%). Nearly 90 per cent of the households (intervention: 89.5% and control: 87.8%) in Kurigram had to suffer from ‘food deficit’; while such adversity had been faced by less than 20 per cent of the households in Satkhira (intervention: 19.9% and control: 15.7%). However, ‘unemployment’ was a flaring issue for majority of the households in both districts. In Kurigram, 72.5 per cent intervention and 74.0 per cent control households faced this problem. In Satkhira, the incidents of ‘unemployment’ had been faced by 71.3 per cent intervention and 62.0 per cent control households.

Regarding ‘personal/individual’ level crises, majority of the households faced ‘sickness’ (intervention: 55.3% and control: 60.1%). A significant portion of the households ‘lost livestock and birds’ particularly in Kurigram (intervention: 14.3% and control: 11.5%); these incidents were relatively less prominent in Satkhira (intervention: 7.9% and control: 0.5%).

Table 6.4a: Type of crisis/shocks encountered in percentage (multiple responses possible)

[illegible]



Crises/ shocks	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Sickness	51.9	56.9	59.7	64.4	55.3	60.1
Loss of livestock and birds	14.3	11.5	7.9	0.5	11.5	6.7
Death of HH members	3.8	4.2	5.1	3.2	4.4	3.8
Funeral	1.0	0.3	3.2	1.9	2.0	1.0
Dowry/ marriage ceremony	0.7	0.0	1.4	0.0	1.0	0.0
Divorced/ separation/ deserted	1.4	1.4	2.3	1.4	1.8	1.4
Others	0.0	0.0	0.5	0.5	0.2	0.2
Total (n)	287	288	216	216	503	504

There are some time-bound crises/shocks that are usually confronted by the households in the survey areas. Some particular months are more vulnerable for some definite crisis/shock. For example, Bengali month Srabon had been found as the most vulnerable month (reported by 46.7% intervention and 50.5% control households) for ‘flood/ drought/excessive rain/ cyclone’. The same month (i.e., Srabon) had also been reported as the time when 50.0 per cent households in Kurigram faced ‘river erosion/loss of land’; though, households in Satkhira did not face it in that month. Bhadra had been reported as the most vulnerable month regarding ‘poor production’ in both the groups under the survey across the districts. It is notable that ‘unemployment’ had been reported as a continuous problem for five months (from Ashar to Kartik). Ashar is the month in particular when there are shortages of drinking water. It is to note that ‘Food deficit’ has been reported in number of months throughout the year in different extent; however, Kartik was the most vulnerable month regarding food deficit in both types of the households across the districts (38.6% in intervention and 4.7% in control group).

It is notable that between Ashar and Srabon, a large number of rural people does not have any job due to the heavy rain. Thus, due to limitation in the flow of income during that time, the following months are considered as ‘food deficit’ months for the poor people in that area. Moreover, months of Ashwin and Kartik coincide with the pre-harvesting season of Aman rice; when many people also do not have work and thereby, food deficit problem becomes grave (Table 6.4b).

Table 6.4b: Months when crisis/shocks were encountered most (%)

Crises/ shocks & their type	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Flood/drought/excessive rain/ cyclone</b>						
Ashar	18.7	17.0	14.0	14.7	18.0	16.7
Srabon	47.5	48.6	41.9	64.7	46.7	50.5
Total (n)	257	253	43	34	300	287
<b>River erosion/ loss of land</b>						
Ashar	16.7	0.0	0.0	0.0	16.7	0.0
Srabon	50.0	0.0	0.0	0.0	50.0	0.0
Bhadra	16.7	75.0	0.0	0.0	16.7	60.0
Ashwin	16.7	25.0	0.0	0.0	16.7	20.0
Total (n)	6	4	0	1	6	5
<b>Poor production</b>						
Boishakh	0.0	0.0	0.0	20.0	0.0	14.3
Ashar	33.3	0.0	33.3	20.0	33.3	14.3
Srabon	33.3	0.0	0.0	0.0	11.1	0.0
Bhadra	33.3	100.0	50.0	0.0	44.4	28.6

Crises/ shocks & their type	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Ashwin	0.0	0.0	0.0	60.0	0.0	42.9
Falgun	0.0	0.0	16.7	0.0	11.1	0.0
Total (n)	3	2	6	5	9	7
<b>Unemployment</b>						
Ashar	16.8	15.0	37.0	28.4	25.4	20.2
Srabon	33.2	37.6	27.9	29.1	30.9	34.3
Bhadra	18.8	19.7	13.0	20.9	16.3	20.2
Ashwin	7.2	5.2	5.8	7.5	6.6	6.1
Kartik	21.2	19.7	6.5	8.2	14.9	15.3
Total (n)	208	213	154	134	362	347
<b>Shortage of drinking water</b>						
Ashar	33.3	0.0	16.7	0.0	22.2	0.0
Chaitra	0.0	0.0	0.0	33.3	0.0	33.3
Total (n)	3	0	6	3	9	3
<b>Food deficit</b>						
Ashar	17.3	14.8	23.6	18.7	20.0	16.4
Srabon	14.2	16.3	14.1	16.6	14.2	16.4
Bhadra	8.5	9.1	16.1	15.5	11.8	11.8
Ashwin	6.2	7.6	7.0	6.2	6.5	7.0
Kartik	46.9	46.4	27.6	35.2	38.6	41.7
Chaitra	1.5	3.4	1.5	0.5	1.5	2.2
Total (n)	260	263	199	193	459	456

## Coping Strategy

For operational purpose of the baseline survey, the coping strategies adopted for the crises/shocks encountered by the households surveyed have been categorized into two broad groups: (1) Injurious strategies; and (2) Resilience strategies. *Injurious strategies* included loans from money lenders/shop keepers at high rate of interest, sale of productive assets and business capital, engagement of child labor, skipping/adjustment of meals, mortgage of farm land, begging, avoidance of intervention etc. This coping mechanism, despite gives some temporary relief for the time being, has far reaching adverse consequences for the households. *Resilience strategies* are loans from neighbors/relatives and banks, relief, temporary migration, advance sale of labor, utilization of saved money, receipt of donation and gift etc.

To cope up with ‘flood’ both injurious and resilient strategies had been adopted by the households, where comparatively households adopted more resilience strategies (primarily *loan from neighbor/relatives, personal/relatives donation, utilization of saved money, temporary migration*) than injurious strategies (namely *adjustment of meals*). In case of ‘river erosion/loss of land’, the intervention households adopted both injurious (namely *adjustment of meals, sale of household assets*) and resilience strategies (namely *loan from neighbor/relatives, temporary migration*). For ‘poor production’, in majority instances households adopted more injurious strategies (namely *adjustment of meals*) than resilience strategies (namely *loan from neighbor/relatives, personal/relatives donation*). The pattern is mixed for other crises/shocks, such as ‘unemployment’, ‘shortage of drinking water’, ‘sickness’, ‘death of household member’, and ‘loss of livelihood and poultry’. In case of ‘shortage of drinking water’, they had to fetch water far from residence which added heavy drudgery to the affected households (Table 6.5).



Table 6.5: Coping strategy adopted for encountering specific crises/shocks

Coping strategy	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Coping Strategy (Flood)</b>						
Injurious strategies	41.9	41.8	40.0	30.3	41.6	40.4
Resilience strategies	56.1	57.7	37.5	60.6	53.5	58.1
Was not possible to cope	2.0	0.4	22.5	9.1	4.9	1.5
Total (n)	246	239	40	33	286	272
<b>Coping Strategy (River Erosion/Loss of Land)</b>						
Injurious strategies	33.3	0.0	0.0	0.0	33.3	0.0
Resilience strategies	50.0	0.0	0.0	0.0	50.0	0.0
Was not possible to cope	16.7	100.0	0.0	100.0	16.7	100.0
Total (n)	6	3	0	1	6	4
<b>Coping Strategy (Poor Production)</b>						
Injurious strategies	66.7	0.0	66.7	75.0	66.7	50.0
Resilience strategies	33.3	50.0	33.3	25.0	33.3	33.3
Was not possible to cope	0.0	50.0	0.0	0.0	0.0	16.7
Total (n)	3	2	6	4	9	6
<b>Coping Strategy (Unemployment)</b>						
Injurious strategies	52.5	53.2	49.7	50.4	51.2	52.1
Resilience strategies	43.6	45.7	48.3	48.0	45.8	46.6
Was not possible to cope	3.9	1.1	2.0	1.6	3.0	1.3
Total (n)	181	186	149	127	330	313
<b>Coping Strategy (Shortage of Drinking Water)</b>						
Injurious strategies	0.0	0.0	60.0	100.0	42.9	100.0
Resilience strategies	100.0	0.0	40.0	0.0	57.1	0.0
Total (n)	2		5	3	7	3
<b>Coping Strategy (Sickness)</b>						
Injurious strategies	29.2	38.3	47.0	35.8	39.0	37.0
Resilience strategies	64.6	60.0	47.9	59.2	55.4	59.6
Was not possible to cope	6.3	1.7	5.1	5.0	5.6	3.4
Total (n)	96	115	117	120	213	235
<b>Coping Strategy (Death of HH member)</b>						
Injurious strategies	28.6	25.0	70.0	50.0	52.9	35.7
Resilience strategies	14.3	37.5	10.0	33.3	11.8	35.7
Was not possible to cope	57.1	37.5	20.0	16.7	35.3	28.6
Total (n)	7	8	10	6	17	14
<b>Coping Strategy (Loss of Livestock and Poultry)</b>						
Injurious strategies	3.0	1.0	1.0	0.0	4.0	1.0
Resilience strategies	2.0	2.0	4.0	0.0	6.0	2.0
Was not possible to cope	36.0	29.0	8.0	1.0	44.0	30.0
Total (n)	41	32	13	1	54	33

## Chapter 7: Morbidity and Treatment

### 7.1 Prevalence of Diseases

Morbidity means the state of being ill or having diseases. It is the ratio of sick against well people in a community. It is usually assessed through the incidence or prevalence of a disease or of all diseases in a population.

In the 2<sup>nd</sup> cycle of SWAPNO project, during the last 12 months prior to field study, women and other household members in Kurigram and Satkhira suffered from various diseases in a number of times. The data on prevalence of disease are presented in Table 7.1. More than 50 per cent respondents in the households of both intervention and control area reported that they suffered from diseases either sometimes or many times. In addition, this ratio is about 2 percentage point higher in control households (58.2%) than the households in the intervention area (56.7%). The rest of the respondents in the households of the intervention and control areas did not suffer from diseases so much (respectively 43.3% and 41.9%).

In the last one year, however, the frequency of suffering from disease by household members shows that they had suffered in large numbers than the respondents in both intervention and control areas. It was observed that the proportion of the household members in the control areas who suffered from diseases either casually or many times are higher by 2 percentage point (63.3%) than the intervention areas (61.1%). The remaining proportion of the household members in both areas (intervention: 39.0%, and control: 36.7%) did not suffer so much from diseases.

Table 7.1: Prevalence of diseases in percentage (respondent and household members)

Prevalence of disease and treatment	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Frequency of suffering from disease by respondent in the last one year in percentage</b>						
Many times	3.8	5.9	4.6	3.2	4.2	4.8
Some times	46.3	45.5	60.6	63.9	52.5	53.4
Not so much	49.8	48.6	34.7	32.9	43.3	41.9
Total (n)	287	288	216	216	503	504
<b>Frequency of suffering from disease by household members in the last one year in percentage</b>						
Many times	1.7	5.2	8.8	13.4	4.8	8.7
Some times	49.1	51.7	65.7	58.3	56.3	54.6
Not so much	49.1	43.1	25.5	28.2	39.0	36.7
Total (n)	287	288	216	216	503	504

**Health Seeking behavior:** The majority of the household members in Kurigram and Satkhira, reported affirmatively about the availability of homeopathic, village, and MBBS doctors. Overall, this ratio is almost similar in the intervention (90.7%) and control areas (91.1%). Table 7.2 represents the responses on such query.

When the respondents were asked to opine on whether or not they took any intervention from the available doctors in their locality, more than three-fourths in both intervention (74.8%) and control areas (74.9%) responded. In last one year, around half of them sought the intervention from the quack doctors in the intervention areas (49.7%). This was 3 percentage

point less in the control areas (46.5%). In addition, about one-third respondents in both areas reported that they sought the intervention from pharmacies. A very insignificant proportion among them in the intervention areas sought intervention from either *kabiraj* (1.5%) or took self-intervention (0.3%). This trend was a bit higher in the control areas in case of seeking intervention from *kabiraj* (2.8%) and similar in case of undergoing self-intervention (0.3%). About 1 per cent in both areas did not take any intervention despite having sickness (Table 7.2).

Table 7.2: Health seeking behavior of household members

Sources of treatment	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Availability of homeopathic/Village/ MBBS doctors in percentage</b>						
Yes	90.9	88.9	90.3	94.0	90.7	91.1
No	9.1	11.1	9.7	6.0	9.3	8.9
Total (n)	287	288	216	216	503	504
<b>If answer is 'yes', taking intervention from homeopath/Village doctor/ MBBS doctor in percentage</b>						
Yes	77.4	78.1	71.3	70.9	74.8	74.9
No	22.6	21.9	28.7	29.1	25.2	25.1
Total (n)	261	256	195	203	456	459
<b>Sources of getting intervention in the last one year in percentage</b>						
Not taken treatment	1.3	0.4	0.6	1.3	1.0	0.8
Self-treatment	0.0	0.4	0.6	0.0	0.3	0.3
Kabiraj	2.6	4.3	0.0	0.6	1.5	2.8
Quack	40.4	39.2	63.1	57.3	49.7	46.5
Pharmacy	43.0	43.5	15.0	15.9	31.4	32.4
Others	12.7	12.1	20.6	24.8	16.0	17.2
Total (n)	228	232	160	157	388	389

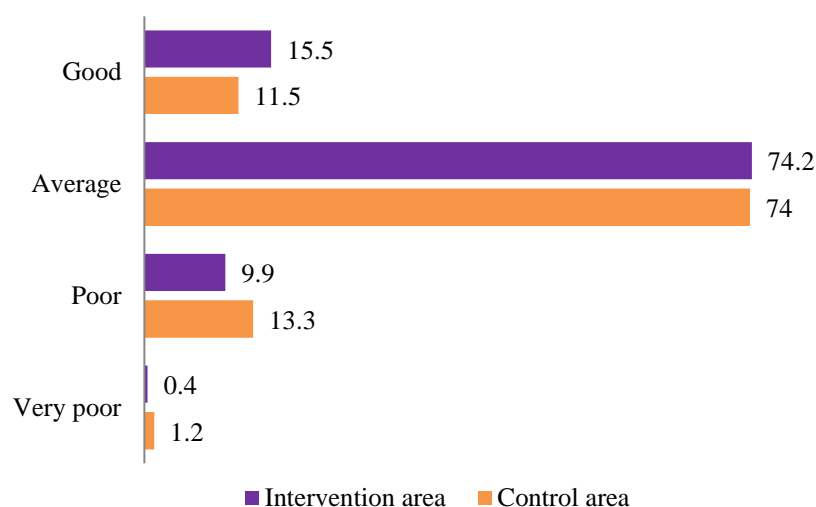
**Reasons for Not Taking Treatment:** Apart from the three-fourth household members who sought intervention from the homeopathic, village and/or MBBS doctors, the rest of the members were asked to opine on the reasons for not taking intervention from them. As evident, more than 60 per cent household members in both areas reported that the treatments were 'too costly' (Table 7.3) for them. This was 4 percentage points higher in the control (64.3%) than the intervention areas (60.9%). A somewhat similar proportion of the household members in both areas mentioned that the treatments were 'not comfortable' (intervention: 14.8% and control: 15.7%). About 10 per cent among them in the intervention areas reported 'longer distance' as the reason for not taking treatments. This was reported by 9 per cent in the control areas. Moreover, in the intervention areas, less than 1 per cent made mention of 'doctors not being present in their workplace' (Table 7.3).

Table 7.3: Reasons for not taking treatments in percentage

Reasons for not taking treatment	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Not comfortable	28.8	32.1	0.0	0.0	14.8	15.7
Too costly treatment	54.2	57.1	67.9	71.2	60.9	64.3
Too far from household	8.5	7.1	10.7	10.2	9.6	8.7
Doctor not present in his/her workplace	1.7	0.0	0.0	0.0	0.9	0.0
Others	6.8	3.6	21.4	18.6	13.9	11.3
Total (n)	59	56	56	59	115	115

**Health of the Respondents in Last Six Months:** In Kurigram and Satkhira, the respondents were asked to state about their health condition in last six months. More than three-fourths and a similar proportion of them in both of the areas reported about their health condition as ‘average’ (intervention: 74.2% and control: 74.0%) in that period. According to their response (Figure 7.1), approximately 16 per cent among them in the intervention areas reported their health condition as ‘good’; while this was reported by nearly 12 per cent of them in the control areas. Respondent’s health status being ‘poor’ and ‘very poor’ had been reported by 10.3 per cent together in the intervention areas. This trend of health status was slightly higher in the control areas, and 14.5 per cent together (Figure 7.1).

Figure 7.1: Status of health of the respondents in last six months (in %)



## 7.2 Sources of Drinking Water and its Quality

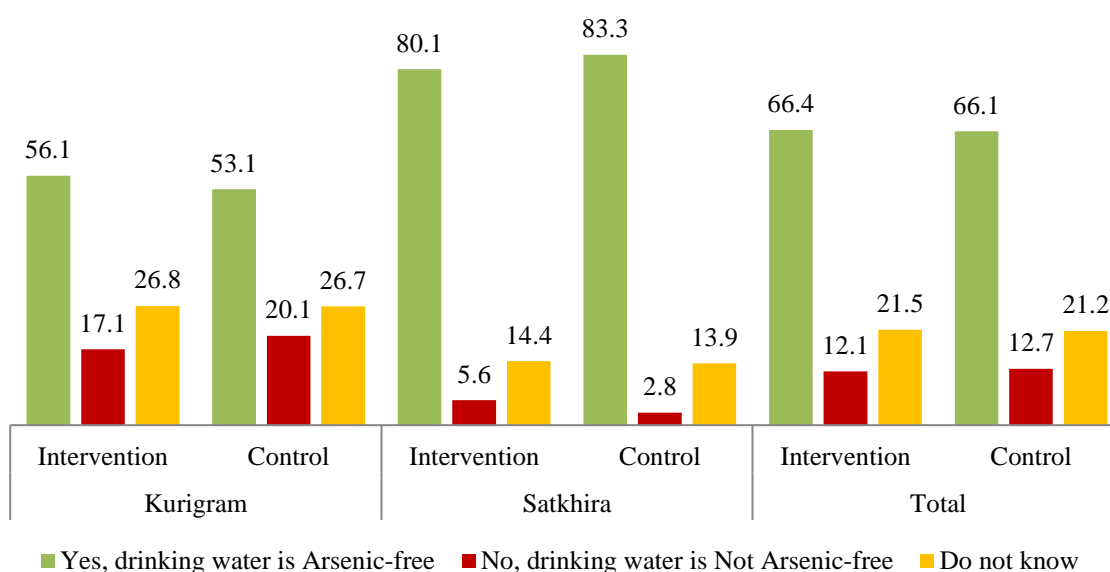
**Sources of Drinking Water:** Safe drinking water is one of the bare essentials for maintaining healthy life. In the study areas, when the respondents were asked to give opinion on their source of safe drinking water, a major and almost similar portion of them (intervention: 90.5% and control: 89.7%) in both areas reported about ‘Tube well’ (Table 7.4). A very insignificant percentage of them (intervention: 6.4%) reported ‘pond’ as their source of drinking water. However, this was about 1 percentage point higher in the control areas (7.7%). Apart from these, ‘rain water’ was reported as a source by some small proportion among them in both areas. Besides, ‘filtered water’ was also mentioned as a source of drinking water by less than 1 per cent of households in both areas (Table 7.4).

Table 7.4: Sources of drinking water in percentage

Sources of drinking water	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Tube well	100.0	100.0	77.8	75.9	90.5	89.7
Pond	0.0	0.0	14.8	18.1	6.4	7.7
Filter	0.0	0.0	1.9	1.9	.8	.8
Rain Water	0.0	0.0	5.6	3.7	2.4	1.6
Taken by purchasing	0.0	0.0	0.0	.5	0.0	.2
Total (n)	287	288	216	216	503	504

**Quality of Drinking Water:** In addition to the sources of drinking water, the respondents were also inquired about the quality of the water. Regarding this, they were asked to state whether the water was ‘arsenic-free’ or not. It was observed that more than two-thirds of the respondents in both of the surveyed areas affirmatively reported about this (intervention: 66.4% and control: 66.1%). In contrast, the arsenic contaminated sources of water was mentioned by less than one-fifth of the respondents in both intervention and control areas of Satkhira. In Kurigram, the arsenic contamination of water was much severe as responded by more than 40 per cent households in both intervention and control areas. In addition, about one-fifth of the respondents in both areas did not know about the quality of the drinking water (Figure 7.2).

Figure 7.2: Arsenic-free drinking water (in %)



### 7.3 Sanitation

Sanitation impacts the human life most directly. Responses on such query in the surveyed areas of Kurigram and Satkhira are shown in Table 7.5. It was found that more than 70 per cent respondents reported about the existence of latrines under household possession in both intervention and control areas (respectively 76.3% and 79.8%). Most of their latrines were ‘slab latrines’ by type (intervention: 52.1% and control: 55.2%). Some others also had ‘pit latrines’ in their households, which was reported by more than one-third of the respondents in both intervention (36.2%) and control (34.3%) areas.

By types, ‘slab latrines’ (Table 7.5) was mostly used by the respondents. It was reported by almost similar proportion of them in both intervention (50.5%) and control areas (51.6%). Next to it was ‘pit latrines’ used by more than one-third respondents in both areas (intervention: 35.8% and control: 34.7%). Also, around 10 per cent among the respondents reportedly used ‘water sealed slab latrines’ in both intervention and control. Incidents of ‘using latrines from other’s houses’ were also found among some insignificant proportion of households in both intervention (2.8%) and control areas (2.0%). Using ‘septic tank’ was found only from the responses of 0.9 per cent households in the control areas of Satkhira. Nearly 1 per cent of the respondents in both areas mentioned about using ‘hanging latrines’ and ‘open space’.

Table 7.5: Possession and use of latrines in percentage

Item	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether or not having latrine under household possession in percentage</b>						
Yes	75.3	77.8	77.8	82.4	76.3	79.8
No	24.7	22.2	22.2	17.6	23.7	20.2
Total (n)	287	288	216	216	503	504
<b>Type of latrine in percentage</b>						
Pit Latrine	31.9	24.6	41.7	46.6	36.2	34.3
Slab Latrine	50.0	60.3	54.8	48.9	52.1	55.2
Total (n)	216	224	168	178	384	402
<b>Type of latrine used by respondents</b>						
Pit Latrine	29.3	25.3	44.4	47.2	35.8	34.7
Slab Latrine	50.5	57.3	50.5	44.0	50.5	51.6
Water Sealed Slab	15.3	15.3	2.3	4.2	9.7	10.5
Hanging Latrine	0.3	0.0	0.0	0.9	0.2	0.4
Other's House	3.1	1.7	2.3	2.3	2.8	2.0
Open Space	1.4	0.3	0.5	0.5	1.0	0.4
Septic Tank	0.0	0.0	0.0	0.9	0.0	0.4
Total (n)	287	288	216	216	503	504

## 7.4 Mortality in Households

The dynamics of mortality or the state of being subject to death was revealed from the respondent households. Overall, about 15 per cent households in the intervention and 9 per cent in the control areas responded that one person had died in last 5 years in their households (Table 7.6). Between the two study districts, this response was higher in the intervention areas of Satkhira than in control. In Kurigram, there was a minimal difference, however, in respect to mortality between its intervention and control areas.

Overall, in terms of relationship of the women with the deceased persons at their households in the intervention areas (Table 7.6), most of them were the 'husbands' (61.3%). This response was 2 percentage points less in the control areas (59.6%). Next to them were either 'fathers' (intervention: 18.7% and control: 12.8%), or 'mothers' (intervention: 13.3% and control: 8.5%). An insignificant proportion of deceased persons was observed to be their sons (intervention: 2.7%) and daughters (control: 4.3%).

Table 7.6: Mortality Dynamics in responded household in percentage

Reponses	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether or not any person died in last 5 years in percentage</b>						
Yes	12.9	10.4	17.6	7.9	14.9	9.3
No	87.1	89.6	82.4	92.1	85.1	90.7
Total (n)	287	288	216	216	503	504
<b>Relationship with the deceased person in percentage</b>						
Father	16.2	6.7	21.1	23.5	18.7	12.8
Mother	10.8	10.0	15.8	5.9	13.3	8.5
Son	5.4				2.7	
Daughter		6.7				4.3
Husband	62.2	66.7	60.5	47.1	61.3	59.6
Others	5.4	10.0	2.6	23.5	4.0	14.9

Reponses	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Total (n)	37	30	38	17	75	47
<b>Causes of death in percentage</b>						
Accident	18.9				9.3	
Asthma		3.3				2.1
Blood pressure			2.6		1.3	
Cancer	21.6	16.7	34.2	5.9	28.0	12.8
Diabetic			2.6		1.3	
Diarrhoea		3.3				2.1
Epilepsy	2.7				1.3	
Fever		6.7	2.6		1.3	4.3
Food poison			2.6		1.3	
Gastric		3.3		5.9		4.3
Heart attack	2.7	6.7	7.9	5.9	5.3	6.4
Jaundice	5.4	6.7	2.6		4.0	4.3
Kidney Diseases	13.5	6.7	2.6		8.0	4.3
Liver problem		3.3	2.6		1.3	2.1
Murder		3.3				2.1
Old age	10.8	10.0	13.2	11.8	12.0	10.6
Paralysis	2.7	10.0		5.9	1.3	8.5
Sank	5.4		2.6	5.9	4.0	2.1
Stroke	8.1	20.0	23.7	58.8	16.0	34.0
Tumor	2.7				1.3	
Weakness, Headache	5.4				2.7	
Total (n)	37	30	38	17	75	47

## Chapter 8: Food Security and Nutritional Status

Food is a fundamental right and food security is how this right is ensured. Food security is defined by the Food and Agriculture Organization (FAO) as:

*“when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.”<sup>16</sup>*

### 8.1 Food Item and their Frequency of Food Intake

In the survey areas, there was not much variation in daily food consumption of the target household members. The most common food item was rice, a staple food in Bangladesh, in combination with vegetables. In addition, oil was frequently consumed since it is used as a necessary ingredient in cooking any food. The average number of days of rice consumption in the week preceding the fieldwork was about seven in intervention as well as in control households, which was commonly consumed with vegetables and other food items. Among intervention households, 57.9 per cent often consumed vegetables in the week preceding the survey while among control households it was 56.9 per cent. Dairy products, meat and fish are less frequently consumed. The combined average weekly consumption of dairy products meat and fish was 1.9 days per week in intervention as well as in control households. The food distribution suggests that food consumption of the intervention households was mostly focused on carbohydrate and vegetable and there was a great lack of protein and fruit consumption suggesting that diet was not balanced enough.

Table 8.1: Number of days of consumption of food items in last week preceding field work, according to the percentage of households consumed

Food items & number of days	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Rice</b>						
2-4	1.0	0.0	0.5	0.0	0.8	0.0
5-7	99.0	99.7	99.5	100.0	99.2	99.8
Total (n)	287	288	216	216	503	504
<b>Average no. of days</b>	6.9	7.0	7.0	7.0	6.9	7.0
<b>Vegetables</b>						
0	2.8	1.7	2.3	3.7	2.6	2.6
1	1.0	2.1	2.3	2.8	1.6	2.4
2-4	31.7	34.0	46.3	43.5	38.0	38.1
5-7	64.5	62.2	49.1	50.0	57.9	56.9
Total (n)	287	288	216	216	503	504
<b>Average no. of days</b>	5.2	5.1	4.4	4.5	4.9	4.8
<b>Lentil</b>						
0	49.8	48.6	34.3	33.8	43.1	42.3
1	20.2	22.2	15.7	15.3	18.3	19.2
2-4	25.8	26.0	44.0	44.4	33.6	33.9
5-7	4.2	3.1	6.0	6.5	5.0	4.6
Total (n)	287	288	216	216	503	504
<b>Average no. of days</b>	1.0	1.0	1.6	1.6	1.3	1.3

<sup>16</sup> Collected from <http://aciarc.gov.au/aifsc/food-security-and-why-it-matters>, accessed on 15 January 2018.



Food items & number of days	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Edible oil</b>						
1		0.3				0.2
2-4	3.1	1.0	0.9	1.4	2.2	1.2
5-7	96.9	98.6	99.1	98.6	97.8	98.6
Total (n)	287	288	216	216	503	504
<b>Average no. of days</b>	6.7	6.7	6.9	6.8	6.8	6.8
<b>Meat/chicken/egg</b>						
0	50.2	50.3	56.9	63.0	53.1	55.8
1	19.5	20.5	14.4	14.8	17.3	18.1
2-4	27.9	28.8	26.4	20.4	27.2	25.2
5-7	2.4	.3	2.3	1.9	2.4	1.0
Total (n)	287	288	216	216	503	504
<b>Average no of days</b>	1.1	1.0	0.9	0.8	1.0	0.9
<b>Milk and dairy products</b>						
0	90.2	88.5	94.9	94.4	92.2	91.1
1	5.9	5.6	3.2	3.2	4.8	4.6
2-4	2.8	3.5	1.4	1.9	2.2	2.8
5-7	1.0	2.4	0.5	0.5	0.8	1.6
Total (n)	287	288	216	216	503	504
<b>Average no of days</b>	0.2	0.3	.10	.09	0.1	0.2
<b>Fish/dry fish</b>						
0	27.5	26.4	27.3	24.1	27.4	25.4
1	24.7	24.3	14.8	13.9	20.5	19.8
2-4	39.4	45.5	52.3	55.6	44.9	49.8
5-7	8.4	3.8	5.6	6.5	7.2	5.0
Total (n)	287	288	216	216	503	504
<b>Average no of days</b>	1.7	1.7	1.8	2.0	1.8	1.8

## 8.2 Food Shortage

The households under the survey did not have adequate diversity in up taking food. More than half (intervention: 52.1% and control: 53.0%) of them faced food shortage for more than one month. Only 2.2 per cent household in intervention and 3.0 per cent household in control did not face any food deficiency in the year preceding the survey. On average, households experienced food deficit for around 50 days. Reportedly, 4.8 per cent intervention households faced food shortage for more than 5 months compared to 6.2 per cent control households. Food shortage prevailed for less than one month in 47.9 per cent of the intervention households and 47.0 per cent of the control households (Table 8.2a).

Table 8.2a: Number of days there was food shortage in last year in percentage

No of days	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
0	2.8	2.4	1.4	5.6	2.2	3.8
1-30	54.0	50.7	39.8	42.1	47.9	47.0
31-60	24.0	26.7	35.6	24.5	29.0	25.8
61-90	7.7	7.3	16.2	14.8	11.3	10.5
91-150	4.2	4.9	5.6	9.3	4.8	6.7
150+	7.3	8.0	1.4	3.7	4.8	6.2
Total (n)	287	288	216	216	503	504
<b>Avg. number of days</b>	48.3	51.6	52.1	52.9	49.9	52.2

**Months of Adequate Household Food Provisioning** is the households' food access impact indicators to measure the food security and adequacy status. Data suggest that the food deficit begins slowly from Bengali month Chaitra<sup>17</sup>) and continues up to Kartik (October-November) which is mostly rainy season. During this period, opportunities to work get reduced in rural areas and physical work on daily basis is also tough to avail. Most of the intervention households are largely dependent on income from their daily labour. Among these adverse months, Kartik (October-November) is reported as the month of most severe food deficit followed by 3 consecutive months from Ashar to Bhadro (June-August). The remaining 4 months (Agrahayan-Falgun, usually December-March of Gregorian calendar) of the year witness no food deficit for the intervention households. Despite some variations at the district level, which is due to different geographical locations, the overall trend of food deficit has resemblance between intervention and control households (Table 8.2b).

Table 8.2b: Most severe food deficit month in percentage

No of days	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Boishakh	1.1	2.5	0.0	0.0	0.6	1.4
Jaishtha	0.0	0.0	0.9	2.0	0.4	0.8
Ashar	15.8	12.5	25.8	23.5	20.1	17.1
Srabon	16.8	19.9	16.4	16.2	16.7	18.4
Bhadro	8.2	7.8	15.0	12.7	11.2	9.9
Ashwin	5.0	5.7	8.0	8.3	6.3	6.8
Kartik	50.2	49.1	23.9	33.3	38.8	42.5
Chaitra	1.8	2.5	0.9	0.5	1.4	1.6
Total (n)	279	281	213	204	492	485

Respondents were asked to assess their food availability status for year preceding the survey. Only 2.0 per cent of intervention and 3.6 per cent of control households think that they had food surplus. Another 87.1 per cent and 86.7 per cent intervention and control households respectively faced occasional food deficit in the year preceding the survey. This also indicates that food deficit was almost permanent in more than one-sixth of the households both in intervention and control areas (Table 8.2c).

Table 8.2c: Status of food availability in last 12 months in percentage

Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Surplus	2.6	2.2	1.2	5.4	2.0	3.6
Occasional deficit	83.1	85.0	92.3	89.0	87.1	86.7
Always deficit	14.3	12.8	6.5	5.6	10.9	9.7
Total (n)	287	288	216	216	503	504

Data suggest that there are few households who had no food deficit based on respondent's perception. Later, Household Food Insecurity Access Scale (HFIAS) is used to make this assessment through a scientific method. However, information from focus group discussion with the respondents from intervention households suggests that, 'availability of rice in the household or ability to purchase rice throughout the year' is the social definition of food security accepted by these target respondents. They do not know about 'balanced diet' or 'three different food groups essential for health'. Their key interest is to have adequate rice for at least 2 meals every day.

<sup>17</sup> Last month of Bengali calendar, usually March-April of Gregorian calendar

### 8.3 Food Consumption Score (FCS)

The Food Consumption Score (FCS) is a composite score combining dietary diversity, food frequency, and weighting the relative nutritional importance of different food groups. The FCS is calculated applying the frequency of consumption of different food items gathered into food groups (Table 8.3a) consumed by a household during 7 days prior to survey. A score is obtained by summing number of consumption frequency during 7 days prior to survey. Scores are clustered into three groups; poor, borderline, or acceptable food consumption (acceptable food consumption has been divided into two sub groups: acceptable low and acceptable high). Data on consumption of different food groups (nine groups) by members of the households in 7 days preceding the interview date were collected and analyzed to assess the usual food practice.

Food items are grouped according to food groups and the frequencies of all the food items surveyed in each food group are summed. Any summed food group frequency value over 7 is recoded as 7. Each food group is assigned a weight (Table 8.3a). Household food consumption score is calculated by multiplying each food group frequency by each food group weight, and then summing these scores into one composite score. The household score is compared with pre-established thresholds earlier.

Table 8.3a: Food items summarized into food groups and their weight for FCS assessment<sup>18</sup>

Food item	Food group	Weight
Maize, rice, sorghum, millet, bread and other cereals	Cereals tubers, and root crops	2
Cassava, potatoes, and sweet potatoes		
Beans, peas, groundnuts, and cashew nuts	Pulses	3
Vegetables, relish, and leaves	Vegetables	1
Fruits	Fruit	1
Beef, goat, poultry, pork, eggs, and fish	Meat and fish	4
Milk, yoghurt, and other dairy	Milk	4
Sugar and sugar products	Sugar	0.5
Oils, fats, and butter	Oil	0.5

According to food consumption score about 44.9 per cent intervention and 43.7 per cent control households had poor consumption i.e. their combined score was less or equal to 28. Another 43.1 per cent intervention and 47.0 per cent control households belonged to borderline food consumption scoring range (28-42); leaving 11.9 per cent and 9.3 per cent households with acceptable consumption among the intervention and control households respectively (Table 8.3b).

Findings suggest that although the poverty rate in Bangladesh is decreasing as a whole (24.3% in 2016 from 31.5% in 2010 from 40.0% in 2005 and 48.9% in 2000)<sup>19</sup> ; specific focus on food type and balance in food items is required. Bangladesh may have sufficient production of rice but it must not limit to that; these people need to be able to consume more food types ever and again.

<sup>18</sup> World Food Programme. 2009. Comprehensive Food Security & Vulnerability Analysis Guidelines. Available at: [http://documents.wfp.org/stellent/groups/public/documents/manual\\_guide\\_proced/wfp203208.pdf](http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp203208.pdf), accessed on 14 January 2018.

<sup>19</sup> BBS. 2017. Preliminary report on Household Income and Expenditure Survey 2016. Available at: [http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4\\_956b\\_45ca\\_872f\\_4cf9b2f1a6e0/HIES%20Preliminary%20Report%202016.pdf](http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/HIES%20Preliminary%20Report%202016.pdf) on 14 January 2018.

Table 8.3b: Percentage distribution of households by FCS score

Score	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Poor consumption ( $\leq 28$ )	52.6	49.3	34.7	36.1	44.9	43.7
Borderline consumption ( $>28$ to 42)	35.9	42.7	52.8	52.8	43.1	47.0
Acceptable low consumption ( $>42$ -52)	7.0	3.8	6.0	4.6	6.6	4.2
Acceptable high consumption ( $>52$ )	4.5	4.2	6.5	6.5	5.4	5.2
Total (n)	287	288	216	216	503	504

## 8.4 Food Security

The Household Food Insecurity Access Scale (HFIAS)<sup>20</sup> provides a simple and user-friendly approach to measure the impacts of development food aid programs on the access component of household food insecurity. There are nine questions that ask whether a specific condition associated with the experience of food insecurity ever occurred during the previous four weeks (28 days). Each severity question is followed by a frequency-of-occurrence question, which asks how often a reported condition occurred during the previous four weeks.

The Household Food Insecurity Access Scale (HFIAS)	
<p>HFIAS score is calculated for each household by summing the codes answered for each of 9 questions. Before summing the frequency-of-occurrence codes, the data analyst should code frequency-of-occurrence as 0 for all cases where the answer to the corresponding occurrence question was “never”. The maximum obtainable score for a household is 27 (the household response to all nine frequency-of-occurrence questions was “often”, coded with response code of 3); the minimum score is 0 (the household responded “never” to all occurrence questions, coded 0). The lower the HFIAS score, the better it is in terms of food security.</p>	
Table: Instrument to compute food security (HFIAS)	
Food security (HFIAS) questions	
Q1. In the past four weeks, did you worry that household would not have enough food? If response is ‘yes’ go to Q1a; if ‘no’ go to Q2.	Q1a. If yes, how often did this happen?
Q2. In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? If response is ‘yes’ go to Q2a; if ‘no’ go to Q3.	Q2a. If yes, how often did this happen?
Q3. In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources? If response is ‘yes’ go to Q3a; if ‘no’ go to Q4.	Q3a. If yes, how often did this, happen?
Q4. In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of other types of food? If response is ‘yes’ go to Q4a; if ‘no’ go to Q5.	Q4a. If yes, how often did this happen?
Q5. In the past four weeks, did you or any household member have to eat smaller meal than you felt need because there was not enough food? If response is ‘yes’ go to Q5a; if ‘no’ go to Q6.	Q5a. If yes, how often did this happen?
Q6. In the past four weeks, did you or any household member have to eat 2/1 times fewer meals in a day because there was not enough food? If response is ‘yes’ go to Q6a; if ‘no’ go to Q7.	Q6a. If yes, how often did this happen?
Q7. In the past four weeks, did you or any household member ever not get any	Q7a. If yes, how often did

<sup>20</sup> Coates, Jennifer, Anne Swindale and Paula Bilinsky. *Household Food Insecurity Access Scale (HFIAS) for Measurement of Household Food Access: Indicator Guide (v. 3)*. Washington, D.C.: Food and Nutrition Technical Assistance Project, Academy for Educational Development, August 2007.

kind of food because of lack of affordability? If response is 'yes' go to Q7a; if 'no' go to Q8.	this happen?
Q8. In the past four weeks, had you or any household member to sleep in starvation because there was not enough food? If response is 'yes' go to Q8a; if 'no' go to Q9.	Q8a. If yes, how often did this happen?
Q9. In the past four weeks, did you or any household member go to a whole day and night without eating anything because there was not enough food?	Q9a. If yes, how often did this happen?

The HFIAS categorizes the households in four ultimate categories which are: Category 1 (Food secure); Category 2 (Mildly food insecure); Category 3 (Moderately food insecure); and Category 4 (Severely food insecure).

- A households is considered Category 1: Mildly food insecure, if it got a response like [(Q1a=0 or Q1a=1) and Q2=0 and Q3=0 and Q4=0 and Q5=0 and Q6=0 and Q7=0 and Q8=0 and Q9=0]
- A households is considered Category 2: Food secure, if it got a response like [(Q1a=2 or Q1a=3 or Q2a=1 or Q2a=2 or Q2a=3 or Q3a=1 or Q4a=1) and Q5=0 and Q6=0 and Q7=0 and Q8=0 and Q9=0]
- A households is considered Category 3: Moderately food insecure, if it got a response like [(Q3a=2 or Q3a=3 or Q4a=2 or Q4a=3 or Q5a=1 or Q5a=2 or Q6a=1 or Q6a=2) and Q7=0 and Q8=0 and Q9=0]
- A households is considered Category 4: Severely food insecure, if it got a response like [Q5a=3 or Q6a=3 or Q7a=1 or Q7a=2 or Q7a=3 or Q8a=1 or Q8a=2 or Q8a=3 or Q9a=1 or Q9a=2 or Q9a=3]

Results using Household Food Insecurity Access Scale (HFIAS) are presented in Table 8.4b. It appears that very few intervention (91.2%) and control (91.5%) households were food secure. Data suggest that on average 9 out of 20 households is severely food insecure among intervention as well as control households. Which is not surprising, considering the fact that more than 95 per cent of the households are poor below upper poverty line and the squared poverty gap is more than 45 per cent compared to 5 per cent poverty gap according to preliminary report of household income and expenditure survey 2016. This confirms the fact that the target group are indeed among the people who are living at the most scare poverty condition. There is not much vitiation regarding HFIAS score between the districts.

Table 8.4: Percentage distribution of households according to Household Food Insecurity Access Scale (HFIAS)

HFIAS Scale	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Food secure	9.8	11.1	6.0	5.1	8.2	8.5
Mild food insecure	11.1	12.8	2.8	8.8	7.6	11.1
Moderate food insecure	38.0	35.8	39.8	31.5	38.8	33.9
Severe food insecure	41.1	40.3	51.4	54.6	45.5	46.4
Total (n)	287	288	216	216	503	504

## 8.5 Nutritional Status

This survey covers the nutritional status of two groups: 1) women who are direct beneficiaries (in intervention) or eligible non-beneficiaries (in control) of SWAPNO and 2) all under 5 children in the sample households. Height and weight were measured and recorded for all eligible women and children in selected household. Nutritional status of women was assessed applying Body Mass Index (BMI) while such status for under 5 children was assessed through stunting (height-for-age), wasting (weight-for-height), and underweight (Weight-for-age).

## Body Mass Index (BMI)

BMI measures weight-for-height, using the formula Wt (kg)/Ht (meter). The cut-off point for underweight has been set by WHO at BMI of 18.5. A BMI below 18.5 is indicative of various degrees of malnourishment, though BMI, being a proxy measure of nutritional status, fails to account for other factors like body frame. Table 8.5 reveals that 56.9 per cent of the women in intervention households were not malnourished (BMI>18.5) while it is 63.2 per cent in control households.

Table 8.5: BMI status of women

BMI Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Not malnourished	57.8	62.0	55.6	64.8	56.9	63.2
Malnourished	42.2	38.0	44.4	35.2	43.1	36.8
Total (n)	287	288	216	216	503	504

## Prevalence of Stunting, Wasting and Underweight

Relevant data are presented in Table 8.6. As shown, 35 per cent of the under-5 children were stunted either severely or moderately with 15.7 per cent being severely stunted in intervention households. In control households such proportions are 39.7 per cent and 16.2 per cent respectively.

As regards to underweight, 47 per cent of the children aged 0-59 months were underweight with 15.7 per cent having severely underweight. Proportion of underweight in control households was 36.8 per cent, which is higher than national level estimates (29.7%, BDHS 2014) and this makes sense since the target households are among poorest. A 22.9 per cent of under-5 children were wasted with 7.2 per cent being severely wasted in intervention households. In control households, such estimates were 22.0 per cent and 8.8 per cent respectively.

Table 8.6: Nutritional status of children aged 0-59 months in percentage

Nutritional Status	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Underweight</b>						
Severe	14.8	11.1	17.2	21.7	15.7	14.7
Moderate	33.3	20.0	27.6	26.1	31.3	22.1
Normal (Not underweight)	51.9	68.9	55.2	52.2	53.0	63.2
Total (n)	54	45	29	23	83	68
<b>Stunting</b>						
Severe	14.8	15.6	17.2	17.4	15.7	16.2
Moderate	16.7	22.2	24.1	26.1	19.3	23.5
Normal (Not stunted)	68.5	62.2	58.6	56.5	65.1	60.3
Total (n)	54	45	29	23	83	68
<b>Wasting</b>						
Severe	5.6	6.7	10.3	13.0	7.2	8.8
Moderate	14.8	11.1	17.2	17.4	15.7	13.2
Normal (Not wasted)	79.6	82.2	72.4	69.6	77.1	77.9
Total (n)	54	45	29	23	83	68



### Nutritional Status of Children aged 0-59 months

Collected data on weight and length/height of the children aged 0-59 months are converted to z-scores of weight for age (WAZ, or underweight), length/height for age (HAZ, or stunting), weight for height (WHZ, or wasting) for children by using WHO Anthro 2007 software and applying growth reference standard (GRS) of WHO to get anthropometric status of children (overall as well as severe and moderate conditions). Cut off values of less than minus 3 SD z-score, minus 3 SD to less than minus 2 SD z score and sum of these two scores were used during data analysis to obtain the prevalence of severely, moderately as well as overall stunted, wasted and underweight children of the mentioned age group.

Height-for-age is a measure of linear growth. Children are classified as moderately and severely stunted (chronic malnourished, and short for their age), if the height for-age z-score (HAZ) is below minus two and minus three standard deviations ( $<-2$  SD and  $<-3$  SD) respectively from the median z-score of the WHO reference population.

Weight-for-height describes the current nutritional status. Children are classified as moderately and severely wasted (i.e. thin for height having acute or recent nutritional deficit), if the weight for-height z-score (WHZ) is below minus two and minus three standard deviations ( $<-2$  SD and  $<-3$  SD) respectively from the median z-score of the WHO reference population. The SDs of the observed height-for-age, weight-for-age, and weight-for-height Z-score distributions are relatively constant and close to the expected value of 1.0 for the reference distribution.

Weight-for-age is a composite index of weight-for-height and height-for-age and, does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for his/her age because he/she is stunted, or because he/she is wasted, or may experience both conditions. Weight-for-age is a good indicator for nutritional health status of a population.

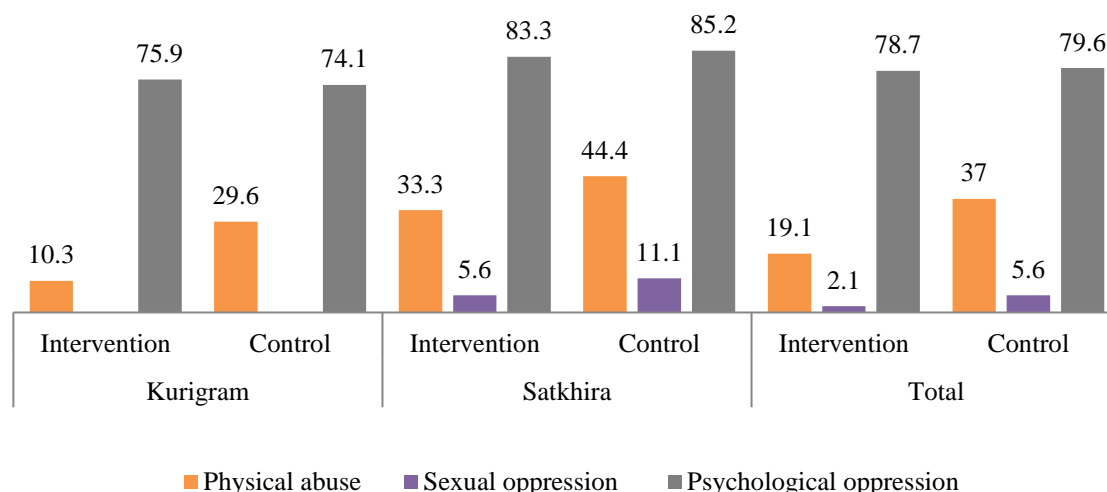
## Chapter 9: Violence, Harassment, Empowerment, and Decision-making

### 9.1 Violence Faced

Violence in any form is an impediment to development. It makes the society more vulnerable for living when it is perpetrated against women. From that viewpoint, violence against women has increasingly become a development issue with serious consequences for economic development and women empowerment.

In the baseline situation of the 2<sup>nd</sup> cycle of SWAPNO project, women were inquired into the issues of violence. In the Focus Group Discussion (FGD) sessions, they informed that psychological oppressions were much pronounced than physical abuse in both intervention and control households of the study areas. Overall, a somewhat similar proportion of the respondents faced psychological oppressions in the intervention (78.7%) and control areas (79.6%). About one-fifth of the respondents in the intervention households faced physical abuse which was more than one-third proportion in the control areas (37.0%). In addition, though insignificant in proportions, but significant in terms of the severity of violence, sexual oppression was reported by 2.1 per cent of them in the intervention and 5.6 per cent in the control areas (Figure 9.1).

Figure 9.1: Violence faced (in %)



### Knowledge and Awareness on Violence

The women were inquired about the perpetrators of violence. They were also asked about violence by household members in last 12 months (Table 9.1). All around, a small proportion of them had admitted about such incidence in both intervention (9.3%) and control (10.9%) areas.

Female household members were much more affected by violence than the male members in both areas. The sufferers of such incidence of violence are in most cases women. In



intervention area, more than 95 per cent of such incidence affected women<sup>21</sup> while such estimate in control is close to 90 per cent.

About four-fifths of the respondents who were victims of violence are aware about the place to visit to get redress in both intervention (83.0%) and control (80.0%) (Table 9.1). Most of the women affected women knew about the place of making complaints against violence. Regarding this, 'Union Parishad' was the most pronounced place of making such complaints (intervention: 94.9% and control: 90.9%). The respondents also reported about 'police, and personnel of law enforcing agencies' as places of making complaints against violence; which was reported by 35.9 per cent of them in the intervention and 18.2 per cent in control. Respondents from Satkhira reported about 'court' as such place of making complaints, which was slightly higher in proportion in the intervention (28.6%) than the control areas (13.6%). Likewise, in Kurigram, to some respondents, 'local respectable persons or local leaders' were the place of making such complaints. One notable thing is, none of the respondents mentioned 'victim support centre'. Qualitative discussion reveal that they are not aware of victim support centre and they do not know of any such facility in their neighborhood.

However, knowing place of complaints are not being very useful as most of them do not complain about such violence. It is quite appalling, about 80 per cent of the respondents in both of intervention and control areas reported that they went 'nowhere' for making complaints (Table 9.1). Only 10 per cent of them in intervention and 14 per cent in control went to 'Shalish (Arbitration)' for making complaints against the violence they faced. Additionally, a small proportion of respondents (intervention: 8.5% and control: 7.3%) also went to the 'village court' for making such complaints.

Table 9.1: Violence related incidences in percentage

Violence related issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether or not violence faced by any HH members in last 12 months</b>						
Yes	10.1	9.4	8.3	13.0	9.3	10.9
No	89.9	90.6	91.7	87.0	90.7	89.1
Total (n)	287	288	216	216	503	504
<b>Household members affected</b>						
Respondents	93.1	25.9	83.3	3.6	89.4	14.5
Male	6.9	18.5	5.6	7.1	6.4	12.7
Female	3.4	59.3	16.7	89.3	8.5	74.5
Total (n)	29	27	18	28	47	55
<b>Awareness about the place to visit to get redress</b>						
Yes	86.2	81.5	77.8	78.6	83.0	80.0
No	13.8	18.5	22.2	21.4	17.0	20.0
Total (n)	29	27	18	28	47	55
<b>Place of making complaint against violence</b>						
Union Parishad	96.0	86.4	92.9	95.5	94.9	90.9
Police, personnel of law enforcing agencies	28.0	4.5	50.0	31.8	35.9	18.2
Hospital	0.0	0.0	0.0	0.0	0.0	0.0
Court	0.0	0.0	28.6	13.6	10.3	6.8
Victim Support Centre	0.0	0.0	0.0	0.0	0.0	0.0

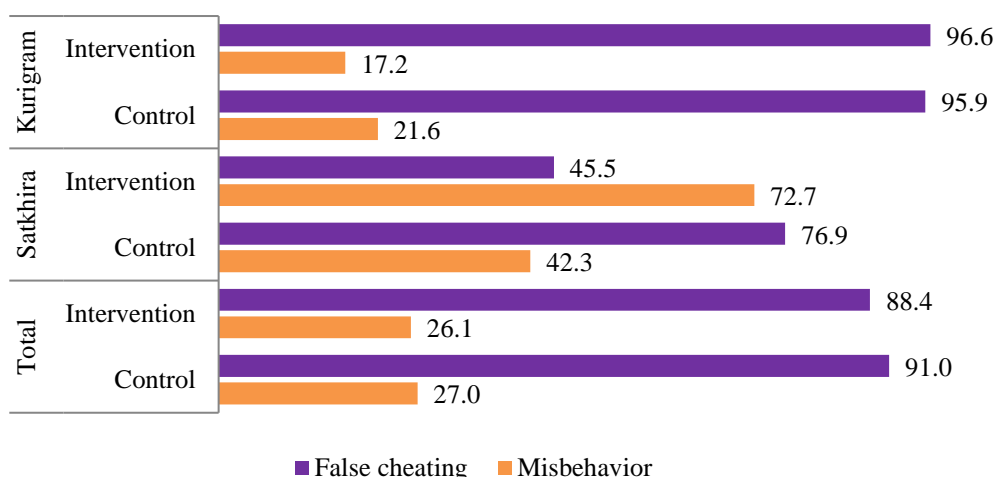
<sup>21</sup> Combining respondents and other female. By the survey design, all of the selected beneficiaries were female and the key respondents. Similarly, in control households, adult women (listed by the project as eligible beneficiary but was not selected in random selection criteria) in household were key respondents.

Violence related issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
To local respectable people, local leaders	4.0	9.1	0.0	0.0	2.6	4.5
Total (n)	25	22	14	22	39	44
<b>Making a complaint against any violence</b>						
<i>Shalish</i> (Arbitration)	6.9	22.2	16.7	7.1	10.6	14.5
Village Court	6.9	3.7	11.1	10.7	8.5	7.3
Police Station/ Court	0.0	0.0	5.6	0.0	2.1	0.0
Nowhere	86.2	74.1	77.8	85.7	83.0	80.0
Total (n)	29	27	18	28	47	55

## 9.2 Harassment Faced by Household Members

Incidences of harassment by household members were also inquired. Misbehavior, cheating, and litigation were identified as major harassments. Overall, it was found that cheating was much pronounced than misbehavior (Figure 9.2). More than four-fifths of the respondents in the intervention reported about cheating (88.4%) while it was over 90 per cent among control households. In line with this, household members facing misbehavior was reported by a somewhat similar proportion of them in both intervention (26.1%) and control (27.0%).

Figure 9.2: Harassment faced by household members (in %)



Overall, it was found that a small proportion of household members had faced harassment by others in last 12 months (Table 9.2). This was 6 percentage points higher in control (19.8%) than in the intervention (13.7%). Again, female household members were common target of violence compared to male members. In intervention, more than 95.0 per cent of such incidence affected women<sup>22</sup> while such estimate in control is more than 75.0 per cent. Such estimates for the male counterpart are 13.0 per cent and 23.0 per cent respectively.

Regarding the places of harassments, ‘government institutes’ were found to be the most common place where the household members faced violence. Little less than three-fourths of the members of intervention household faced such harassments in ‘government institutes’ (71.0%), which were 8 percentage points higher among members of control households

<sup>22</sup> Combining respondents and other female. By the survey design, all of the selected beneficiaries were female and the key respondents. Similarly, in control households, adult women (listed by the project as eligible beneficiary but was not selected in random selection criteria) in household were key respondents.

(79.0%). Around 16.0 per cent of intervention household members faced such incidents in the ‘public places’, which was about 12 per cent among control household members. Facing such harassments in the ‘social institutes’ was reported by very small proportion of respondents (intervention: 1.4% and control: 5.0%). However, abysmally, about 26 per cent of them faced such situation within their own family among intervention households. Such estimate for control households was 13 per cent.

The respondents were also asked to opine on the incidences of harassments by other people (i.e., influential persons etc.); about 75 per cent of them in intervention households reported that such people were the representatives of local government (Table 9.2). This was 9 percentage points higher in control (84.0%). Members of own family were involved in such situation, as reported by 17.4 per cent of them in the intervention and 7.0 per cent in the control. Side by side, in-law’s family members were found involved in such violence (intervention: 8.7% and control: 4.0%). Though negligible in proportion, responses were also found regarding involvement of political leaders (1.4%) and control areas (1.0%).

The incidence of reporting is even lower when the harassment is by other people in the community compared to harassment by household members. Majority of the respondents (except a few) did not complain about the violence (94.2% in intervention and 96.0% in control). Only 4.3 per cent each of them in the intervention went either to ‘*Shalish* (Arbitration)’ or to ‘village court’ for making such complaints on harassments. This response was only 4.0 per cent altogether in the control areas. In addition, a small proportion of them went to Police station or Court for making such complaints (Table 9.2).

Table 9.2: Harassment related incidences in percentage

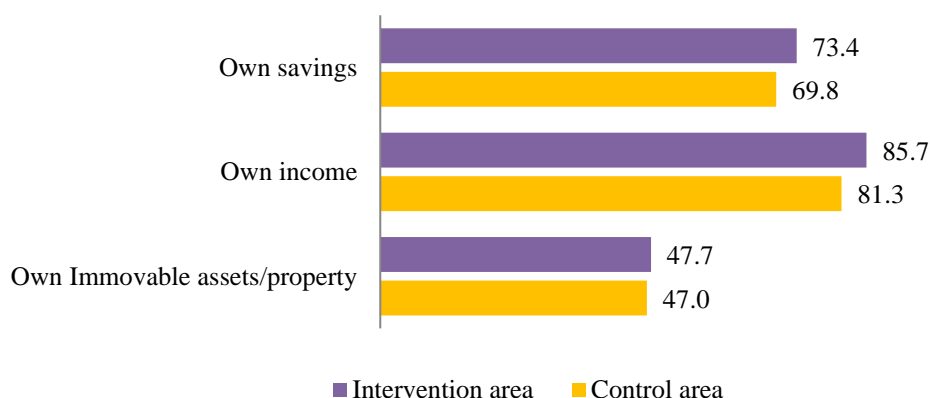
Harassment related issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Whether or not harassment faced by any HH members in last 12 months</b>						
Yes	20.2	25.7	5.1	12.0	13.7	19.8
No	79.8	74.3	94.9	88.0	86.3	80.2
Total (n)	287	288	216	216	503	504
<b>Harassments faced by household members</b>						
Beneficiary	79.3	12.2	81.8	0.0	79.7	9.0
Male	15.5	27.0	0.0	11.5	13.0	23.0
Female	13.8	60.8	27.3	88.5	15.9	68.0
Others	0.0	0.0	0.0	3.8	0.0	1.0
Total (n)	58	74	11	26	69	100
<b>Place of such harassments faced by household members</b>						
Own family	24.1	10.8	36.4	19.2	26.1	13.0
Public place	12.1	4.1	36.4	34.6	15.9	12.0
Government institutes	79.3	87.8	27.3	53.8	71.0	79.0
Social institutes	0.0	5.4	9.1	3.8	1.4	5.0
Others	0.0	1.4	0.0	0.0	0.0	1.0
<b>Type of people (persons/influential) got involved with harassment</b>						
Political leader	1.7	0.0	0.0	3.8	1.4	1.0
Terrorist	0.0	0.0	0.0	0.0	0.0	0.0
Representatives of local government	81.0	86.5	45.5	76.9	75.4	84.0
Government Officials	0.0	4.1	0.0	3.8	0.0	4.0
Police/ personnel of law enforcing agencies	0.0	0.0	0.0	0.0	0.0	0.0
Member of own family	15.5	5.4	27.3	11.5	17.4	7.0
Members of in law’s family	6.9	2.7	18.2	7.7	8.7	4.0

Harassment related issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Others	1.7	4.1	9.1	11.5	2.9	6.0
<b>Making a complaint against any of those harassments</b>						
<i>Shalish</i> (Arbitration)	3.4	0.0	9.1	3.8	4.3	1.0
Village Court	3.4	1.4	9.1	7.7	4.3	3.0
Police Station/ Court	0.0	0.0	9.1	0.0	1.4	0.0
Nowhere	94.8	98.6	90.9	88.5	94.2	96.0
Total (n)	58	74	11	26	69	100

### 9.3 Control over Assets

Women's control over two types of assets was assessed: individual assets and household assets. In the surveyed areas of Kurigram and Satkhira, women had more control over own assets than the household assets. In terms of own assets, women had control over own income, own savings, and immovable assets or property. But responses on having control over the first two types of assets were highly pronounced in both areas than the last one. Overall, about four-fifths of them reported about having control over own income, which was 5 percentage points higher in the intervention (85.7%) than the control areas (81.3%). On the issue of having control over own savings, about 73 per cent of them in the intervention households reported that they had such control. This was nearly 70 per cent in the control areas. However, having control over women's immovable assets/properties, a similar proportion, which was 47 per cent in both areas, reported so (Figure 9.3).

Figure 9.3: Control over own assets (in %)



In terms of household assets, women had control over income and savings, land, and immovable assets/properties. But all these were responded much less in comparison with own assets in both areas. About control over household income and savings was reported by 69.4 per cent (Table 9.3) of the respondents in the intervention areas, which was 6 percentage points less in the control areas (63.7%). In respect to control over household lands response came up from more than one-third of the respondents in both the intervention (37.8%) and control areas (35.9%). In line with this, having control over immovable assets/properties was reported by another 30 per cent in each category in intervention (38.4%) and control areas (36.9%).

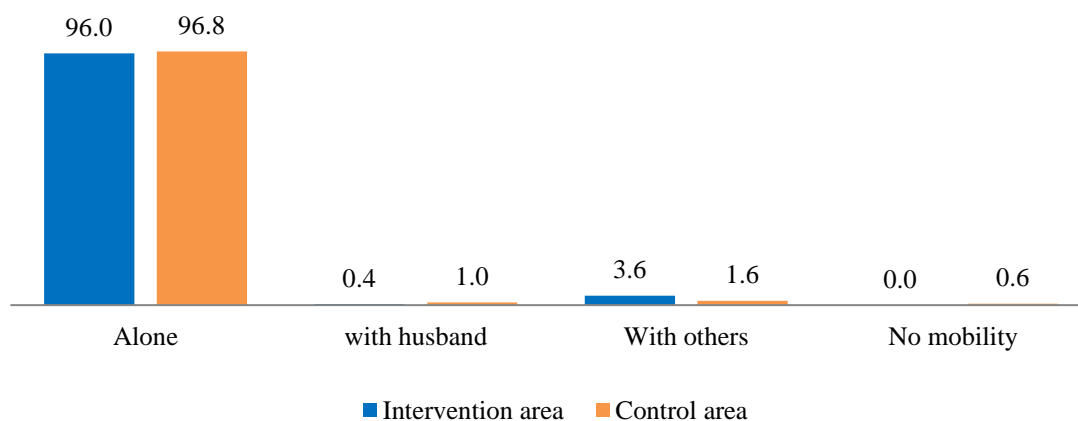
Table 9.3: Control over household assets in percentage

Household Assets	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Income and savings	63.1	63.5	77.8	63.9	69.4	63.7
Land	31.7	34.7	45.8	37.5	37.8	35.9
Immovable assets/ property	30.7	35.1	48.6	39.4	38.4	36.9
Others	29.3	26.4	34.3	24.5	31.4	25.6

## 9.4 Mobility of Women<sup>23</sup>

Mobility is one of the crucial issues of women empowerment. Women need to be able to go from one place to another in order to meet their own needs or other social requirements. In the surveyed districts, women were inquired to opine on their mobility issues. In terms of going outside the neighborhood or community (but within para or village), majority of the women in both of intervention and control areas could move alone. This response came from a similar proportion, which was 96 per cent, in both areas (Figure 9.4). About 4 per cent of them in the intervention areas had to move either with their husbands or with others. In the control areas, such response came up from 2.6 per cent of the respondents altogether.

Figure 9.4: Women's mobility outside the neighborhood/community (in %)



In terms of having mobility within own union, more than four-fifths of the women could move alone in both intervention (87.1%) and in control areas (88.1%). More than 10 per cent of them in the intervention areas had to move either with their husbands or with others. Such response came up from 11.5 per cent of them in the control areas (Table 9.4).

Women also had mobility to upazila service offices and banks. But this was comparatively low in frequencies than the previous places in both areas. More than 60 per cent in both the intervention and control areas could go alone to the places mentioned. A somewhat similar

<sup>23</sup> Mobility of women according to this survey is very high among respondents. However, this does not necessarily mean female empowerment is very high among these respondents (they still are the major sufferers of violence). We already learned that most of these women are widowed/ divorces/separated/deserted and most of them are household heads as well as the key earner for the households. These issues combined, makes their mobility much greater than the regular females of same age or social condition. They complete their necessities by themselves as well as attend work or other income earning activities for a living. Hence, their mobility or communication is greater for their own necessity. It is the hardship of life that makes them mobile and in some way 'empowered'. These women during group discussion confirmed:

*'had we not been widowed/divorces/separated/deserted, or did not have to look over ourselves and our family, we would not have required such mobility and hence would not have it'.*

proportion among them had to go to the same places with others in both areas (intervention: 23.7% and control: 22.0%).

Women could also go to district or division level, but a majority of them had to go there with others. Such response was reported by a similar proportion of 38 per cent respondents in both intervention and control areas (Table 9.4). Near about 18 per cent of the women in the intervention households did not have the mobility to the mentioned places. Such response came up from 17 per cent of them in the control areas.

Table 9.4: Mobility of women in percentage

Mobility	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Within union</b>						
Alone	95.1	91.7	76.4	83.3	87.1	88.1
With husband	1.7	3.5	1.9	4.6	1.8	4.0
With others	3.1	4.9	21.3	11.1	10.9	7.5
No	0.0	0.0	0.5	0.9	0.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>To Upazila service offices and banks</b>						
Alone	68.6	69.1	56.0	48.1	63.2	60.1
With husband	4.5	8.3	4.2	10.6	4.4	9.3
With others	23.7	20.5	23.6	24.1	23.7	22.0
No	3.1	2.1	16.2	17.1	8.7	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>To district/division level</b>						
Alone	31.0	34.0	23.1	15.3	27.6	26.0
With husband	17.1	18.1	13.4	19.4	15.5	18.7
With others	41.1	36.1	35.6	40.7	38.8	38.1
No	10.8	11.8	27.8	24.5	18.1	17.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total (n)	287	288	216	216	503	504

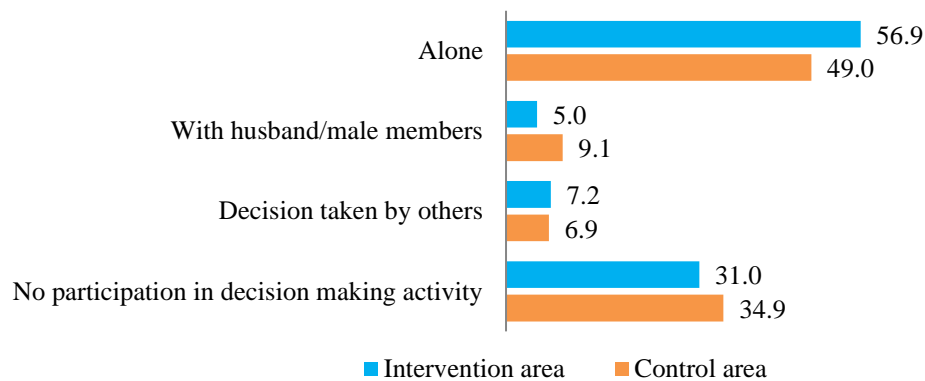
## 9.5 Participation in Decision-Making Activity

Women's decision making activities were assessed on three broad ideas: decision-making on women's issues, participation in decision-making on household issues, and participation in decision-making on social issues.

### Decision-Making on Respondent's Personal Issues

Such issues were assessed in terms of involvement in new income generating activities, obtaining services (medical, government support, legal etc.), having education or training, and participation in meeting etc. Regarding involvement in new income generating activities, more than half of the respondents in the intervention households could take the decision alone (56.9%). Such response was reported by 49 per cent of the women in the control households (Figure 9.5). However, about one-third of the respondents had no participation in the decision-making activities.

Figure 9.5: Decision making on involvement in new income generating activities (in %)



Regarding obtaining different services<sup>24</sup>, about 76.7 per cent respondents in the intervention and 70.4 per cent in the control households could make decisions alone (Table 9.5). Also, about 14.7 per cent of them had to make the decisions with either husbands/male members in household or by others in the intervention households on such issues. Similar response came up from 19 per cent of respondents from control households.

On the issue of having education and/or training, slightly more than 50 per cent of the respondents in the intervention households could make decisions alone. In the control households, such response was reported by 37 per cent of the women. On the other hand, about one-third of the women in the intervention households had no participation in such decision-making activities (39.4%). Such response came up from nearly half of them in the control areas (49.6%).

In terms of making decision on participation in meeting, more than two-thirds of the women in the intervention households had no participation (66.2%). Such response was reported by more than 70 per cent of respondents in control households. However, about 26.2 per cent of them in the intervention and 19.6 per cent in the control households could make such decisions by themselves (Table 9.5).

Table 9.5: Decision making on women's issues in percentage

Women's own issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Obtaining services</b>						
Alone	83.6	78.8	67.6	59.3	76.7	70.4
With husband/male	2.8	4.9	10.6	14.4	6.2	8.9
Decision taken by others	4.5	5.6	13.9	16.2	8.5	10.1
No participation	9.1	10.8	7.9	10.2	8.5	10.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Undergoing Education/training</b>						
Alone	61.0	45.8	41.2	25.5	52.5	37.1
With husband/male	.7	3.5	6.0	10.2	3.0	6.3
Decision taken by others	4.5	3.8	6.0	11.1	5.2	6.9
No participation	33.8	46.9	46.8	53.2	39.4	49.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

<sup>24</sup> Services refer to medical treatment, legal support, financial support (loan, credit, opening account), obtaining SSNP benefit or other GoB services such as getting NID card, Birth certificate etc.



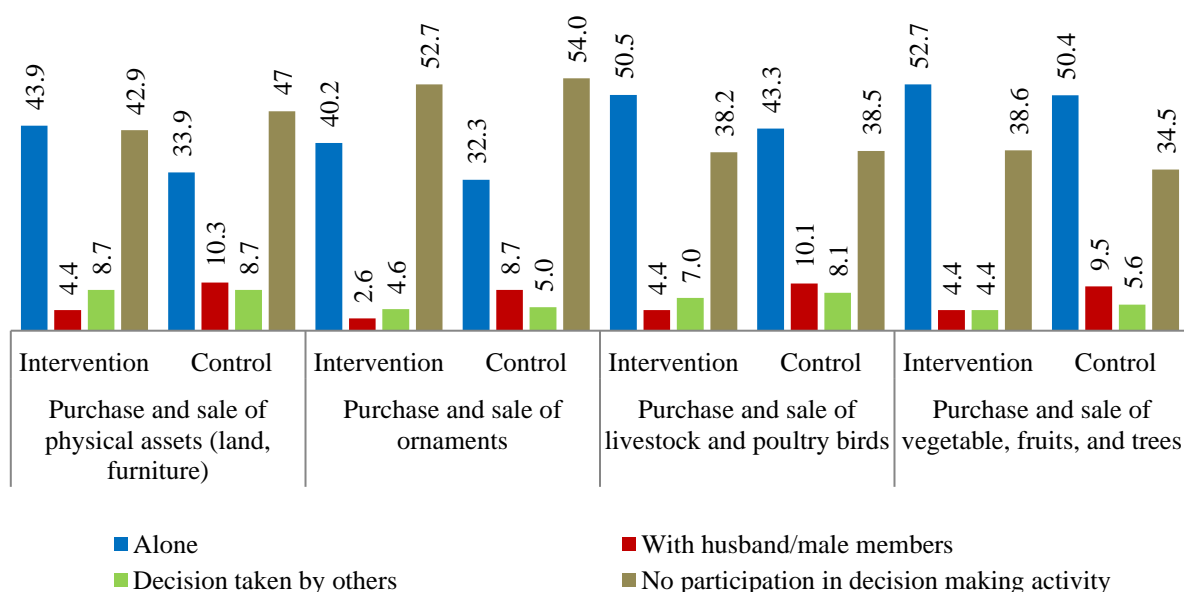
Women's own issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Participation in Meeting</b>						
Alone	27.5	21.9	24.5	16.7	26.2	19.6
With husband/male	.3	.3	4.6	8.3	2.2	3.8
Decision taken by others	5.2	1.7	5.6	6.5	5.4	3.8
No participation	66.9	76.0	65.3	68.5	66.2	72.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	287	288	216	216	503	504

### Decision Making on Household Issues

Regarding purchase or sell of physical assets (land, furniture etc.), more than 40 per cent of the women in the intervention households could take decisions alone (43.9%). This was 10 percentage points less in the control areas (33.9%). About 13 per cent of them in the intervention areas, and 19 per cent in the control areas had to make such decisions either with their husbands or male members, or by others. However, about two-fifths of them in both areas had no participation in decision making on such issues.

It was found that participation on taking decisions alone on purchasing or selling of ornaments was reported by a 40 per cent of the respondents in the intervention households and 32 per cent in the control areas (Figure 9.6). Responses on taking decisions alone on purchasing or selling of livestock and poultry birds came up from half of the women in the intervention areas (50.5%) and 7 percentage points less than in the control areas (43.3%). Moreover, taking decisions alone on purchasing or selling of vegetable, fruits, and trees was reported by around 50 per cent of the respondents in both of the intervention and control areas. However, in every category mentioned earlier, 'no participation' in decision making was reported by some significant proportions of the women in both areas (Figure 9.6).

Figure 9.6: Participation in decision making on household issues (in %)





About half of the women in the intervention areas could take such decisions alone (50.3%). Such response was strikingly less pronounced in the control areas (39.7%). About 7.0 per cent of them in the intervention and 15.0 per cent in the control areas had to take such decisions along with their husbands and/or other male members of the household. However, a similar proportion of 37.0 per cent of them in both areas had no participation in such decision-making activity (Table 9.6).

In terms of decision-making on the issue of children's education, 58.6 per cent of the women in the intervention households could take this alone. This response was around 10 percentage points less in the control areas (48.4%). However, in comparison to children's education, taking decision alone on the issue of marriage of children was reported by lesser proportions of the women in both intervention (30.2%) and control areas (22.4%). Lastly, taking decisions alone on the health care and/or intervention of children was reported by more than two-thirds of the women in the intervention households (65.6%). This was reported by 53.6 per cent of them in the control (Table 9.6).

Table 9.6: Decision making on household issues in percentage

Household issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>House construction and repair</b>						
Alone	57.5	50.7	40.7	25.0	50.3	39.7
With husband/male	5.6	11.5	8.8	20.4	7.0	15.3
Decision taken by others	3.5	4.2	8.3	12.5	5.6	7.7
No	33.4	33.7	42.1	42.1	37.2	37.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Children's education</b>						
Alone	60.3	54.9	56.5	39.8	58.6	48.4
With husband/male	3.8	8.7	6.9	13.9	5.2	10.9
Decision taken by others	3.8	2.4	1.9	6.9	3.0	4.4
No participation	32.1	34.0	34.7	39.4	33.2	36.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Marriage of children</b>						
Alone	32.8	28.8	26.9	13.9	30.2	22.4
With husband/male	7.0	10.4	7.4	18.1	7.2	13.7
Decision taken by others	13.6	11.8	6.0	9.3	10.3	10.7
No participation	46.7	49.0	59.7	58.8	52.3	53.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Health care/intervention of children</b>						
Alone	70.4	61.8	59.3	42.6	65.6	53.6
With husband/male	2.4	7.6	4.6	14.4	3.4	10.5
Decision taken by others	3.5	3.8	6.0	9.7	4.6	6.3
No participation	23.7	26.7	30.1	33.3	26.4	29.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
n	287	288	216	216	503	504

### Decision making on social issues

Regarding women's participation in decision making on social issues, following issues have also been assessed: participating in school management committee, in the village court and/or *Shalish*, and casting vote in last election etc.

For the first two issues under this category, ‘no participation’ was highly pronounced by the women in both surveyed areas (Table 9.7). Following this, similar proportions of them in both intervention (91.5%) and control areas (91.9%) responded so on participation in the school management committee. Same trend of responses were also observed in terms of women’s participation in the village court and/or *Shalish*. About 89.7 per cent of them in the intervention and 92.7 per cent in the control areas reported so. However, in respect to casting votes in last election, a mentionable number of women in both areas could take decisions alone. More than three-fourths of them in both intervention (75.3%) and control areas (72.2%) responded on this.

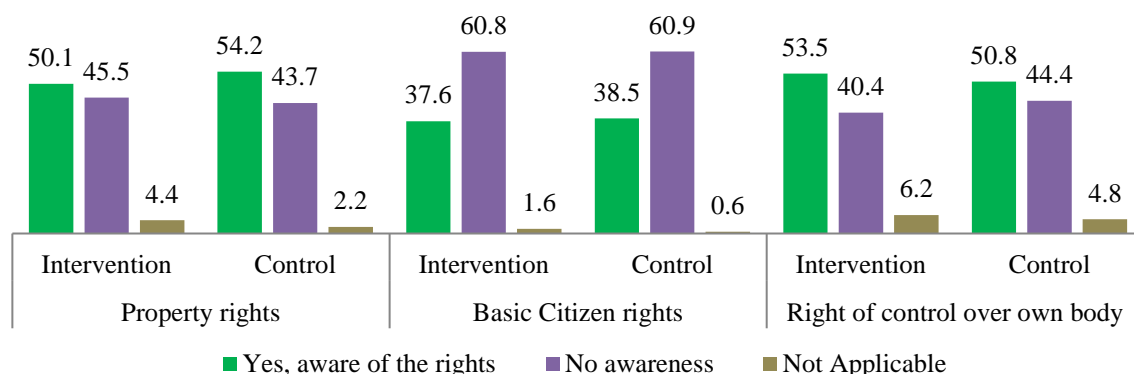
Table 9.7: Decision-making on social issues in percentage

Social issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Participation in school management committee</b>						
Alone	10.5	7.3	2.8	1.9	7.2	5.0
With husband/male		1.0	0.9	2.3	0.4	1.6
Informed during/before decision taken by others	1.7	1.7	0.0	1.4	1.0	1.6
No	87.8	89.9	96.3	94.4	91.5	91.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
n	287	288	216	216	503	504
<b>Participation in Village court/shalish</b>						
Alone	13.6	8.7	0.9	0.9	8.2	5.4
With husband/male		0.3	0.9	2.3	0.4	1.2
Informed during/before decision taken by others	2.1	1.4	1.4		1.8	0.8
No	84.3	89.6	96.8	96.8	89.7	92.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
n	287	288	216	216	503	504
<b>Voting in last election</b>						
Alone	84.3	86.5	63.4	53.2	75.3	72.2
With husband/male	0.3	1.0	4.6	11.6	2.2	5.6
Informed during/before decision taken by others	7.0	6.3	10.6	12.0	8.5	8.7
No	8.4	6.3	21.3	23.1	13.9	13.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
n	287	288	216	216	503	504

## 9.6 Awareness and Information on Rights

About half of the women in the intervention households (50.1%) knew about property rights (Figure 9.7). This response was 4 percentage points higher in the control areas (54.2%). Awareness on basic citizen rights seemed comparatively lower than the previous rights based issue. A somewhat similar proportion of more than one-third of the women knew about such rights in both intervention (37.6%) and control areas (38.5%). Additionally, responses on awareness about control over own body came from 53 per cent of them in the intervention households and 51 per cent in control.

Figure 9.7: Awareness and information on rights based issues (in %)



## 9.7 Knowledge on Selected<sup>25</sup> Government Services and Legal Issues

Less than one-third of the women in both areas knew about legal support (Table 9.8). This response was made by 28.4 per cent respondents in the intervention and 24.6 per cent in the control areas. Having knowledge on health care services and family planning was reported by more than half of the intervention households (54.5%). Such response was 5 percentage points less in control areas (49.2%). In contrast, about 70.6 per cent of the women in the intervention areas did not have knowledge on livelihood related government services. Such response was slightly more in the control areas (75.8%). Knowledge on laws regarding child marriage was known to 65 per cent respondents in the intervention and 58 per cent in the control areas (Table 9.8).

Table 9.8: Knowledge and information on different services and legal issues in percentage

Different services and legal issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Legal support</b>						
Yes	36.9	33.0	17.1	13.4	28.4	24.6
No	57.8	63.5	81.5	84.3	68.0	72.4
NA	5.2	3.5	1.4	2.3	3.6	3.0
Total (n)	287	288	216	216	503	504
<b>Health care services and family planning</b>						
Yes	65.2	61.8	40.3	32.4	54.5	49.2
No	25.8	31.9	51.9	61.1	37.0	44.4
NA	9.1	6.3	7.9	6.5	8.5	6.3
Total (n)	287	288	216	216	503	504
<b>Livelihood related government services</b>						
Yes	33.8	29.5	15.7	11.1	26.0	21.6
No	61.7	67.4	82.4	87.0	70.6	75.8
NA	4.5	3.1	1.9	1.9	3.4	2.6
Total (n)	287	288	216	216	503	504
<b>Laws regarding child marriage</b>						
Yes	77.0	70.1	49.1	43.1	65.0	58.5
No	22.3	28.1	50.0	55.6	34.2	39.9
NA	0.7	1.7	0.9	1.4	0.8	1.6
Total (n)	287	288	216	216	503	504

<sup>25</sup> As listed in table 9.8

## 9.8 Knowledge and Information about Marital Issues and Future Plan

In terms of having knowledge and information on future plan (Table 9.9), slightly more than half of the women in the intervention areas reported affirmatively (51.5%). This response was 4 percentage points less in control areas (47.8%). On the other hand, 45 per cent of the respondents in the intervention areas reported about having knowledge and information on marriage of minor child, which was very proximate in proportion in control areas (41.9%).

Interestingly, despite the status of being deserted or destitute, more than 40 per cent of the respondents in the intervention households reported that they would not accept their husbands if they want to come back (Table 9.9). Such response was made by 36 per cent of respondents in the control areas. Only an 8.7 per cent of the women in the intervention households and 10 per cent in the control areas would accept their husbands if they want to return back in their lives. Apart from such response, very small proportions of them in both areas responded about their marriage in future (intervention: 9.1% and control: 8.1%).

In terms of acceptance of dowry at the time of children's marriage, more than one-fifth of the women in the intervention households responded about accepting or receiving dowries (24.3%). Such response came up from 18.7 per cent of them in the control areas (Table 9.9). However, regarding the issues on dowry in both intervention and control areas, it is understandable that such responses are under-reported. People are usually reluctant to speak up their mind on payment and/or acceptance of dowry; and this is true both for dowry giver and dowry taker. Practically such incidences would show more frequencies than what has been revealed in the present study.

Table 9.9: Knowledge and information about life skill management issues in percentage

Life skill management issues	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Future plan</b>						
Yes	58.2	56.6	42.6	36.1	51.5	47.8
No	39.7	40.3	56.5	63.9	46.9	50.4
NA	2.1	3.1	0.9	0.0	1.6	1.8
Total (n)	287	288	216	216	503	504
<b>Marriage of minor child</b>						
Yes	59.2	54.2	26.4	25.5	45.1	41.9
No	35.9	41.3	69.9	68.1	50.5	52.8
NA	4.9	4.5	3.7	6.5	4.4	5.4
Total (n)	287	288	216	216	503	504
<b>Acceptance of husband after his returning back</b>						
Yes	10.5	12.8	6.5	6.5	8.7	10.1
No	37.6	33.0	53.7	40.3	44.5	36.1
NA	51.9	54.2	39.8	53.2	46.7	53.8
Total (n)	287	288	216	216	503	504
<b>Marriage in future</b>						
Yes	13.6	12.5	3.2	2.3	9.1	8.1
No	57.1	54.5	81.5	59.7	67.6	56.7
NA	29.3	33.0	15.3	38.0	23.3	35.1
Total (n)	287	288	216	216	503	504
<b>Accepting/receiving dowry at the time of children's marriage</b>						
Yes	33.8	27.1	11.6	7.4	24.3	18.7
No	53.0	62.8	77.8	79.2	63.6	69.8
NA	13.2	10.1	10.6	13.4	12.1	11.5
Total (n)	287	288	216	216	503	504

## 9.9 Knowledge about Initiatives/Programs Undertaken by Local Government Agencies

Women in the intervention households had knowledge of the initiatives or programs of local government (Table 9.10); they know of widow allowance (80.1%). Next to that, it was the old age pension, reported by more than three-fourths of the women (75.7%). About 72 per cent and approximately 69 per cent of the women respectively in intervention areas also know of the program of hygiene latrines and tube well. Knowledge about primary education stipend was reported by 59 per cent of them. Also, half of them know about freedom fighter's allowance (50.3%) as govt. initiative. A similar proportion of 41.7 per cent of the women know of the three govt. programs of GR and TR, VGD, and VGF etc. respectively; while another 40 per cent know of the programs of food for works.

On the other hand, as evident from Table 9.10, in the control areas, the govt. initiative or program that the respondents know highly was the old age pensions (77.2%). Another large proportion of them (76.4%) know of widow allowance. Knowledge about hygiene latrines and tube wells was reported by respectively 69.6 and 67.3 per cent of households. More than half of them know about the primary education stipend (52.4%). A 47.2 per cent of the women also know of the freedom fighter's allowance program. An equal proportion of 39.7 per cent households know of the govt. programs of GR and TR, and VGD respectively. Knowledge about the programs of food for work and VGF were reported by 38 and 36 per cent of the women.

It is understood that many of the respondents have knowledge about different initiatives by the government. However, qualitative discussions reveal that this knowledge in most cases is limited to knowing the name of the program rather than further details or wrong/misleading details. These respondents do not know how to avail benefit of these initiatives. They do not know: what are correct the inclusion and exclusion criteria for these initiatives, how to apply, whom to apply, what documents are needed for application, how the required documents need to be collected and/or prepared. Because of this they do not receive proper benefit and if they do, they are exploited by different people in every step.

Table 9.10: Knowledge about initiatives/programs undertaken by local govt. agencies in percentage

Initiatives/programs	Kurigram		Satkhira		Total	
	Intervention	Control	Intervention	Control	Intervention	Control
Food for works	44.6	41.3	32.9	33.3	39.6	37.9
GR and TR	52.3	48.6	27.8	27.8	41.7	39.7
VGD	52.3	48.6	27.8	27.8	41.7	39.7
VGF	43.6	37.5	39.4	35.2	41.7	36.5
Widow allowance	82.2	78.1	77.3	74.1	80.1	76.4
Freedom fighter's allowance	61.0	58.7	36.1	31.9	50.3	47.2
Old age pension	78.0	77.8	72.7	76.4	75.7	77.2
Primary education stipend	62.4	59.7	55.1	42.6	59.2	52.4
Open Budget Meeting	3.8	1.4	2.8	.9	3.4	1.2
Ward Meeting	8.4	7.3	2.8	.5	6.0	4.4
Tube well	79.4	75.0	54.6	56.9	68.8	67.3
Hygiene latrine	80.8	78.1	60.2	58.3	72.0	69.6
Others	15.0	18.1	2.3	.5	9.5	10.5

## **Annex: Questionnaires for the Survey**

*Questionnaire*  
**ID:**

### Household Survey Questionnaire

Date of Interview:

Time of starting Interview:

#### 1. General information of the Respondent

1.1 Name of the Respondent: .....
1.2 Village Name: .....
1.3 Union Name: .....
1.4 Ward Name: .....
1.5 Upazila Name: .....
1.6 District Name: .....
1.7 Mobile No. ....

#### Undertaking

Under the Local Government Division of Bangladesh government with financial support of UNDP, SWAPNO Project is being implemented by the Union Parishad for socio-economic development of your household members. Some information i.e. income, expenditure, loan, savings, food habit, residence and social status including weight and height of your household members will be sought and gathered in order to operate the activities of this project. All information will be utilised for present status and progress assessment of the project in future. The interview will require about one hour time. All information provided by you will be preserved with highest privacy and it will not be disclosed anywhere other than the project requirement.

I, ....., do hereby give my consent to provide information.

Signature/LTI of the Respondent:

## 2. Household Information

Member No.	Name (Start with the name of HH head)	Relation to HH Head	Sex	*Age		Marital Status	Education (Last class passed)	Literacy	Prime Occupation	Second Occupation	Main Earner (1= yes, 0=no)	Beneficiary/ Respondent (1= yes, 0 = no)
				In year	In Month (under five)							
	1	2	3	4	5	6	7	8	9			
1												
2												
3												
4												
5												
6												

**Note:** \*Round off the age in years for the individuals who are 5 years and above and write age in months for under 5 children

Code: Relation to HH Head	Code: Sex	Code: Marital status	Code: Education (Last class passed)	Code: Occupation
Self ..... 1	Male ..... 1	Divorced ..... 1	Illiterate..... 77	Paddy Husking..... 1
Spouse ..... 2	Female ... 2	Separated ..... 2	Nursery ..... 0	Business of the Puffed/Flat rice ..... 2
Son/Daughter ..... 3	Others ..... 88	Married ..... 3	Class I..... 1	Work in other's house..... 3
Father/ Mother ..... 4		Unmarried ..... 4	Class II..... 2	Agriculture labour..... 4
Grand Son/Daughter .... 5		Widowed ..... 5	Class III..... 3	Sewing Kantha..... 5
Son/Daughter in law .... 6			Class IV..... 4	Handicrafts ..... 6
Uncle/ Aunt ..... 7			Class V..... 5	Poultry/Duck rearing..... 7
Brother/ Sister ..... 8			Class VI..... 6	Goat/Cow rearing..... 8
Father/ Mother in law ... 9			Class VII..... 7	Small business..... 9
Others (Specify..)..... 88			Class VIII..... 8	Begging..... 10
		<b>Code: Literacy</b>	Class IX..... 9	HH Work ..... 11
		Can read & write a letter... 1	Class X/SSC.. 10	Non Agriculture labour.. 12
		Can read a letter only..... 2	HSC..... 12	Student..... 13
		Can sign only..... 3	BSC/B.Com/B.A.. 14	Unemployed..... 14
		Illiterate..... 4	Hon's..... 15	Don't know..... 15
			Masters..... 16	Rickshaw/van puller..... 16
			N/A..... 99	Others ..... 88
				N/A..... 99

## 3. Education of children (in current time)

Member No.		Child 1	Child 2	Child 3	Child 4
1	Do your school aged children (5-16 yrs) enrol in the school?(1=yes 0=no)				
2	If enrol, do your school aged children (5-16 yrs) attend school? (1=Regular, 2=Irregular, 3=Not at all)				
3	If the school aged children do not go to school or irregularly attend school mention three main reasons behind it: Reason 1. <input type="text"/> Reason 2. <input type="text"/> Reason 3. <input type="text"/>				

### Code

1 Busy with household work, 2 Work to supplement family income, 3 No interest to read and write, 4 Lack of safety, 5 Not attentive, 6 Cannot bear the educational cost, 88 Others



## 4. Asset

4.1	<b>Social Asset</b>		
4.1.1	Do you participate in any formal or non-formal organization except SWAPNO?	<input type="text"/>	Yes.....1 No .....2
4.1.2	If participated, name of that organization/project		

### 4.1.3 Mention the level of socio-economic institution that you participated

Organization/Institution	Purpose of involvement			Level of involvement
Bank				
NGO				
Village court				
Shalish (Arbitration)				
Social functions				
Political party				
Union Parishad				
Other (specify).....				

Code - Purpose of involvement		Code - Level involvement	
To be honoured.....	1	general member .....	1
Public relations.....	2	Member of executive body.....	2
To get credit/Financial facilities.....	3	Client/beneficiary.....	3
To avail service provided by govt./NCO.....	4	Arbitrator.....	4
To dominate others .....	5	Invited.....	5
To create voice for destitute women.....	6	Observer.....	6
To establish poor rights.....	7	N/A.....	99
To deposit money .....	8		
Other (specify.....)	88		

### 4.2 Advantages to receive various govt. and non-govt. Services

4.2.1 Access to menu of UP and Upazila services	Response (1=yes 0=no)	Government	Non-government
Agriculture			
Livestock			
Fisheries			
Health Services			
Information and technology services			

4.2.2 Access to Financial services (this question only for respondent in case of intervention & only for possible respondent in case of treatment) (in the last 12 months)		Savings Facilities	Loans	Insurance	yes.....1 no.....0
Agriculture	Scheduled bank Micro finance providing organization				
Livestock	Scheduled bank Micro finance providing organization				
Fisheries	Scheduled bank Micro finance providing organization				
Health Services	Scheduled bank Micro finance providing organization				
Others (specify)	Scheduled bank Micro finance providing organization				

4.2.3 Access to Public Assets	Response (1=yes 0=no)	Distance from home (in m/km)	Level of Satisfaction
Road			
Market			
School			
Health Centre			
Others (specify)			

Code (Level of satisfaction)				
1 Highly satisfied	2 Satisfied	3 Moderate	4 Quite satisfied	5 Not at all

4.3 Household Assets	Quantity	Asset Value (Market Price) in Tk.
TV		
Radio		
Mobile phone		
Bicycle		
Freeze		
Motor Cycle		
Sewing Machine		
Cot/Chawki		
Rickshaw/ Van		
Table/ Chair		
Almirah/Showcase/Other Furniture		
Gold		
Silver		
Copper		
Utensils		
Agricultural Instrument/s		
Tree		
Bamboo bunch		
Cow/ Buffalo		
Goat/ Sheep		
Poultry/ Duck/ Pigeon/birds		
Other Assets (specify)		
<b>Total Value of assets in Tk.</b>		

#### 4.4 Particulars of HH Land

Type of Land	Own	Mortgage/ Lease in	Mortgage/ Lease out	Share in	Share out	Khas land	Other's land/sheltered
	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity	Quantity
4.4.1 Homestead land (Dec)		0	0	0	0		
4.4.2 Cultivable land (Dec)							
4.4.3 Ponds (Dec)							
4.4.4 Fellow land (Dec)							

#### 4.5 Housing Condition

4.5.1 Ownership	4.5.2 Type of House	4.5.3 Housing materials			4.5.4 Fuel material for cooking
		Roof:	Wall:	Floor:	

Ownership	Type of house	materials	Fuel material
Own .....1	Pukka	Brick-cement.....1	Wood.....1
Rent ..... 2	.....1	Tin.....2	Coal.....2
Relatives ..... 3	Semi Pukka .....2	Tali.....3	Straw.....3
Other house..... 4	Tin shed house .....3	Earth/sand/cow dung....4	Gas.....4
Others .....88	Kachcha/ bamboo/ straw.4	bamboo/ straw .....5	Electricity.....5
		Others.....88	Solar power.....6
			Cow dung.....7
			Others .....88

**4.5.5 Is there electricity in your HH?**  (Yes =1 No = 0)

## 5 Incomes, Expenditure Savings & Loan

### 5.1 Income earner of the HH

5.1.1	How many members are in your family?	<input type="text"/>	Person (Number)
5.1.2	How many earning members are in your family?	<input type="text"/>	Person (Number)
5.1.3	Who is the main income earner in your family?	<input type="text"/>	

Code: Self- 1, Sons – 2, Daughters – 3, Father – 4, Mother – 5, Brother- 6, Sister -7, Fathers-in-law- 8, Husbands – 9, Others - 88

### 5.2 Loan Statement/ Have your any loan now? (in last 12 months):

Source (Code)	Loan receiving		Amount of loan received	Outstanding	Instalment (in Tk.)	
	Month	Year			Number of instalment	Total amount in each instalment

**Source (Code):** Bank- 1, NGO- 2, Association- 3, Moneylender- 4, Relative/Neighbour- 5, Others- 88

### 5.3 Description of income, Expenditure and Savings of your household:

5.3.1 Income of HH (in the last 12 months)	
Source of income	Amount (Tk.)
Crops (Yearly)	
Livestock (Yearly)	
Fish cultivation/ Fisheries (Yearly)	
Poultry (Yearly)	
Institutional grant (Yearly)	
Personal donation/gift (Yearly)	
Relief/ Assistance (Yearly)	
VGD (Yearly)	
IGA (Yearly)	
IGA of other project (Yearly)	
Agriculture labour (Monthly)	
Non agriculture labour (Monthly)	
Petty business (Monthly)	

Rickshaw/ Van (Monthly)	
Handicrafts (Monthly)	
Begging (Monthly)	
Job (Monthly)	
Others (Specify).....	

5.3.2 Expenditure of HH	
Food (Monthly)	
House rent (Monthly)	
Electricity (Monthly)	
Mobile (Monthly)	
Cosmetics/ betel leaf/Biri (Monthly)	
Education (Yearly)	
Treatment (Yearly)	
Attire(Yearly)	
House construction and repairing (Yearly)	
Donation/gift (Yearly)	
Sanitation/ Water (Yearly)	
Loan payment (Yearly)	
Livestock (Yearly)	
Festival (Yearly)	
Others (Specify).....	
5.3.3 Voluntary Personal Savings (Excluding SWAPNO Project) (in the last 12 months) (only for respondent himself)	
Type of savings	
Bank	
Association/Organization	
Cash savings	
Non-institutional group savings	
Insurance	

### 5.3.4 Respondents Training on IGA and Personal ILO Skills

5.3.4.1	Do you have any IGAs?		Yes -1/No – 0
5.3.4.2	Did you receive any training on IGAs?		Yes-1/No – 0
5.3.4.3	If received training then specify the name of the area		
5.3.4.4	Who organized the training?		
5.3.4.5	What skill do you have?		
5.3.4.6	Did you receive any training on ILO skill development?		Yes -1/No – 0
5.3.4.7	If yes, then which organization provided the training?		
5.3.4.8	Duration of training ..... (days)		
5.3.4.9	Year of training.....		

Code (Area of received training)				
1 Livestock	2 Poultry	3 Handicrafts	4 Business	5 Fish cultivation
6 Vegetables cultivation	7 Others			

## 5.4 Respondents/ Personal Income

If you have any IGA, specify the source of income:

Code	Type of Activity	Capital	Source of Capital (multiple response)			Monthly income
1	Crops (Yearly)					
2	Livestock (Yearly)					
3	Fish cultivation/ Fisheries (Yearly)					
4	Poultry (Yearly)					
5	Institutional grant (Yearly)					
6	Personal donation/gift (Yearly)					
7	Relief/ Assistance (Yearly)					
8	VGD (Yearly)					
9	IGA (Yearly)					
10	IGA of other project (Yearly)					
11	Agriculture labour (Monthly)					
12	Non agriculture labour (Monthly)					
13	Petty business (Monthly)					
14	Rickshaw/ Van (Monthly)					
15	Handicrafts (Monthly)					
16	Begging (Monthly)					
17	Job (Monthly)					
18	Others (Specify).....					
<b>Code: Source of Capital</b>						
Own savings 1    Borrowed from NGO 2    Relative 3    Bank 4    Others capital 5						

## 5.5 How do you spend your income?

Purpose	Priority

## 6. Crisis Coping

6.1 What kind(s) of crisis did in this household experience in last 12 months and how did cope with this?

Type of Crisis	Yes (1) / No (0)	Majorly in which month	Coping Strategy			
<b>6.1.1 Combined crisis</b>						
Flood/ Drought/Excessive rainfall/ Cyclone						
River erosion/loss of land						
Poor production						
Crisis of employment						
Salinity						
Shortage of drinking water						
Shortage of food						
Others (Specify)						
<b>6.1.2 Personal crisis</b>						
Illness						
Death of HH member						
Arrest of HH member						
Divorce/ Separation/ Abandonment						
Loss of job						

Type of Crisis	Yes (1) / No (0)	Majorly in which month	Coping Strategy			
Theft						
Eviction/ Influential snatched away the assets						
Loss in business						
Conflict inter/intra community						
Loss of land						
Loss of livestock and poultry						
Dowry/ Wedding						
Funeral						
Accident of HH member						
Others (Specify).....						

### Code for coping strategy:

Code	Coping strategies	Code	Coping strategies
1	Loan received from neighbour/ relatives	12	Adjustment of meals
2	Loan received from money lender	13	Farmland mortgage
3	Loan received from NGOs	14	Receiving relief
4	Grain loan received from relatives	15	Begging
5	Cash loan received from merchants	16	Temporarily migration
6	Loan received from bank	17	Sale of physical labour/ Sale of labour in advance
7	Sale of HH productive assets	18	Sale of HH materials/ accessories
8	Sale of business capital	19	Utilizing savings money
9	Sale of tree/s	20	Collected leftover grain from paddy field
10	Sale of Jewellery	21	Couldn't be possible to cope by any means
11	Child labour	22	Receiving legal aid
		23	Personal/relatives donation
		88	Other, specify

## 7. Nutrition and Food Security

### 7.1 Description of HH food

Food	How many days you ate food item in last week?		Source of food	
	0 = Not eaten 1= 1 day 2= 2 days 3= 3 days	4= 4 days 5= 5 days 6= 6 days 7= 7 days	Primary	Secondary
Rice				
Bread made of flour				
Cake				
Puffed/Flattened rice				
Potatoes/Sweet potatoes				
Vegetables				
Pulses (Masur, Khesari etc.)				
Edible oil				
Fish/Dry Fish/Meat				
Egg				
Milk & milk products				
Fish/Dry Fish				
Spices				
Fruits				
Sugar, molasses (Gur)				
Miscellaneous (tea, soft drinks, bread, biscuit, fast food, betel leaf, betel nut)				

Note: Do not count small quantities (less than 1 tea spoon or 100 gram)

<b>Code (Source of Food)</b>				
1 Buy	2 Own Production	3 Business	4 Loan	5 Gift
6 Food assistance	88 others			

## 7.2 Food deficit

<b>7.2.1</b>	What was the status of food availability for the past 12 months?	<input type="text"/>	Surplus .....1 Occasional deficit .....2 Always deficit .....3
<b>7.2.2</b>	How many days did face food shortage for the past 12 months?	<input type="text"/>	Days
<b>7.2.3</b>	Majorly in which months?	<input type="text"/>	<input type="text"/>

<b>7.3 Food Security (HFAIS)</b>	<b>Yes (1)/ No (0)</b>	<b>If yes how did this happen? (mention the code)</b>
7.3.1 In the past four weeks, did you worry that household would not have enough food? (Only for respondent himself)		
7.3.2 In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?		
7.3.3 In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?		
7.3.4 In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of other types of food?		
7.3.5 In the past four weeks, did you or any household member have to eat a smaller meal than you felt need because there was not enough food?		
7.3.6 In the past four weeks, did you or any household member have to eat 2/1 times fewer meals in a day because there was not enough food?		
7.3.7 In the past four weeks, did you or any household member ever not get any kind of food because of lack of affordability?		
7.3.8 In the past four weeks, had you or any household member to sleep in starvation because there was not enough food?		
7.3.9 In the past four weeks, had you or any household member to go a whole day and night without eating anything because there was not enough food?		

<b>Code (How did this happen)</b>
Rarely (once or twice in the past four weeks).....1
Sometimes (three to ten times in the past four weeks).....2
Often (more than ten time s in the past four weeks).....3

## 8. Health

8.1	During the last 12 months, how often had you been sick?	<input type="text"/>	Frequently .....1 Occasionally.....2 Hardly.....3
8.2	During the last 12 months, how often had any member of your family been sick?	<input type="text"/>	Frequently .....1 Occasionally.....2 Hardly.....3
8.3	Is there is any homeopathy physician/village doctor/ MBBS doctor in your locality?	<input type="text"/>	Yes.....1 No.....2
8.3.1	If answer is 'yes', during last 12 months, did you take any treatment from the homeopathy physician/village doctor/ MBBS doctor?	<input type="text"/>	Yes.....1 No.....2
8.4	During the last 12 months, from whom have your household members mainly received treatment?	<input type="text"/>	
8.5	Why didn't you receive treatment from him/her?	<input type="text"/>	

Code: Treatment	Code: Reason of 8.5
Not taken treatment .....1	Not comfortable.....1
Self-treatment.....2	Too costly treatment.....2
Kabiraj .....3	Too far from the household.....3
Moulavi/ Monk/ Ojha.....4	Doctor was not present in workstation.....4
Quack .....5	Social restriction and fear about treatment.....5
Pharmacy .....6	Others ..... 88
Others.( specify).....88	

### 8.6 How was your health for the last six months? (Only for respondent himself)

1=Very poor, 2=poor, 3=average, 4= Good

8.7	What is your main source of drinking water?	<input type="text"/>	Tube well ..... 1 Well..... 2 Pond ..... 3 River..... 4 Others (specify) ..... 88
8.8	Is drinking water arsenic free?	<input type="text"/>	Yes .....1 No .....0 Don't know .....2
8.9	Is there any latrine in your HH?	<input type="text"/>	Yes .....1 No .....0
8.10	If yes, what type of latrine?	<input type="text"/>	Pit Latrine..... 1 Slab Latrine..... 2 Water Sealed slab.....3 Hanging Latrine ..... 4 Others.( specify).....88



<b>8.11</b>	Where do you defecate?	<input type="text"/>	Pit Latrine..... 1 Slab Latrine..... 2 Open Space (field) ..... 3 Water Sealed slab.....4 Septic Tank.....5 Hanging Latrine ..... 6 Others.( specify).....88
-------------	------------------------	----------------------	--

## 9. Death related

<b>9.1</b>	Whether any member of your HH died in last 5 years?	<input type="text"/>	Yes .....1 No ..... 0
<b>9.2</b>	If yes, relationship with the deceased	<input type="text"/>	Father ... 1 Mother 2 Brother 3 Sister 4 Son 5 Daughter 6 Husband 7 Others (specify) 88
<b>9.3</b>	Age		
<b>9.4</b>	Year of death		
<b>9.5</b>	Cause of death		

## 10. BMI of respondents

Height (Inches)	Weight (kg)
<input type="text"/>	<input type="text"/>

### 10.1 Immunization and nutritional status of children aged 0-59 months (less than five year) (Ask to show the EPI card)

HH Member #	Date of Birth	Height (in Inches)	Weight (in kg)	Can you show the EPI card?	Immunization Status (1.....yes 0.....no)					
					Dose-1	Dose-2	Dose-3	Dose-4	Dose-5	Dose-6

## 11. Violence, Harassment, Empowerment and Participation in decision making

11.1 Violence	Response	Code
11.1.1 In last 12 months whether you or anyone of your family member faced any violence?		Yes.....1 No .....0
11.1.2 If yes, which member of the household faced violence? (Multiple answers possible)		Beneficiary.....1 Male member.....2 Female member.....3
11.1.3 If yes (11.1.1 =1), type of violence? (Multiple answers possible)		Physical abuse.....1 Sexual oppression.....2

		Psychological oppression.....3 Others (specify).....88
11.1.4 Whether they know where to make complaint if victimised?		Yes.....1 No .....0
11.1.5 If yes, where to make complaint? (Multiple answers possible)		Union Parishad.....1 Police/personnel of law enforcing agencies.....2 Hospital.....3 Court.....4 Victim Support Centre...5 Others (specify).....88
11.1.6 Did you make complaint against any violence? (Multiple answers possible)		Shalish (Arbitration)..1 Village Court.....2 Police Station/ Court...3 Nowhere.....99
<b>11.2 Harassment</b>	<b>Response</b>	<b>Code</b>
11.2.1 In last 12 months whether you or anyone of your family member faced any harassment?		Yes.....1 No .....0
11.2.2 If yes (11.2.1 =1), which type of harassment was faced? (Multiple answers possible)		Litigation.....1 Falsely cheating.....2 Misbehave.....3
11.2.3 If yes (11.2.1 =1), who (member of your household) faced harassment? (Multiple answers possible)		Beneficiary.....1 Male member.....2 Female member.....3 Others (specify).....88
11.2.4 If yes (11.2.1 =1), in what place such harassment is faced by the household member? (Multiple answers possible)		Own family.....1 Public place.....2 Government institutes...3 Social institutes.....4 Others (specify).....88
11.2.5 Which type of people (persons/influential) got involved with harassment? (Multiple answers possible)		Political leader.....1 Terrorist.....2 Representatives of local government.....3 Government Officials....4 Police/ personnel of law enforcing agencies.....5 Member of own family...6 Members of in law's family.....7 Other (specify).....88
11.2.6 Did you make complaint against any of those harassments? (Multiple answers possible)		Shalish (Arbitration).....1 Village Court.....2 Police Station /formal Court.....3 Nowhere.....99

### 11.3 Control over asset

Level		Response Yes 1; no 0	
11.3.1 Personal	Own income		
	Own savings		
	Immovable property		
	Others (specify.....)		
11.3.2 HH	Income and savings		
	Land		
	Immovable property		
	Others (specify.....)		

### 11.4 Capacity for Mobility (only for respondent himself)

11.4.1	Mobility outside community (para/village)	<input type="text"/>	Alone..... 1 Together with a male ..... 2 Accompanied by other (in a group)..... 3 No ..... 4
11.4.2	Mobility within the Union territory	<input type="text"/>	Alone..... 1 Together with a male ..... 2 Accompanied by other (in a group)..... 3 No ..... 4
11.4.3	Mobility within the Upazila territory	<input type="text"/>	Alone..... 1 Together with a male ..... 2 Accompanied by other (in a group)..... 3 No ..... 4
11.4.4	Mobility within district or Divisional city	<input type="text"/>	Alone..... 1 Together with a male ..... 2 Accompanied by other (in a group)..... 3 No ..... 4

### 11.5 Decision making

Indicators	Level		Response (mention the code)
Participation in decision making	11.5.1 Personal	New income earning activities	
		Availing services ( treatment, recreation)	
		Education/training	
		Participation in meeting/rallies	
	11.5.2 Family	Buying and selling assets (land, furniture)	
		Buying and selling ornaments	
		Buying and selling livestock and poultry	
		Buying and selling vegetables, fruits, trees	
		House construction and repair	
		Children education	
		Children marriage	
		Children health care	
		Others (specify.....)	
		School Management Committee	

	11.5.3 Social	Village court/ <i>shalish</i>	
		Casting vote in last election	
		Others (Specify.....)	

**Response Code:**  
 Alone ..... 1  
 Together with a husband/male ..... 2  
 Informed during/ before decision taken by others ..... 3  
 No participation ..... 4

### 11.6 Knowledge and information

Level		Response (Yes 1/ no 0/N/A.. 99)
11.6.1 Rights	Inherited rights	
	Basic Citizen rights	
	Control over body	
11.6.2 Service & Laws	Aware and informed about legal services	
	Aware and informed about health service and family planning	
	Aware and informed about livelihood related government services	
	Aware and informed about laws regarding child marriage	
	Others (specify .....)	
11.6.3 Life skill management	Future plan	
	Marriage of minor child	
	Whether husband will accept after his returning back	
	Whether get married in future	
	Whether marry off son/daughter with receiving or paying dowry	

### 12. Knowledge and access to initiatives/programmes of local government institutes (UP & Upazila level)

Programme	Knowledge	Access	Level of satisfaction (mention the code)
	Yes.....1 No .....0	Yes.....1 No .....0	
Food for Work (FFW)			
Gratuities Relief (GR) and Test Relief (TR)			
VGD			
VGF			
Allowance for Widows			
Honorarium for Freedom fighters			
Old age Allowances			
Primary Education Stipend Project (PESP)			
Open Budget Meeting			
Ward Meeting			
Getting Tube-well			
Getting Hygiene latrine			
Others (specify .....)			

Code (Level of satisfaction)				
1 Highly satisfied	2 Satisfied	3 Moderate	4 Quite satisfied	5 Not at all

**Time of closing the interview:**  
**Name of the interviewer:**  
**Signature:**

**Checked By:**  
**Signature:**

## Baseline Survey of SWAPNO 2<sup>nd</sup> Cycle

### Data Collection Instrument 2: Focus Group Discussion Guideline

#### Introduction

As a development project of the United Nations Development Programme (UNDP), Strengthening Women's Ability for productive New Opportunities (SWAPNO project) was launched in 2015 in association with the local government division under the Government of Bangladesh. The SWAPNO project is basically a social transfer project for ultra-poor women to be engaged in public works essential for the economic and social life for rural communities. It promotes employment, and most importantly future employability, of extreme poor rural women. Generally the most resourceful way to secure poverty reduction and inclusive growth is to create productive employment opportunities. Thus the project focuses on the women, particularly in the age of 18-45, who are able both physically and mentally to undertake the endeavors of the project. The project emphasizes on promoting and testing innovations, offering a replicable model that can inform social protection strategy through a parallel policy programme designed to strengthen governance and the systems of social protection programmes in Bangladesh. As a part of the programme, UNDP has assigned Human Development Research Centre (HDRC) to carry out a baseline survey of the 2<sup>nd</sup> cycle of the project. We have come from HDRC (Dhaka) to collect data from field. We want to discuss some selected issues with all of you. We humbly request all of you to participate in this group discussion. The entire discussion is expected to take about 1 to 2 hours. All information provided by you will be confidential and shall not be used for any purpose other than this research study.

#### Study conducted for



## SWAPNO

### Strengthening Women's Ability for Productive New Opportunities

United Nations Development Programme (UNDP)  
Strengthening Women's Ability for productive New Opportunities (SWAPNO project)  
Local Government Division, MoLGRD&C  
DPHE Bhaban (8th Floor)  
14 Shahid Captain Mansur Ali Sharani,  
Kakrail, Dhaka 1000

#### Study conducted by



### Human Development Research Centre

humane development through research and action

Road 8, House 5, Mohammadia Housing Society  
Mohammadpur, Dhaka - 1207, Bangladesh  
Phone: (+88 02) 58150381, 8101704, Fax: (+88 02) 58157620  
Email: info@hdrc-bd.com; hdrc.bd@gmail.com; Web: www.hdrc-bd.com

December 2017

FGD Information						
Number of Participants		Place of FGD				
Village		Ward		Union		
Upazila		District				
Date and duration	Date		Start time		End time	
FGD Facilitator	Name				Signature	
FGD Note taker	Name				Signature	

Participant's information									
Sl.	Name	Age (in completed years)	Education (highest class passed)	Marital status Married=1, Unmarried=2, Divorced=3, Widowed=4, Deserted=5	Any income source? Yes = 1 No =2		Have been able to make constant monthly income? Yes = 1 No =2		Mobile number (if any)
1					1	2	1	2	
2					1	2	1	2	
3					1	2	1	2	
4					1	2	1	2	
5					1	2	1	2	
6					1	2	1	2	
7					1	2	1	2	
8					1	2	1	2	
9					1	2	1	2	

## FGD discussion issues

- **Livelihood scenario**
  - Food deficit (when happens, who suffer most, how managed)
  - Health
  - Water sanitation (status, knowledge)
  - Hygiene
- **Income and expenditure**
  - Income sources
  - Services related to input collection and output selling
- **Loans and savings**
  - Key reason, source, repayment of loan
- **Involvement in socio-economic institution**
  - Involvement
- **Training or capacity development**
  - Training on what, when, by whom, income generation, drawbacks
- **Income earning options (work, small business etc.)**
  - Collecting capital
  - Searching jobs
- **Difficulties faced**
  - Reasons (Why faced?), types, Social norms, Taboo issues etc.
- **Access to financial services**
  - Knowledge, attempt, results, reason, assessment
- **Awareness of different government and non government services**
  - What services, attempt, results, reason, assessment
- **Knowledge and access to initiatives/programmes of local government institutes**
- **Social exclusions**
  - Any such incidence? Why?
- **Asset ownership and control**
  - Status, difficulties, influential factors
- **Violence, Harassment, Empowerment, Mobility and Participation in decision making**
  - Knowledge, experience, actions, difficulties, remedy
- **Disaster resilience and coping strategy**
  - What disasters are common, results of disasters, sufferers, coping
- **About SWAPNO project**
  - Motivation
  - Beneficiary selection
  - Benefits
- **Exception from SWAPNO project**

**Facilitator:** Thank the participants for their invaluable time and cooperation extended throughout the discussion process. Wish them all the best in life.

## Baseline Survey of SWAPNO 2<sup>nd</sup> Cycle

### Data Collection Instrument 3: Key Informant Interview Guideline (UP Chairman, Secretary of UP, UP Male members, and UP Female members)

#### Introduction

As a development project of the United Nations Development Programme (UNDP), Strengthening Women's Ability for productive New Opportunities (SWAPNO project) was launched in 2015 in association with the local government division under the Government of Bangladesh. The SWAPNO project is basically a social transfer project for ultra-poor women to be engaged in public works essential for the economic and social life for rural communities. It promotes employment, and most importantly future employability, of extreme poor rural women. Generally the most resourceful way to secure poverty reduction and inclusive growth is to create productive employment opportunities. Thus the project focuses on the women, particularly in the age of 18-45, who are able both physically and mentally to undertake the endeavors of the project. The project emphasizes on promoting and testing innovations, offering a replicable model that can inform social protection strategy through a parallel policy programme designed to strengthen governance and the systems of social protection programmes in Bangladesh. As a part of the programme, UNDP has assigned Human Development Research Centre (HDRC) to carry out a baseline survey of the 2<sup>nd</sup> cycle of the project. We have come from HDRC (Dhaka) to collect data from field. We want to discuss some selected issues with all of you. We humbly request all of you to participate in this group discussion. The entire discussion is expected to take about 1 to 2 hours. All information provided by you will be confidential and shall not be used for any purpose other than this research study.

*Study conducted for*

## SWAPNO

### Strengthening Women's Ability for Productive New Opportunities

United Nations Development Programme (UNDP)  
Strengthening Women's Ability for productive New Opportunities (SWAPNO project)  
Local Government Division, MolGRD&C  
DPHE Bhaban (8th Floor)  
14 Shahid Captain Mansur Ali Sharani,  
Kakrail, Dhaka 1000

*Study conducted by*



**Human Development Research Centre**

humane development through research and action

Road 8, House 5, Mohammadia Housing Society  
Mohammadpur, Dhaka - 1207, Bangladesh  
Phone: (+88 02) 58150381, 8101704, Fax: (+88 02) 58157620  
Email: info@hdrc-bd.com; hdrc.bd@gmail.com; Web: www.hdrc-bd.com

December 2017



Background Information of the Interviewee												
Name of the informant												
Designation												
Length of service (Years)												
Length of service within this area (Years)												
Address												
Contact number	<table border="1"> <tr> <td>0</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	0	1									
0	1											
Email ID (if any)												

Interview Team Information			
Date			
Place of interview			
Start Time		End Time	
Name of Interviewer		Signature of Interviewer	
Name of Note taker		Signature of Note taker	

### Issues for Key Informant Interview

1. Bangladesh aspires to eradicate extreme poverty by 2030. Regarding this, SWAPNO (a GoB-UNDP project) was launched in 2015 to assist the ultra-poor women in the project areas to make ways for their employment and future employability. Thus the project aims to help the women in making them able to avail the opportunities that can offer trajectories out of extreme poverty.
  - a. How do you assess this project in light of government's initiative for women empowerment and poverty alleviation?
  - b. What is your assessment about SWAPNO with community development?
2. There are three key interventions of SWAPNO Project – (a) Arrangement of work with fixed wage for 18 months, (b) Essential savings and loan through ROSCA, and (c) Training on life skills and livelihoods based on abilities and interest.
  - How you foresee these interventions will work for the beneficiaries and the locality?
3. Do you have any idea about the mechanism of selecting the project beneficiaries? If yes, what is your opinion about it? What can be done to develop the mechanism?
4. Please describe your involvement in implementation of SWAPNO project so far and elaborate the responsibilities.
5. Who is the focal point in your office for SWAPNO? Who are the actors/other offices that are closely working with your office regarding SWAPNO? How do you assess the overall coordination among the actors?
6. How the workflow between your office and MoLGRD&C is coordinated regarding SWAPNO? What are the gaps? How these can be developed/mitigated?
7. Has there been any campaign/advocacy/workshop/meeting on SWAPNO in your office/area? What was your role in it? What was the outcome?
8. How will you assess the overall development of ultra-poor women in your area regarding SWAPNO project? Please elaborate your assessment with the pros and cons of such project in a rural setting.
9. What is your overall suggestion about SWAPNO and the related stakeholders?

**Interviewer:** Give thanks to the key informant for his/her invaluable time, hospitality and cooperation extended throughout the interview process. Wish that person all the best in life.