

BASELINE SURVEY REPORT

SHOUHARDO

CARE Bangladesh



Funded by USAID and GoB



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SHOUHARDO

(Strengthening Household Ability to Respond to Development Opportunities)

CARE Bangladesh



September 2006

Study Conducted by:

The Asia Foundation (TAF)



The Asia Foundation



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It is my pleasure to present to you the SHOUHARDO baseline report. This contains a wealth of information which I am confident will contribute significantly to the development field in Bangladesh. SHOUHARDO is currently the world's largest food security program funded by USAID, reaching over 400,000 households in 500 Unions, 16 Pourashavas and 1 City Corporation. The operational areas of the Program are some of the remotest and marginalized areas of Bangladesh covering the North and Mid Chars, the Haor area, and the coastal belt of the country.

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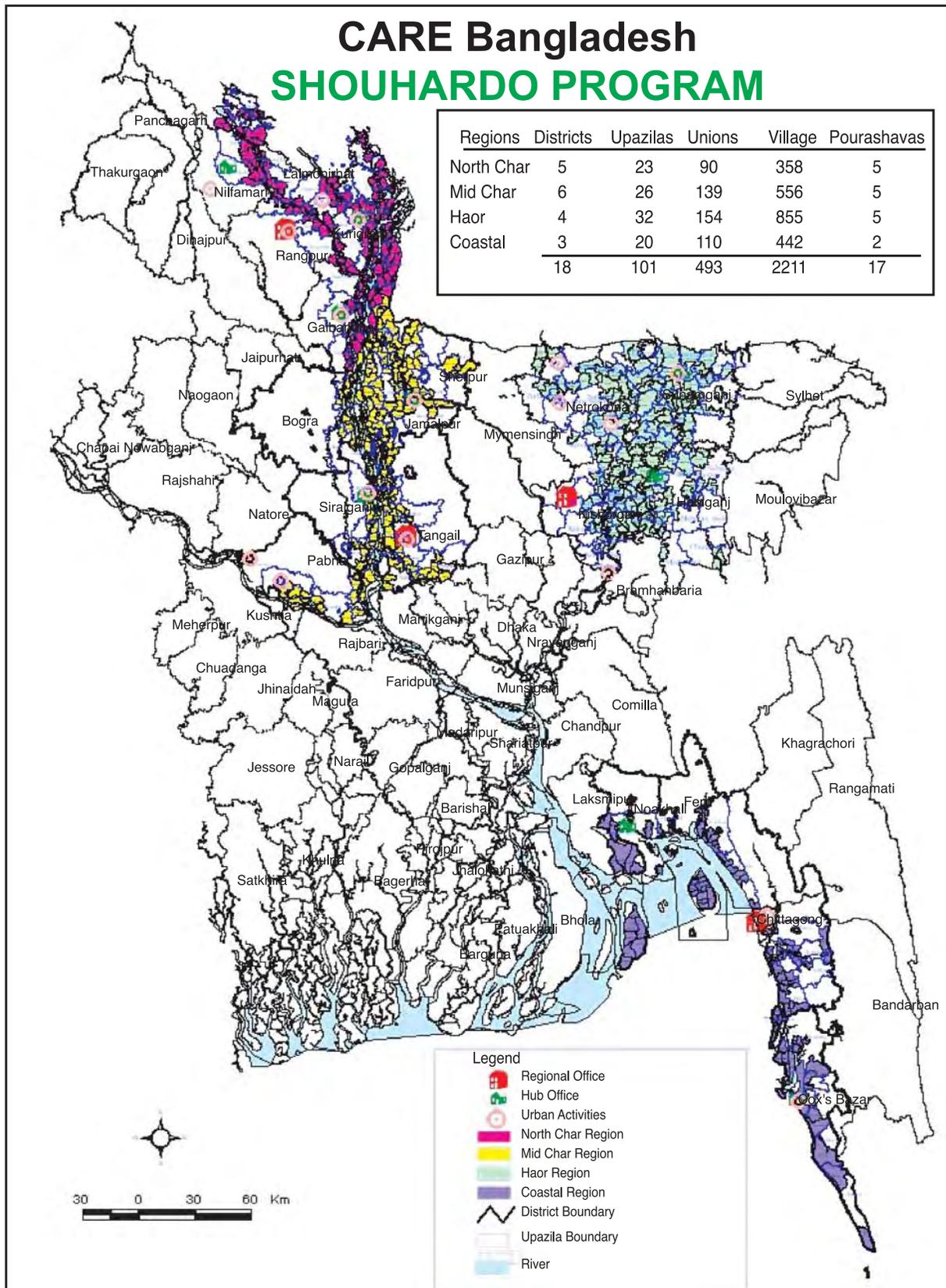
List of Abbreviations & Local Terms

BBS	Bangladesh Bureau of Statistics
DHS	Demographic and Health Survey
DI	Data International
HH&NS	Health, Hygiene and Nutrition Survey
HIES	Household Income and Expenditure Survey
HLS	Household Livelihood Survey
ICDDR-B	International Center for Diarrhoeal Disease Research
IGA	Income Generating Activities
LGED	Local Government Engineering Department
NGOs	Non-Governmental Organizations
PPA	Participatory Poverty Appraisal
PPS	Probability Proportionate to Size
RBA	Rights Based Approaches
SE	South East
SES	Socio-Economic Survey
SHOUHARDO	Strengthening Household Ability to Respond to Development Opportunities
TAF	The Asia Foundation
UP	Union Parishad
USAID	United States Agency for International Development
WBA	Well-being Analysis
WFP	World Food Program

Local terms

<i>Grammo shalish</i>	Village court
<i>Khas land</i>	Government fallow land
<i>Pourashava</i>	Municipality
<i>Madrasah</i>	Religious education center
<i>Shamity</i>	Society

Map of Project Area



Executive Summary

This report presents the findings of the baseline survey of the Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) initiative - a five-year (2004-2009) food security program funded by USAID and the Government of Bangladesh, SHOUHARDO is being implemented by CARE Bangladesh, in partnership with the Government of Bangladesh and a variety of local partner organizations. The program works with poor and extremely poor households in the rural and urban communities of the North Chars, Mid Chars, Haors, and the SE Coastal Areas.

Methodology: The baseline survey is comprised of two independent components - a household socio-economic survey of the target population (poor and extremely poor households) and a health, hygiene, and nutrition survey of poor and extremely poor households having children between 6-24 months of age. The latter survey also collected anthropometric measurements on the children. The samples for the surveys were randomly selected on the basis of probability proportionate to size (PPS). The selection process was directed by FANTA guidelines. The categories poor and extremely poor were defined on the basis of a community-based, participatory well being analysis (WBA).

Presence of Target Groups: The SHOUHARDO working areas are climatically vulnerable and comprised of a very high proportion of poor and extremely poor households. While the Bangladesh Household Income and Expenditure Survey (HIES 2000) estimates national poverty at 42.3%, over 70% of population in SHOUHARDO working areas is poor or extremely poor. The deprivation in these communities is also worsened by a high rate of out migration prevalent among males seeking economic opportunities. A disproportionate young population and a high dependency ratio accentuate the poverty situation.

Education Status: SHOUHARDO beneficiaries report very low levels of educational attainment. About 56% of respondents, five years old and over (27% males and 29% females) can not read and write. The proportion of females in the population that can not read and write is greater than the proportion of men. The Haors revealed particularly poor results for this indicator. Only about 52% of the children in the age cohort 6-15 (58 percent in the case of urban slums) go to school. The prohibitive cost of schooling, disinclination on the part of parents, disinterest by students themselves, and economic engagement are the key factors that keep children out of school.

Water and Sanitation: Hand tube wells are the most important source of water for drinking, cooking and washing in rural as well as urban areas. For more than 95% of the households, the primary source of water is less than a kilometer away from home. Thus, availability of water is not an area of concern. It is quality of water that raises concern. Only 17% of households have known access to arsenic free water.

Similarly access to toilets is quite good. 84% of households have access to toilets. However, access to hygienic toilets is an altogether different issue. Only 12% of the households were using sanitary toilets at the time of the survey and only 13% of the households were keeping the surroundings of the toilets clean.

Occupation and Income: In rural areas, 47% of males are engaged in agricultural activities while 39% are engaged in income-earning non-agricultural activities. The principal agricultural activity involves working as agricultural day laborers or as contract laborers. Males in urban areas rely on non-agricultural activities for gainful employment. Non-agricultural day labor or contract labor, petty trading, self employment in small businesses, rickshaw pulling, regular salaried employment in Government, NGO or other institutions or jobs in fixed business establishments (shops, factories, hotels, etc.) and in the transport sector (bus, truck, etc.) constitute the principal sources of employment. While 86% of rural males are gainfully employed, only 12% of rural females are engaged in work. In urban areas, by contrast, approximately 26% of the women are gainfully employed as maids, day laborers, contract laborers or casual laborers, in salaried employment or in petty business. Overall, SHOUHARDO beneficiaries are engaged in low productivity, low wages employment. They, therefore report very low monthly income. Mean monthly income for the program beneficiaries is 2133.8 BDT approximately 50% of the national average.

Asset Profile: The asset portfolio of households comprises a number of moveable and immoveable assets, including meager financial assets. Not surprisingly, the asset base of SHOUHARDO households is poor. Furthermore, the portfolio is distorted by disproportionate financial importance of land in the asset portfolio (for those households that reported) possessing land. In spite of this distortion, the average value of moveable and immoveable assets is rather low. It was calculated to be 31,888 BDT.

Homestead Production: Homestead production in SHOUHARDO working areas is constrained by a number of factors. These include low incidence of ownership of homestead land (37.67% households report having homestead gardens), poor extension services, poor marketing linkages, low diffusion of improved practices and techniques, and limited capacity to invest in homestead improvement. The most popular homestead activity is livestock and poultry rearing. This is reported by 62.5% of the households. Poultry is the most common “livestock”. 48.7% and 12.8% households rear chicken and duck respectively. These ruminants are cheap to buy, easy to rear, grow fast, and occupy little space. In addition, typically, there is also a ready market at the time of sale. Cows and goats are also quite popular though, most common among the better off. About 30% of households report growing crops. This percentage is highest for the North Chars and the SE Coastal Areas.

Food Security: The average number of months when households have sufficient food to eat stands at 5.2 months. On average, the households consume 5.2 food groups over the course of a year. Urban slums residents scored better than rural areas on consumption patterns of almost all food groups. However, the most common food groups for the two overlap. These include cereals, dark green, leafy vegetables, other assorted vegetables, fish and shellfish. Urban slums respondents also reported a fair consumption of roots and tubers (potato, yam, etc.). There is an element of seasonality in food security in both rural areas and urban areas of SHOUHARDO. The food insecurity situation affects rural residents year round. areas is year round. Usually, the situation in December and January is problematic when approximately 39%. The food insecurity situation typically over the next few months reaching a low point in April when about 70% of households have insufficient food stocks.. There is another prolonged period of acute and widespread food insecurity beginning July and extending up to November when the percentage of food insecure households hovers in the vicinity of 70% again.

Crisis and Coping Mechanisms: SHOUHARDO beneficiaries report a high incidence of crisis situations. 64.5% of rural and 58.4% of urban households reported crisis situations in the last twelve months preceding the survey. Illness was the most widespread crisis, being reported by about 38% of the sample households. Other important crises were flood, food shortage, and tidal surges. Incidence of some crises, such as floods, seems to have a geographical concentration. The North Chars and Mid Chars report a far greater incidence of flood related crisis than the SE Coastal Areas or the Haors. Other crises such as food shortage and illness are, by and large, uniformly spread across the regions. An examination of the coping strategies for the three most common crises - illness, floods, and food shortage - reveals two important coping strategies- taking loans from friends and relatives and taking loans from moneylender.

Disaster Preparedness: Early warning systems and post-disaster relief mechanisms are either non-existent or weak and ineffective. With the exception of the Coastal Areas, in no region did even 25% of the households that were affected by disaster report having received early warning from any source. The percentage of households that reported receiving post-disaster assistance from any source is greater than the percentage that received early warning but remains below 33%. Friends and neighbors, and radio and television were the most important sources of early warning information among those who reported having received an early warning of an impending disaster.

Social Services: Social welfare services and support provided by the Department of Women's Welfare stand out as being the least known among survey respondents. Other services are much better known though still a great many households remain unaware. For example, while awareness of health services, at close to 75%, appears to be impressive, it is disconcerting to know that ¼ of the population is unaware of support available to them. The utilization rates (percentage of households accessing services) are the highest for health service and primary school. The level of satisfaction with services is generally low.

Status of Women: The only striking feature of the analysis of the 'status of women' is the uniformly low status of women across SHOUHARDO beneficiary households. Even when women head their families, their control on decision-making remains nominal. Male relatives take most decisions. The status of women is low even in urban areas though there are some differences between rural and urban regions. Generally, women are allowed to take only those decisions that concern the most basic issues in running a household, such as daily purchase of groceries. Whenever large sums of money or social norms are involved in decision-making, it is invariably males who take these decisions.

Mother and children in SHOUHARDO working areas report a nutritional status that is below the national average. The highest prevalence of stunting was found in the Haor region (58.9%) and the lowest in the Coast Areas with a prevalence of 47%. The combined rural region (50%) had a similar prevalence of height-for-age as the urban area (52.3%). However, the combined rural region had a higher prevalence of severely stunted children (21%) when compared to the urban area with 15.8%. In the total sample 16% were acutely malnourished (< 2SD) and 2.3% were severely wasted (< 3SD). The highest prevalence of acute malnutrition was found in the Coastal Areas (22%) and the lowest in the North Chars and Haors (14.5%). For the total sample nearly 60% (56.8) of the children were underweight for their age. Among the regions, the Haors had the highest prevalence of underweight with 60% and the North Chars the lowest with 54.9%. A similar pattern was noted for the severely underweight, with the Haor region highest with a prevalence of 22% and

the North Chars lowest with 13.6%. The prevalence of underweight in the urban areas (54.5%) was similar to the prevalence in the combined rural areas of 57%, although the combined result for rural areas has a higher proportion of severely underweight children. The mothers of the children between 6 and 24 months were weighed and measured. Body Mass Index (BMI) derived from height and weight can be used to determine moderate and severe underweight. About 44% of mothers report a BMI of less than 18.5.

Conclusion: SHOUHARDO areas and beneficiaries project an image of acute deprivation with multiple sources of chronic vulnerability. Overall, they have limited capacity, limited resources, and little support from governmental and non-governmental sources to negotiate some of the most vulnerable habitats of the country where they reside. The deprivation is both human and economic. Within this general scenario of poverty and misery, there are additional complexities. These are related to regional differences, differences between well being categories, poor social and economic position of female-headed households, and differences between urban and rural contexts. The program will have to adopt interventions tailor made to the needs of different regions and sub-groups of beneficiaries to support livelihood improvements and address their vulnerabilities.

1.0 INTRODUCTION

Strengthening Household Ability to Respond to Development Opportunities, henceforth referred to as SHOUHARDO, is a five-year program funded by USAID and the Government of Bangladesh, and, implemented by CARE Bangladesh, in partnership with a variety of local partner organizations. Operational, the program covers the period October 2004 to September 2009.

The overall goal of SHOUHARDO is to sustainably reduce chronic and transitory food insecurity of 400,000 vulnerable households in 18 districts of Bangladesh, by 2009. The program targets the poorest and most vulnerable households, with a specific focus on women and girls. The program will be implemented in 2,223 villages and 137 urban slums in the North Chars, Middle Chars, Haor, and the SE Coastal Areas. SHOUHARDO has four major objectives.

1. Improved availability of and economic access to food for targeted vulnerable households through strengthening livelihoods, securing entitlements, and enhancing accountability of service providers;
2. Sustainable improvement in the health and nutrition of project participants;
3. Enhanced empowerment of women and girls from targeted households, and;
4. Enhanced ability of targeted communities and institutions to prepare for, mitigate, and respond to natural disasters.

Why a Focus on Food Security?

Despite gains over the last decade in food security, and recent pronouncements of food-grain self-sufficiency, food insecurity remains a serious problem in Bangladesh, as reflected in critical consumption and nutritional indicators. According to the Household Income and Expenditure Survey (HIES) of 2000 (BBS 2003), 44% of the population of Bangladesh still falls below the absolute poverty line set at 2,120 kcal per day. Almost 45% of children below five years of age are stunted and 48% are underweight (DHS, 2000). Problems persist in all three of the major food security domains - availability, access and utilization.

Food Availability is a function of productivity. In a country like Bangladesh, where agriculture is the mainstay of the economy, low level of food availability is a result of low levels of agricultural productivity. The average farm size is small, the use of agricultural inputs is minimal, technology is often archaic, and natural disasters often destroy fields and standing crops. Food availability is also linked to seasonality with long periods where production is very limited to non-existent.

Food Access is hampered by low income, both in rural and urban areas. Forty-eight percent of approximately 130 million people of Bangladesh fall below the poverty line and almost 30 percent survive on less than one dollar per day (USAID 2002). Smallholder farmers and rural landless lack adequate purchasing power to make up for food shortage and, at the same time, access other basic social services such as education and health.

Food Utilization is a major problem in Bangladesh and contributes significantly to food insecurity of rural and urban households. Knowledge, attitudes and practices related to health and nutrition in rural and urban areas of Bangladesh are relatively weak. Diet tends to be fairly uniform. Vitamin A, iron, and iodine deficiencies are common. Hygiene plays an important role in determining the

rates of morbidity and thus influences nutritional outcomes. Basic services, including water, sanitation and health-related services, are of poor quality or nonexistent.

Besides issues related to availability, access, utilization there are additional dimensions to food insecurity problems in Bangladesh. These are related to civil society and governance. Some of the more critical missing elements include inconsistent institutional support and unreliable social service delivery, freedom from multiple forms of discrimination, oppressive power relations, lack of freedom of self-determination, and restrictions on equal participation.

1.1 Relevance of SHOUHARDO

SHOUHARDO is attempting to address behavioral and systemic constraints related to food availability, access and utilization as well as underlying socio-political issues that bear upon the ability of individuals and communities to exercise rights and make decisions impacting their livelihoods. The design of SHOUHARDO emphasizes the strong interaction of underlying factors of food insecurity in Bangladesh. These include barriers to basic education and equitable access to common property resources, social inclusion, responsiveness of duty bearers to the underprivileged, access to decision making, awareness of legitimate claims and entitlements, equitable gender practices, pro-poor policies and respect for rights of groups and individuals. Along with the more classical food security interventions, these issues need to be addressed if meaningful and lasting change is to occur. In this regard, SHOUHARDO combines food security programming with rights-based approaches to food security. The program is consistent with the strategies of Government of Bangladesh vis-à-vis decentralization and poverty reduction. SHOUHARDO is also consistent with USAID's Office for Food for Peace's new Strategic Directions that focus on addressing the underlying causes that can lead to reducing, minimizing or eliminating the risks and vulnerabilities facing food insecure populations.

1.2 Program Areas

SHOUHARDO is operational in urban and rural areas of four regions of Bangladesh, As previously highlighted, the program will be implemented in 2,223 villages and 137 urban slums in the North Chars, Middle Chars, Haor, and the SE Coastal Areas. The Government of Bangladesh/WFP Relative Food Insecurity Map - 2004, which is based on the household level data generated by the Bureau of Statistics from the 2001 census and the GIS datasets from LGED and BARC, indicates that the most food insecure clusters are around Kurigram and the eastern and western coasts. In addition, there appears to be a general consensus that the most vulnerable, high-risk areas in Bangladesh are the riverine and coastal *Chars*, the *Haor* areas in the northeast part of the country, and the coastal zone on the southern coast. It is generally accepted that rural areas are more malnourished than urban areas. However, if urban statistics are disaggregated, urban slums, in fact, emerge as pockets with exceptionally high malnutrition rates due to lack of access and utilization. The specific characteristics of each of these areas are highlighted below.

Chars are riverine islands: In *chars*, crop losses, resulting from floods and erosion, reduce the availability of food at both the household and community levels. Fisheries, traditionally a source of both income and food, continue to decline in *char* areas. Markets, especially in the highly dynamic *Chars* in the main river channel, are undeveloped and do not serve as effective conduits for food. Poor infrastructure in the Chars makes it difficult to transport commodities in large quantities.

Traders have found that purchasing power is lower in these areas as compared to others and are disinterested in expanding business in the *Chars*. Government agencies, often located on the mainland, are distant from the *Char* dwellers.

Haor areas in the northeast part of the country are similar in many respects to the riverine *chars* with regard to food insecurity, although in a somewhat different agro-ecological context. Flash floods and wave erosion reduce the availability of food and affect household assets in the same way as floods and erosion in the *Char* lands. Only one crop of rice is produced annually in the *Haor* areas, and this crop can be severely affected by floods. Homestead areas, located on mounds tend to be small, placing limitations on opportunities to produce food and income using homestead resources. Fishing, a significant activity in the livelihoods of vulnerable households in the *Haor* areas is characterized by the exclusion of powerless fishing households from traditional fishing grounds. Formal governance mechanisms cannot protect the interests of the poor and food insecure, and have been generally ineffective in establishing/enforcing proactive measures necessary to enhance their food security.

Southeast (SE) Coastal Areas: The availability of food in the SE Coastal Areas is affected by recurrent storm surges, river erosion and flash floods. Rising soil salinity and water logging have reduced yields and, in some cases, rendered land uncultivable. While roads, communication, and basic services infrastructure are generally better in the SE Coastal Areas than in the riverine *Chars* and *Haor* areas, there are pockets in which infrastructure is poor and basic services are of poor quality or nonexistent. These isolated areas of remoteness are particularly concentrated in, although not limited to, the islands and coastal *Chars*. As in other parts of the country that are considered remote, markets are not effective at channeling food. The most vulnerable households in the SE Coastal Areas are minority ethnic groups such as the *Rakhaine*. The situation of women and girls in the coastal zone is difficult. Strong social conservatism and apparent growing lawlessness in parts of the coastal zone severely restrict women's mobility and status.

Urban Slums: Overall, approximately 70% of the *urban* slum households are poor (equating to over 21 million people). In the urban slums, food is more readily available than in the remote rural areas. However, access to and utilization of food are important sources of food insecurity. Factors contributing to food insecurity such as poor health, exclusion of marginal groups, and low wages are widely prevalent. The congested space in slums limits income-generating opportunities, and many households do not even have what might be called a homestead. Most slums are located on either private land that has little alternative use for the landowner or on *khas* land. In both cases, there is little investment in basic service infrastructure such as water and sanitation. Poor urban households are also vulnerable on account of their exclusion from decision-making. Wealthier classes and government, who consider urban poor to be interlopers, violate their rights.

1.3 Target Groups

SHOUHARDO employed targeting at various levels to ensure that the program and its activities benefit the most deprived. At the outset, the decision to work in the remotest and the most vulnerable areas is an instance of geographical targeting whereby the program is working in areas, which are likely to have the highest concentration of poor and the extreme poor households. *Chars*, *Haor*, Coast, and urban slums report some of the highest concentration of food insecure and at-risk households.

Spatial targeting was refined further by selecting only those households who were considered to be poor or extremely poor by the program communities. This method utilized, called Participatory Poverty Appraisal (PPA) or Well Being Analysis, despite its numerous limitations (discussed later) is considered one of the most efficient methods to select program beneficiaries. PPA also leads to greater involvement of program communities in decision making, which, in turn, ensures a degree of community ownership of the program and its activities.

Within selected households selected SHOUHARDO focuses on those members reporting low physiological status (i.e. victims of disasters, children between 0-2 years of age, and pregnant and lactating mothers), disenfranchised women and girls, households with physically and mentally challenged members.

Region	SHOUHARDO Coverage Areas						
	Total number of households	Number of poor (P) and extremely poor (EP) households (from WBA)			Number of SHOUHARDO upazilas	Number of SHOUHARDO unions	Name of SHOUHARDO villages/slums
		Total	P	EP			
North Char	103,668	76,404	49,195	27,209	23	90	358
Mid Char	160,690	108,011	75,526	32,485	26	139	556
Haor	169,815	116,503	78,553	37,950	32	154	855
Coast	115,068	84,979	64,329	20,650	20	110	442
Rural	549,241	385,897	267,603	118,294	101	493	2211
Urban	27,853	20,098	-	-			137

Table 1: SHOUHARDO Program Coverage Areas

2.0 BASELINE SURVEY METHODOLOGY

The baseline survey was carried out with three specific objectives in mind:

- The first relates to accumulating reliable data/information on the target groups in the remote areas of Bangladesh for refining the focus of activities and adapting approaches/methodologies as required.
- The second objective relates to design, monitoring and evaluation. Baseline information, as the name suggests, is the benchmark information. It helps in ascertaining distance to be covered, targets to be set, and resources to be allocated over the life of the project. Baseline information, along with indicator targets, helps in monitoring progress as well as highlighting areas of concern. It thus assists in keeping the program on track and signaling the need for corrective measures as and when needed.
- The third objective relates to using the information emerging from the baseline as the basis to ascertain areas that require further examination. The baseline information will, in this case, underpin the design of specific research studies to be undertaken by the program to improve program understanding and quality.

2.1 Survey Methodology

The SHOUHARDO baseline survey was comprised of two independent survey components – the socio-economic survey (henceforth referred to as SES) and a health hygiene, and nutrition survey (henceforth referred to as HH&NS). For the purposes of this document the two surveys have been combined and are presented as a single report. The population identified for the SES is comprised of (primarily) poor and extremely poor households¹ located in the villages and urban slums having been selected using the probability proportionate to size (PPS) principle. For the HH&NS the population identified is comprised of a sub-group of the population for SES. The HH&NS is comprised of poor and extremely poor households with children between the ages of 6-24 months. The baseline survey tool utilized for both the SES and the HH&NS was a structured questionnaire (see appendix I and II) administered at the household level. The principle respondent for the SES was the head of the household (predominantly male). The HH&NS focused collection of information directly from mothers of children under the age of 2.

2.1.1 Questionnaire Development

The design of the questionnaires for the SES and the HH&NS was preceded by a secondary literature study analyzing instruments used for similar surveys by other organizations in Bangladesh. Specific studies analyzed included: the (Bangladesh) Demographic and Health Survey (DHS) and the National Household Income and Expenditure Surveys (HIES). This exercise helped further identify topics on which survey information needed to be collected and provided guidance on the 'best' ways to collect such information. The draft questionnaires were prepared in consultation with The Asia Foundation (TAF), Data International (DI), and internal and external resource persons contracted by CARE Bangladesh. The draft questionnaires were translated to Bangla and piloted in the field. The results of the pilot were used to recalibrate and finalize the questionnaire.

¹Using a well-being analysis (WBA), CARE Bangladesh identified households in different wealth categories in its specific program areas.

2.1.2 Training of Survey Teams

Leading up to the survey, TAF, DI, and CARE Bangladesh resource persons trained the survey data enumerators and supervisors. Resource persons from ICDDR-B were also engaged to familiarize enumerators and supervisors with the HH&NS, and particularly the technical components relating to collecting anthropometric measurements. Enumerators and supervisors were also provided extensive training in the techniques of height and weight measurements as well as the use of measurement tools. Thirty-five field enumerators were involved in data collection—seven for each of the four rural areas and seven for urban slums. One field supervisor was engaged for each region. The number of enumerators and supervisors was greater for the HH&NS. To ensure quality and consistency and incorporate lessons from the SES, another round of two day orientation training was organized prior to the HH&NS. The training was designed to:

- Provide background information on the goals and substantive components of the SHOUHARDO program;
- Introduce participants to the broad objectives of the baseline surveys;
- Provide a detailed review of the survey questionnaires, including background information that the enumerators would require to address questions raised by respondents;
- Train supervisors and enumerators in the use of height and weight measurement tools (scales);
- Review procedures for manually entering data on the questionnaire forms; and
- Provide practical guidance on survey methodologies, establishing rapport with respondents, and other information that would ensure the success of the data collection process.

2.1.3 Survey Sampling

The sample frame for the socio-economic survey included 3,375 rural and urban households in the four SHOUHARDO program areas. CARE Bangladesh selected 45 villages in each region and 45 urban slums across all four SHOUHARDO regions. These villages/slums were picked on the basis of probability proportionate to size (PPS). Following a rigorous village/slum selection process, CARE Bangladesh then conducted a well-being analysis (WBA) in an effort to target the most food insecure members of each ‘community’. CARE Bangladesh staff then identified 15 households in each village or urban slum to be surveyed. These households were chosen through a random selection process from the most food insecure households identified. Ultimately, 675 rural households were selected for the SES in each of the four regions, and 675 households in the urban slums targeted by the project. A sample of 675 households in each region was considered adequate to measure a 10% change in population parameters at a 95% level of significance and 80 percent power. The sample size was adjusted for non-response at 10 percent.²⁻

The survey teams also collected data related to determining household profiles—household size, gender, age, education composition, occupation profile and status of participation. In addition, the survey was also designed to elicit information on assets, recurrent and non-recurrent expenditures, income, and other sources of cash inflow or outflow.

² The minimum sample size needed to measure a 10% change in a proportion with 95% level of significance and 80% power is 606. A non-response adjustment factor of 10% gives a minimum total initial sample size of 666 households per region. [FANTA Sampling Guide by Robert Magnani for details.]

In spite of a rigorous WBA, careful planning and repeat visits, the SES could not collect information from all 3,375 selected households. Ultimately, survey staff were able to reach 3,081 households. The sample size for the *Haors* (589) and urban slums (592) fell short of the size required to achieve a 95 percent significance level. In an effort to keep non-responses at an acceptable level, it was decided that if follow-up teams failed to contact the head of the household, a reliable family member (elder son or wife) would be interviewed. This departure from protocol was, however, coded separately to cross check the validity of the information should the need arise. Of the 3,081 household interviews, 2487 (80%) were conducted with household heads and the remaining 594 interviews were conducted with reliable family members. As a result of the adapted sampling measures, the SES survey reported a non-response rate of less than 10% for the entire sample. This outcome is significant considering the fact that the population in these remote areas is frequently relocating in search of seasonal economic opportunities.

Region	Population			Sample			
	Number of villages/slums in SHOUHARDO program areas	Total number of households in SHOUHARDO program areas	Number of PEP households in SHOUHARDO program areas	Number of villages/slums in sample	Number of HH in sampled villages	Number of PEP HH in sampled villages	Number of HH in sample
North Char	360	103,668	76,404	45	19,526	15,357	645
Mid-Char	556	160,690	108,011	45	13,676	9,311	621
Haor	867	169,815	116,503	45	16,526	11,089	589
Coast	440	115,068	84,979	45	12,144	9,058	634
Rural	2,223	549,241	385,897	180	61,872	44,815	2,489
Urban	137	27,853	20,098	45	12,161	8,957	592
Total	2,360	577,094	405,995	225	74,033	53,772	3,081

Table 2: Socio-Economic Survey (SES) Sampling Data

In contrast to the SES survey, the principle objective of the HH&NS survey was to collect information on household food intake, antenatal care of mothers, mothers' breastfeeding habits, incidence of diarrhea among children, child immunization status, and height and weight of mothers and children. Anthropometric measurements collected also helped to establish measures of malnutrition among children and mothers. Similar to the socio-economic survey, the HH&NS was conducted in the same 225 urban slums and villages that were selected for the SES. Again, the sample frame consisted of poor and extremely poor households in these 225 villages and slums that had children between 6-24 months of age.

Given the nature of non-response encountered during the SES, it was decided that the number of households per community should be increased to 17 from 15 even though a sample of 675 households in each region would be adequate to measure a 10% change in population parameters at 95 percent level of significance and 80 percent power, accounting for a non-response rate of 10 per cent. It was also decided that if a village or a slum had 17 or less households that qualified for the survey, all households would be interviewed. In cases where more than 17 households were existed, a random selection of households guided the survey teams. Thus, unlike the SES, each region had a different sample size though no region had a sample size of less than 700. The overall sample size for the HH&NS came to 3,620. HH&NS survey staff also collected data on household

profiles—household size, gender, age, educational attainment, and occupation.

In spite of the fact that a door-to-door census was conducted in selected communities to ascertain the number of households that were eligible for the HH&NS survey as well as to estimate the likely non-response rate well in advance, the survey could not eliminate the problem of non-response. The rate of non-response was generally quite high, especially as compared to SES. The *Haors* and urban slums were again problematic, reporting the highest rates of non-response. In spite of all possible precautions, the non-response rate breached the minimum size needed to ensure 95 per cent significance level for the *Haors* and urban regions. For the HH&NS sample overall, the non-response rate was slightly above 10 per cent. Given the characteristics of the surveyed regions and particularly the highly mobile nature of the population groups, the total non-response rate was neither unexpected, nor deemed excessive.

Region	Total number of PEP HH with children between 6 and 24 months (from census)	Sampled HH	Number of PEP HH interviewed	Number of children 6 - 24 months in sampled HH (6 = n < 24)			Number of mothers of 6-24 months children measured	Number of children on whom information was obtained		
				Male	Female	Total		Male	Female	Total
North Char	2,537	748	649	355	303	658	648	351	298	649
Mid Char	1,369	708	616	333	294	627	615	327	289	616
Haor	2,022	715	592	308	293	601	590	306	286	592
Coast	1,763	746	637	335	313	648	635	330	307	637
Urban	1,229	703	598	309	299	608	598	303	295	598
Total	8,920	3,620	3,092	1,640	1,502	3,142	3,086	1,617	1,475	3,092

Table 3: Health, Hygiene and Nutrition Survey (HH&NS) Sampling Data

2.1.4 Data Entry, Cleaning and Analysis

After collection of information during the field survey data was transferred to the Dhaka headquarters of Data International (DI) for entry, cleaning and processing. The data was checked and edited by senior personnel of DI to ensure quality. The software used for data entry (FoxPro and MS ACCESS) was programmed to perform logical error checking to identify any gross errors. Once the data was entered, DI staff randomly checked 7 to 10 percent of the questionnaires for entry errors. During a subsequent stage of error checking, frequency tables assisted in identifying any outlying results or errors. At the final stage, the results from the survey were compared with the results from similar baseline studies conducted in the recent past. If a significant variation was detected, another checking process was undertaken to ensure the integrity of data. Computer databases were cleaned using standard techniques. TAF and CARE Bangladesh, using EXCEL and SPSS 13.0 respectively, analyzed the data.

3.0 CARE BANGLADESH – FRAMEWORK FOR ANALYSIS

For the purposes of the analysis that informs this report, the data was disaggregated into four principal comparative groups. These include:

- Rural-Urban
- Regions (4 – including their agro-ecology conditions and social makeup)
- Gender of household head (Male-headed versus female-headed households)
- Wealth Ranking (Poor versus extremely poor households)

In addition age and gender have been used to analyze data wherever the need for such analysis was deemed important.

With regard to the overarching analysis framework - CARE Bangladesh has in recent years emphasized a rights oriented perspective in its programming, promoting empowerment (and gender equity) of targeted beneficiaries to raise and amplify their voices in securing their legitimate claims and entitlements. Simultaneously, projects are also more and more engaging with existing governance structures at multiple levels (from Union *Parishad* to national level) to make them more responsive to poor, marginalized and vulnerable populations. Importantly, CARE Bangladesh's emphasis on rights and social justice is linked to a wider organizational transition for CARE as an international development agency.

3.1 CARE's Unifying Framework for Poverty and Social Justice

Over the past several years CARE globally has sought to consolidate its various programmatic approaches, lenses and tools into a comprehensive development framework. The **Unifying Framework for Poverty Eradication and Social Justice** (see Figure 1 below) is not designed to replace the Household Livelihood Security Framework and other approaches adopted by CARE in the past. Instead, the framework was developed to help clarify the connections and linkages, and demonstrate how CARE's HLS Framework, rights based approaches (RBA), and other methodologies and lenses come together in a complementary and very powerful way. A principle aim of developing the Unifying Framework has been to focus CARE's work towards three important ends: 1) Increasing opportunities for people to meet their basic needs, and ensure that future generations will have these opportunities as well; 2) Promoting people's efforts to improve social inequity so that people can live a life of dignity without discrimination; and 3) Promoting sound and equitable governance systems — government, institutional frameworks, private sector, and civil society — to create a local climate that promotes equity, justice, and livelihood security for all.

The Unifying Framework for Poverty Eradication and Social Justice was developed around three upper-level outcome categories (refer to Figure 1) that together ensure that CARE staff analyze and address underlying causes of poverty from both needs and rights-based perspectives. The following provides a definition for each outcome category.

1. **Improving Human Conditions:** Supporting efforts to ensure that people's basic needs are met and that they attain livelihood security with regard to such needs.
2. **Improving Social Positions:** Supporting people's efforts to take control of their lives and fulfill their rights, responsibilities and aspirations. Supporting efforts to end inequality and discrimination.

- 3. Creating a Sound Enabling Environment:** Supporting efforts to create a sound enabling environment – public, private, civic and social institutions – that is responsive to and inclusive of constituents and that fosters just and equitable societies.

The three upper-level outcome categories bring together the breadth of CARE’s work (e.g., HLS, RBA, gender and diversity, income and asset generation, education, health, environment, partnership, civil society strengthening, advocacy, etc). The rectangles under each top outcome category represent some of the key intermediate outcomes that are necessary to lead to the upper-level development outcomes. It is well recognized that these do not represent all possible intermediate outcomes, and CARE Bangladesh will continue to refine these based on our on-going experiences and learning.

Globally, CARE has chosen four important underlying causal categories (the shaded rectangles in Figure 1 below) as a point of departure. The selection is based on a review of the evaluations of CARE’s development programming in a variety of contexts, wide internal consultations, and the CARE International Programming Principles. The selection also takes into account the work of other organizations in the international development community. Given the aims and intent of SHOUHARDO the selection is critically appropriate.

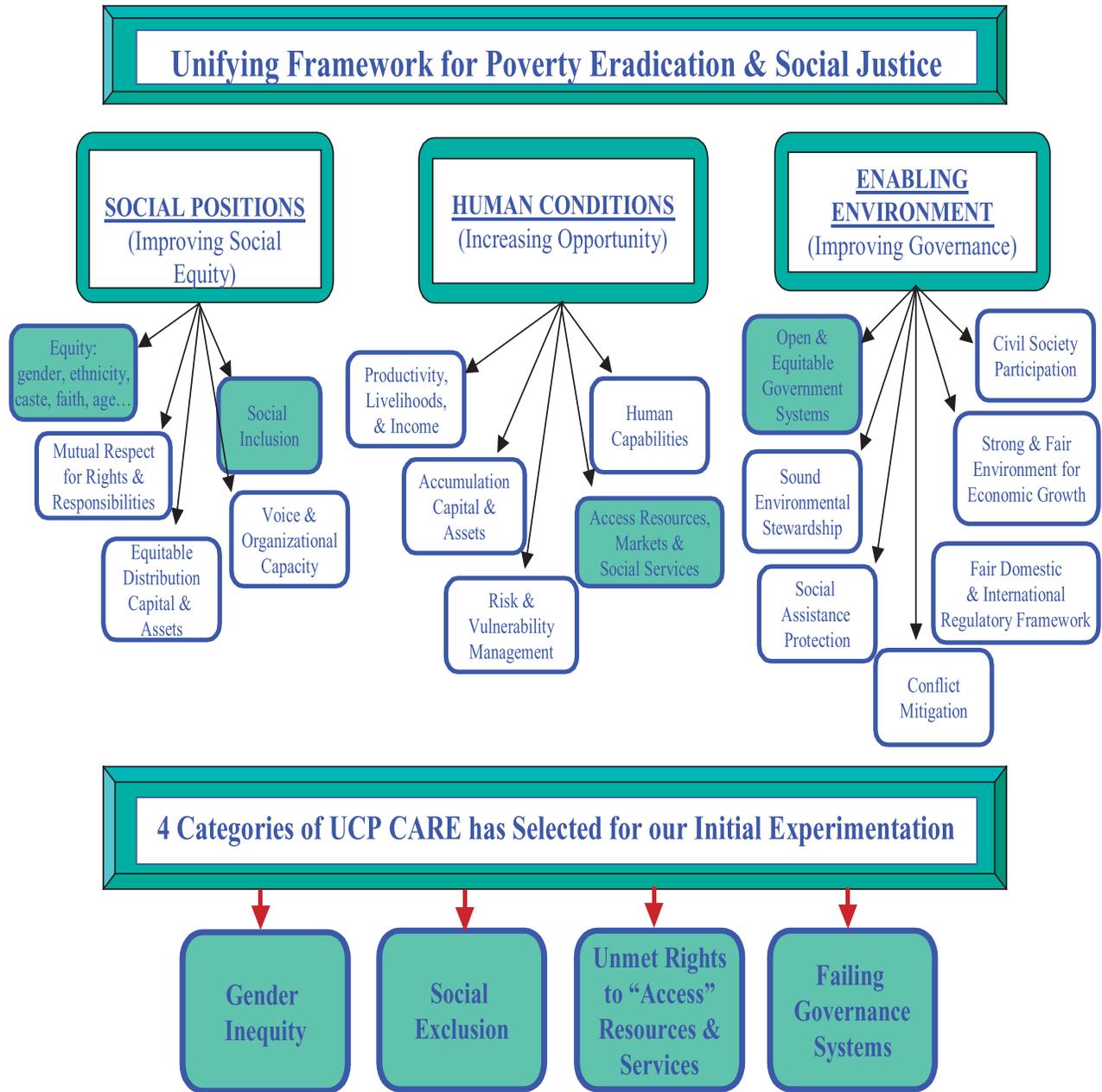


Figure 1: CARE’s Unifying Framework for Poverty Eradication and Justice

4.0 BASELINE SURVEY ANALYSIS³

The analysis that informs the report was kept simple to the extent possible so as to make this document accessible to a wide audience. Disaggregates have been used to analyze data employing univariate and bivariate techniques of analysis. Overall, the report highlights the differences that are significant. There are, however, two issues that need to be highlighted here. Weights been assigned at the level of regions and for rural and urban. Intra-regional weights were not assigned to analyze the data as sensitivity analysis of results revealed a high degree of intra-regional homogeneity. In other words the results with and without intra-regional weights showed little difference. Secondly, only rural households were factored in the analysis using disaggregates of wealth ranking and gender of household. This is because urban areas account for only 5 percent of the beneficiary households. Also, urban households have been drawn from four different regions and, therefore account for a very small sub-sample for each region. Disaggregating data from urban households would have yielded little additional benefit.

4.1 Regional Representation in the Sample

Even though the sample was designed in such a manner as to be evenly spread across the four operational regions-North Chars, Mid Chars, Haors, Coastal Areas (SE), and selected Urban Slums within these regions, the North Chars and Coastal Areas reported the largest shares in the overall sample size. The Haor areas and Urban Slums comprise the lowest shares. The differences in the actual distribution of sample sizes across regions are on account of differential rates of non-response.

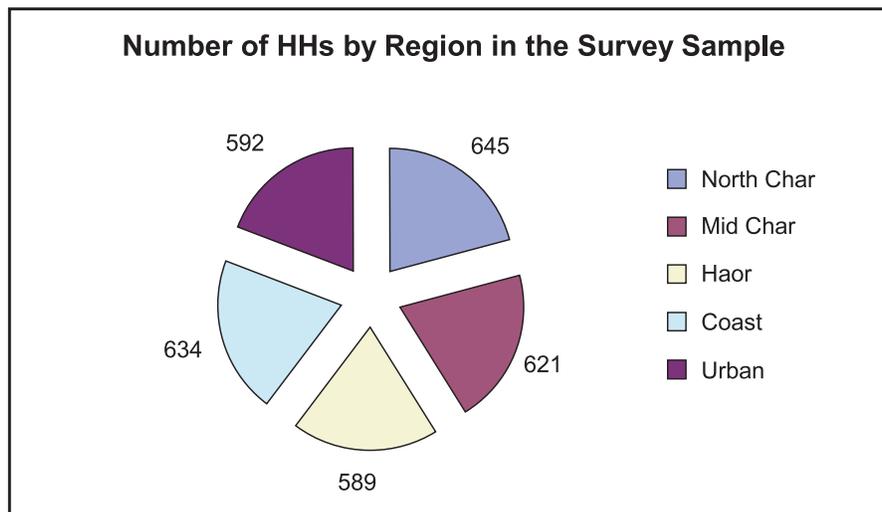


Figure 2: Proportion of HHs by Regions in the Survey Sample

4.1.1 Poor and Extreme Poor Households

The percentage of extremely poor versus households varies considerably among regions, being the lowest for the SE Coastal Areas and the highest in North Chars.

³ The word significantly, in the context of this analysis, implies a p-value between 0.00 and 0.05 thereby suggesting that the differences are unlikely to be the result of chance in sample selection.

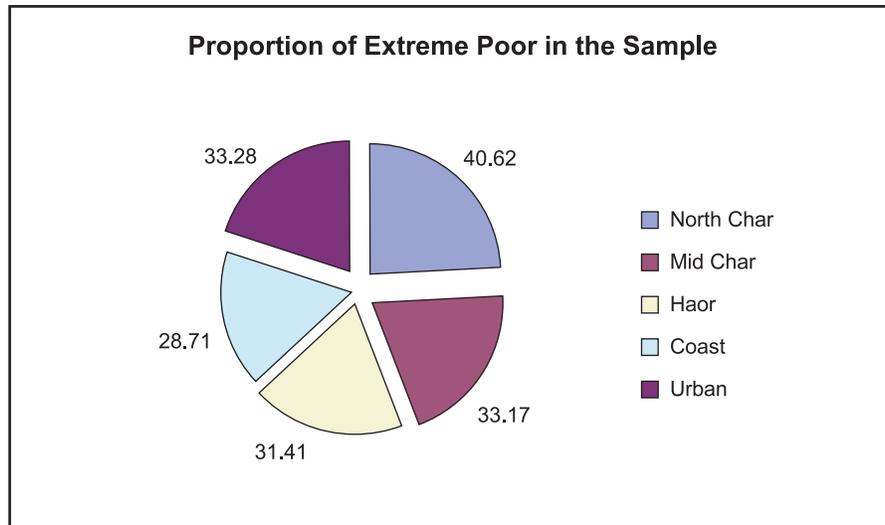


Figure 3: Proportion of Extreme Poor in the Sample

When the poor and extreme poor are considered as a proportion of total population, the Coastal Areas, along with North Chars comprise the highest proportion of poor and extreme poor (73.85 and 73.70% respectively). Surprisingly, the rural and urban areas comprise the same proportions of extreme poor households - one third of the sample. However, when one examines the proportion of poor and extreme poor in the total population, urban slums at approximately 72.% have slightly higher concentrations of extreme poor in comparison to rural areas (71%).

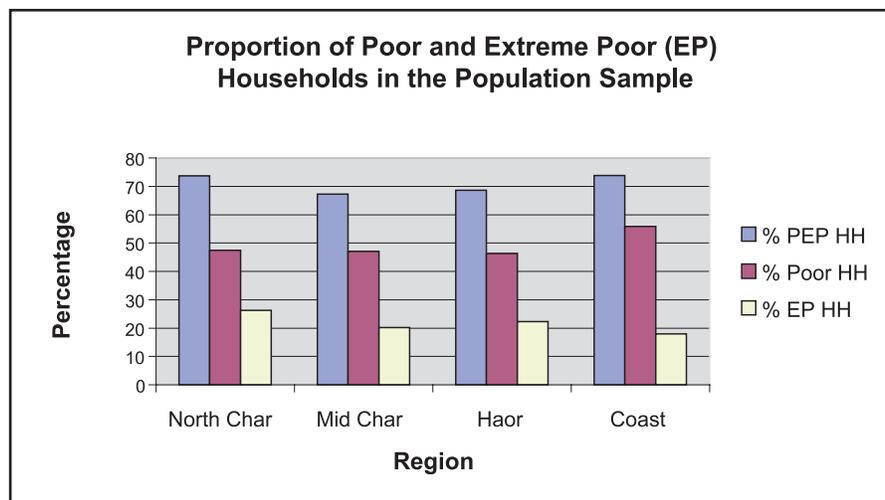


Figure 4: Proportion of Poor and Extreme Poor HHs in the Population Sample

Overall, SHOUHARDO is designed to work with poor and extremely poor households in the most underdeveloped parts of Bangladesh. The success of the program's geographical targeting is reflected in the very high proportion of poor and extreme poor households in the survey sample. More than 70 percent of the households (weighted average) in SHOUHARDO program areas are poor or extremely poor.

Region	Total Households	Poor and Extreme Poor Households	Poor Households	Extreme Poor Households
North Char	103,668	76,404	49,195	27,209
Mid Char	160,690	108,011	75,526	32,485
Haor	169,815	116,503	78,553	37,950
Coast	115,068	84,979	64,329	20,650
Rural	549,241	385,897	267,603	118,294
Urban	27,853	20,098	-	-
Total	577,094	405,995	267,603	118,294

Table 4: Description of Population in SHOUHARDO Areas

The Household Income and Expenditure Survey (HIES) 2000 conducted by the Bangladesh Bureau of Statistics (BBS) estimates national poverty at 44.3%—42.3% rural and 52.5% urban. For SHOUHARDO, the proportion of extremely poor households is high by these national standards. The HIES 2000 reports that 18.7% of the rural population and 25% of the urban population is extremely poor. The percentage of extremely poor households is significantly higher than the national average for all SHOUHARDO regions and urban areas except the Coastal Areas where it is estimated at 18%.

As previously indicated, CARE Bangladesh employed well-being analysis (WBA) to ascertain wealth rankings of individual households in communities. To ensure reasonably reliable data collection in WBA process, field staff and facilitators were asked to employ crosschecks. While one can never be certain of wealth rankings, the trend of differences between wealth categories gives a fair indication of the overall effectiveness of the WBA. The analysis also reveals, not surprisingly, that on most indicators the extreme poor are significantly worse off than poor households.

4.1.2 Male-Headed and Female-Headed Households

The survey sample consists of 2,688 or 87% male headed and 393 or approximately 12% female-headed households. This percentage of female-headed households is slightly higher than what other recent datasets of CARE Bangladesh have revealed. These datasets (compiled between 2000 – 2004) as well as other studies in Bangladesh typically place the percentage of female-headed households at 8-10%. It is likely that this sample reports a higher percentage of female-headed households on account of a higher incidence of out migration (for employment) of adult males. Not surprisingly, female-headed households are often the poorest and the most excluded segments of the population. This study again confirmed this status.

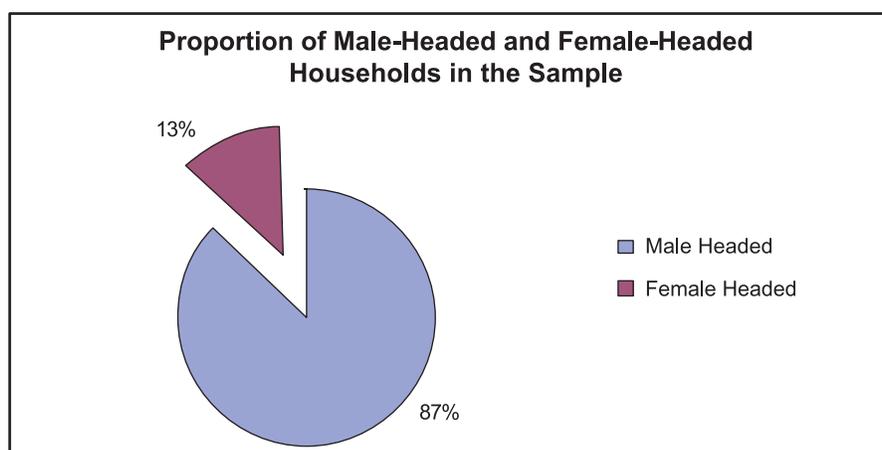


Figure 5: Proportion of Male-headed and Female-headed Households in the Sample

4.1.3 Rural and Urban Households

The survey sample comprises close to 20% urban and 2,489 (80%) rural households. While there is a large difference in the sizes of rural and urban samples, the urban sample is sufficiently large to enable comparisons between the results of urban slums and SHOUHARDO's rural areas. The details of disaggregation of the SES sample are presented in Table 4.

5.0 DEMOGRAPHIC PROFILE

5.1 Religion and Ethnicity

Of the 3,081 households interviewed, 91.5% were Muslim and approximately 8% of the households were Hindu. Ethnic minorities and other religious groups were negligible in the survey sample.

The national Census 2001 of Bangladesh, conducted by the Bangladesh Bureau of Statistics (BBS), reports population as comprising 89.7% Muslims, 9.2% Hindus, and only 1.2% as belonging to other religious groups. SHOUHARDO working areas are generally similar to the national religious composition. The greatest number of Hindu households are found in the SE Coastal Areas and Haor areas but even in these two regions they are well below 20%. Even in urban slums Hindus account for only 14.0% of the households. An interesting aspect regarding the distribution of minority populations is that unlike many other parts of Bangladesh, minorities are not clustered in exclusive or large minority pockets but are spread out typically residing as a single or several HHs or in a community. Further research will determine if this means that they are more vulnerable or excluded as a result of this tendency. Overall, the minority households in the sample comprise some of the lowest socio-economic outcomes.

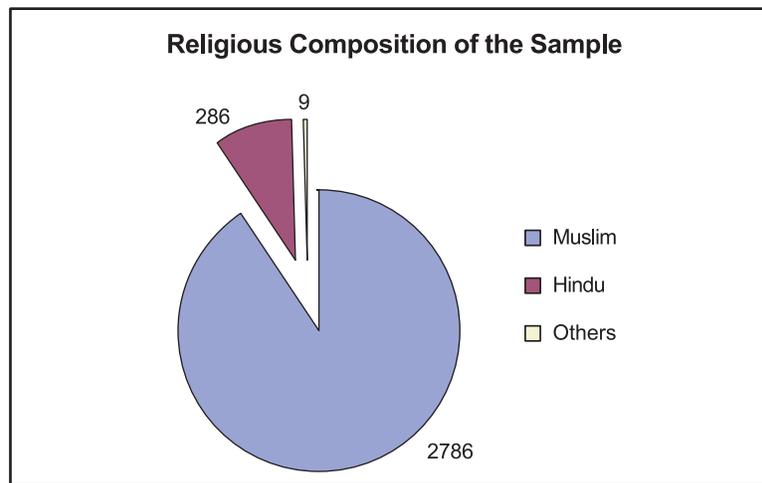


Figure 6: Religious Composition of the Survey Sample

5.2 Gender Breakdown

The distribution of the population by gender is shown in the Table below.

Region	Percent of population		
	Male	Female	Both sex
North Char	49.43	50.57	100
Mid Char	50.9	49.1	100
Haor	50.31	49.69	100
Coast	49.99	50.01	100
Rural	50.24	49.76	100
Urban	48.61	51.39	100
Rural + Urban	50.16	49.84	100

Table 5: Distribution of Survey Population by Gender

The gender ratio⁴ is less than 100 in the North Chars and Coastal Areas, but greater than 100 for overall rural areas⁵. However, in contrast to the national figures, which show a sex ration of 117.2 for urban areas, SHOUHARDO slums report a gender ratio of less than 100. The explanation may lie in the fact that, given the impoverishment of SHOUHARDO households, there is a high rate of migration in search of work among males, with the result that the gender ratio tends to be lower.

While there are no significant differences in the gender ratio observed among the poor and the extreme poor, female-headed households report a significantly greater proportion of females (in their households) as compared to male-headed households.

⁴ The sex ratio is defined as the number of males per hundred females.

⁵ The 2001 Population Census reports 50.9 percent males and 49.1 percent females in rural areas, and 54 percent male and 46 percent female in urban areas.

5.3 Age Structure

The table below summarizes the distribution of principal age groups. It also reports the national distribution for the same age cohorts as reported in the 2001 population census.

Region	Age Distribution (both male and female)							Total Both Sex
	Up to 10	10 - <15	15 - <20	20 - <30	30 - <40	40 - <50	50 & above	
North Char	30.85	11.4	9.05	16.26	13.85	8.69	9.89	100
Mid Char	30.04	12.95	9.53	14.75	12.48	9.50	10.76	100
Haor	34.44	11.69	7.81	14.33	12.91	7.74	11.08	100
Coast	30.27	13.99	11.05	15.4	11.86	7.74	9.7	100
Rural	31.66	12.51	9.26	15.05	12.72	8.36	10.44	100
Urban	28.57	11.79	8.79	17.77	13.99	8.57	10.51	100
Rural + Urban	31.51	12.48	9.24	15.17	12.78	8.37	10.45	100
Census 2001-National	26.54	12.80	9.66	17.50	13.52	8.73	11.26	100

Table 6: Distribution of Survey Population by Age

SHOUHARDO program areas have a higher proportion of persons in the 0-20 age group as compared to the national average. While the national average for this age cohort is 49%, SHOUHARDO areas report an average of 53.23%. Again, while the percentage of population in this cohort is uniformly above 50, at 55%, it is the highest for the SE Coastal Areas. SHOUHARDO Urban Slums report a significantly lower percentage of population in this age cohort. At 49.3%, urban slums match the national average. Female-headed households report a greater proportion of population in 0-20 age cohort than male-headed households. There are no significant differences in age distribution of poor and extremely poor populations.

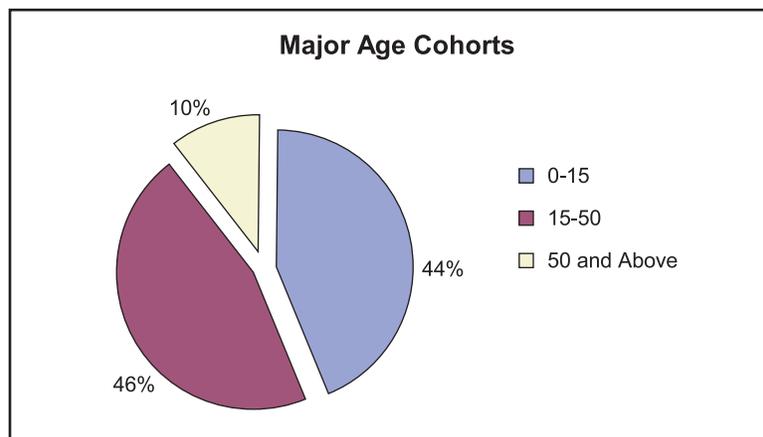


Figure 7: Distribution of Population by Major Age Cohorts

We have used three age cohorts in the graph above to examine dependent population (age cohorts 0-15 and 50 and above) and the potential working population (age cohort 15-50). There are a number of inferences that can be drawn from these findings. The dependency ratio for

SHOUHARDO areas, at 1.19 is significantly higher than the national average of 1.02. There are also significant differences in the dependency ratio of rural (1.20) and urban (1.03) households. Female-headed households report a greater dependency ratio than male-headed households. Their plight is worse as women comprise a greater proportion of this productive age cohort in such households. Generally, females (often due to restricted mobility) have fewer opportunities to find gainful employment as compared to their male counterparts. The dependency ratio is also greater for extreme poor households as compared to poor households. This is, as we shall see, largely attributable to the difference in household sizes of poor and extreme poor households. A higher dependency ratio is likely to account for low welfare outcomes of SHOUHARDO beneficiaries. Secondly, the age structure of SHOUHARDO beneficiary households is disproportionately young. This means that the population that will soon enter their productive working years will be significant. It is well recognized that failure to create economic opportunities through institutional reforms and capacity building will further aggravate the poverty of the target households. Thirdly, large number of young people will also enter their reproductive years soon placing additional stress on family planning and reproductive health services.

5.4 Household Size

The average size of household is shown in Table 7 below. According to the 2001 national census, the average household size is 4.9, 4.8 in urban areas and 4.9 in rural areas. The average household size is lower in the North Chars and Mid- chars areas as compared to the national average.

Various CARE Bangladesh datasets suggest that the poorest households tend to be smaller than the better off households. This could be a result of out migration of members, a higher infant mortality rate, or lower life expectancy or all of the above. Households in the SE Coastal Areas have the largest household size. This could be attributable to the prevalent social norms. The Coastal Areas are widely considered to be more conservative than the rest of the country. In such an environment, family planning may be less practiced than elsewhere. Overall, the household size differs significantly among regions.

Region	Number HH	Male	Female	Total
North Char	645	2.29	2.34	4.62
Mid Char	621	2.28	2.2	4.48
Haor	589	2.66	2.63	5.29
Coast	634	2.74	2.74	5.48
Rural	2489	2.49	2.47	4.97
Urban	592	2.24	2.37	4.62
Rural + Urban	3081	2.47	2.46	4.95

Table 7: Average Survey Household Size

Urban slums report significantly smaller households as compared to rural areas. Male-headed households, reporting 5.14 members are significantly larger than female-headed households (3.22 members). Similarly poor households, which report a household size of 5.11 are significantly larger than the extreme poor households, which report a household size of 4.47.

What are the implications of regional differences in household size for the beneficiaries and the program? The beneficiaries do not differ in their economic profile sufficiently to explain the regional differences in household size. It is very likely that the reasons for differences in household size are rooted in the social milieu of the respondents (coming from the same economic group but different regions). It has already been suggested that Coastal Areas are more conservative than other regions. Empowerment of women, availability of and access to family planning services, should be focal activities. Secondly, in a context where family is the unit of production/income, small family size must place limitations on the ability of households to earn a living. This issue can be addressed only by making employment opportunities available to beneficiary households through capacity building of individuals and by creating conducive environment through institutional strengthening as well as by improving the productivity of the beneficiaries. Finally, small family size could be a proxy for above average infant and general mortality rates. This could imply vulnerability on account of nutritional deficiency, unhygienic environment, lack of awareness, and either absence of medical facilities or inability to access them.

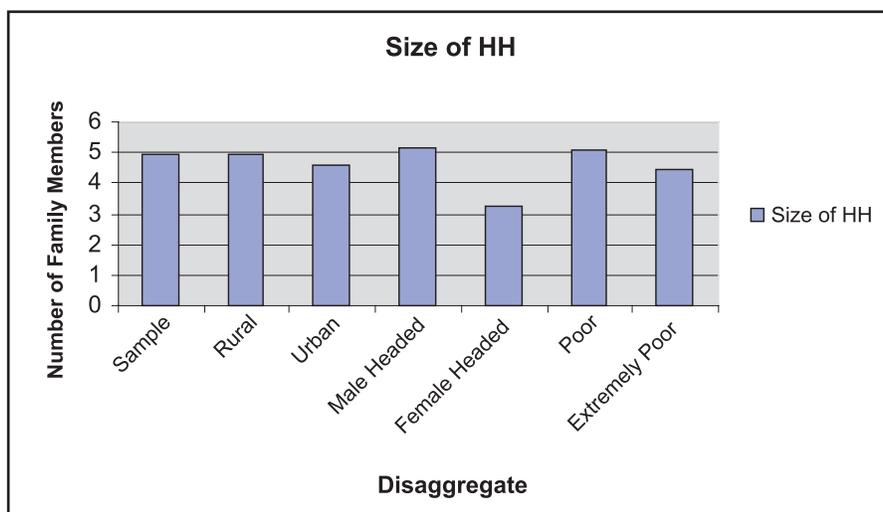


Figure 8: Mean Size of Surveyed Households

6.0 EDUCATION

6.1 Literacy and Education Status

Overall, SHOUHARDO beneficiaries report very low levels of educational attainment. About 56% of respondents, five years old and over (27% males and 29% females) can not read and write. As indicated the proportion of females in the population that can not read and write is greater than the proportion of men. In addition, their proportion in all other categories of educational attainment is lower than their male counterparts. This generalization is true for both rural and urban areas. At the regional level, the Haor areas are an exception. The percentage of those who cannot read and write is the highest for the Haor areas. It is equally high for men and women.

Region	Gender	Can not read or write	Completed Grades 1 to 5	Completed Grades 6 to 10 (secondary education)	Completed higher secondary education	Completed Graduation	Comp. Masters	Completed pre-primary school	Did not attend school but can read and write	Total
North Char	Male	49.96	38.88	6.22	0.32	0.24	-	0.89	3.48	100
	Female	54.92	35.25	5.66	-	-	-	1.1	3.07	100
Mid Char	Male	51.6	34.29	11.16	0.49	0.25	-	0.49	1.72	100
	Female	61.21	29.67	6.05	0.17	0.09	-	1.45	1.36	100
Haor	Male	62.68	26.76	6.05	0.16	0.08	0.08	0.31	3.88	100
	Female	62.12	29.96	4.55	0.08	0.08	-	0.39	2.82	100
Coast	Male	49.44	36.7	10.48	0.46	0.2	-	0.8	1.92	100
	Female	55.23	33.24	9.64	0.07	-	-	0.67	1.15	100
Rural	Male	54.14	33.42	8.55	0.35	0.18	0.02	0.58	2.75	100
	Female	58.85	31.68	6.4	0.08	0.05	-	0.86	2.09	100
Urban	Male	44.48	37.97	13.9	0.61	0.09	0.09	0.61	2.26	100
	Female	52.26	34.35	9.94	0.08	-	-	0.99	2.38	100
Rural + Urban	Male	53.7	33.63	8.79	0.36	0.18	0.03	0.59	2.72	100
	Female	58.52	31.81	6.57	0.08	0.04	-	0.87	2.1	100

Table 8: Education and Literacy Status of SHOUHARDO Population

More than 30% of the population in all regions except the Haors have completed 1 to 5 years of schooling. In the Haor areas this percentage is below 30. Furthermore, women represent the greater proportion in this category in the Haors. Urban areas report significantly higher educational attainment than rural areas. The differences between male-headed and female-headed households and poor and extremely poor households, though important are not significant for this variable. The average educational attainments for the survey sample are presented in the graph below

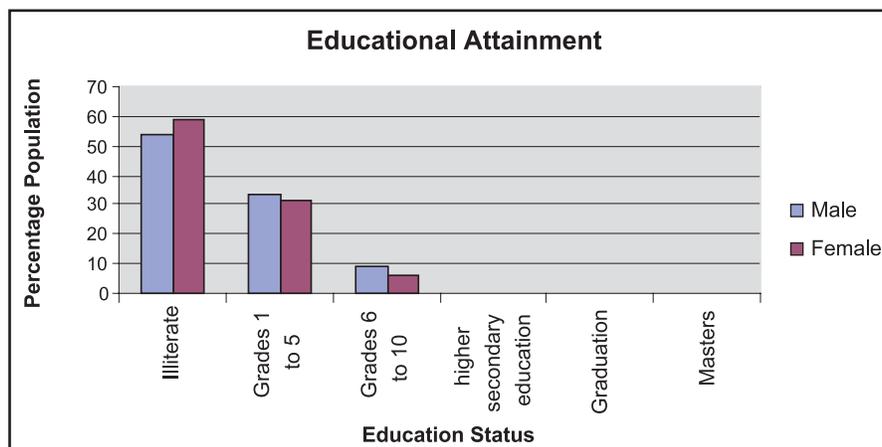


Figure 9: Educational Attainment of Males and Females

6.2 Schooling Status of Children

About 71% of households with children six to fifteen years old report at least one child going to school. The percentage is highest for the North Chars (76%) and lowest for the Haors (62%). There is no difference between urban and rural households for this variable.

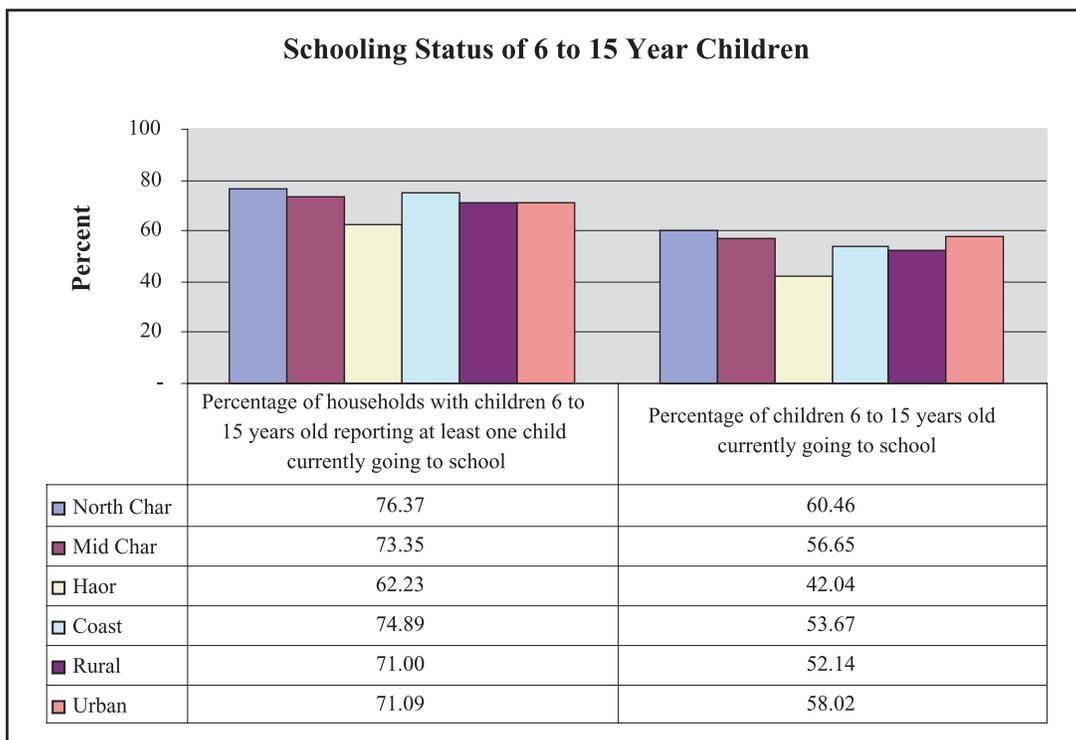


Figure 10: Schooling Status of Children Between 6-15 Years

As Figure 10 shows, only about 52% of the children in the age cohort 6-15 (58% in the case of urban slums) go to school. This indicates that even in households that report sending at least one child to school, not all children go to school. The percentage of children in the age cohort currently going to school is the highest in the North Chars (60%). It is, once again, the lowest for the Haors - a poor 42%. The differences between regions are significant for this variable as are the differences between urban slums and rural areas and male-headed and female-headed households.

6.2.1 Reasons for Dropping Out of School

Why is it that these children do not go to school? The reasons are listed in Table presented below.

Region	Sick or disabled	No school nearby	Unsafe to go to school/ guardian/parent feels risk	Too expensive	Child works	Child not interested in going to school	Parent/ guardian not motivated to send child to school	Other
North Char	0.5	4.73	3.48	24.38	4.23	12.69	11.44	2.99
Mid Char	1.52	4.57	1.78	22.59	4.31	14.47	15.48	7.11
Haor	1.86	5.59	2.93	38.3	11.44	15.43	14.89	2.93
Coast	2.44	6.89	6.89	34	7.11	14.67	19.56	3.56
Rural	1.65	5.46	3.67	30.33	7.08	14.46	15.52	4.23
Urban	2.34	1.04	2.34	29.43	6.25	16.41	15.1	3.65
Rural + Urban	1.68	5.24	3.6	30.29	7.04	14.56	15.5	4.2

Table 9: Major Reasons for Children 6 to 15 Years of Age Not Going to School (*Percentage of households with children 6 to 15 years old*)

The prohibitive cost of schooling, disinclination on the part of parents, disinterest, and economic engagement are the important reasons that keep children out of school. The percentage citing financial reasons for dropping out of school is highest for the Haors and the Coastal Areas. The finding for the SE Coastal Areas comes as a surprise. The residents of the Coastal Areas in both rural areas and urban slums report the highest income levels. And yet many feel that they could not afford to send children to school. This suggests that it is possible that when income is adjusted against cost of living, the differences in income among regions may be less significant than they appear. This is substantiated by the fact that the percentage of children not attending school because they are working is the highest for the Haors and the Coastal Areas. Surprisingly, concerns around security and unavailability of schools do not appear to be very important factors in keeping children away from school.

6.3 Madrasah Education

Many households prefer to send their children to *madrasahs* partly because of religious conviction and partly because sending children to *madrasahs* involves less cost than formal schooling. Also many adults, with or without formal schooling, may have attended *madrasahs* in the past. In the survey areas, this was found to be the case in 16% of the households in rural areas, with higher percentages observed in the North Chars and Coastal Areas. In the urban slums, as compared to the rural areas, a lower percentage of households reported persons attending *madrasahs*.

Region	Percentage of households reporting at least one person currently attending (or previously attended) madrasah	Percentage of persons 5 years and above who have some madrasah education	Percentage of household heads who have some madrasah education
North Char	23.41	3.39	8.22
Mid Char	15.94	3.76	3.38
Haor	9.85	2.46	1.87
Coast	19.4	4.01	3.63
Rural	16.34	3.29	3.94
Urban	11.32	1.86	3.21
Rural + Urban	16.09	3.22	3.9

Table 10: Madrasah Education

Is it possible that enrollment in *madrasahs* is on the rise? If so, what are the likely reasons and outcomes of this trend? The dataset did not attempt to capture intergenerational trends in *madrasah* education. However, a comparison of figures in column 2 and column 4 suggests that *madrasah* education could be becoming more common. One of the principle reasons, as previously highlighted, is simply that *madrasahs* education is less expensive than formal education. It is also possible that the likely increase in the popularity of *madrasah* education reflects on the failure of the formal education sector to deliver, especially in remote areas. Finally this trend, if found to be true, could imply an increase in social and religious conservatism.

6.4 Adult Education

Finally, the survey looked at adult education. In an environment where close to 60% of the population can not read or write, one would not expect the adult education sector to be a very active. Indeed, that is the case.

Regions	Percentage of households reporting at least one person who is attending or has completed an adult education course	Persons who are attending or have completed an adult education course (percentage of 15+ population)	Percentage of household heads who are attending or have completed an adult education course
North Char	6.36	16.32	4.03
Mid Char	3.86	10.85	2.25
Haor	3.06	5.31	2.21
Coast	2.37	9.81	1.26
Rural	3.78	9.93	2.37
Urban	5.91	6.63	3.55
Rural + Urban	3.89	9.76	2.42

Table 11: Adult Education

Less than 4% of households reported that at least one person was attending (or had attended) an adult education course. At 5.91% the percentage for this variable was significantly higher for urban areas. The situation is better in the North Char region compared to the other regions. The North Chars reported the highest incidence of adult education while the Coastal Areas and the Haor fared worst. Access to such courses may be the determining factors explaining the low prevalence of adult education. As only 2.5% of household heads reported having received adult education, motivation, along with a lack of time, may also be a critical factor constraining adult education.

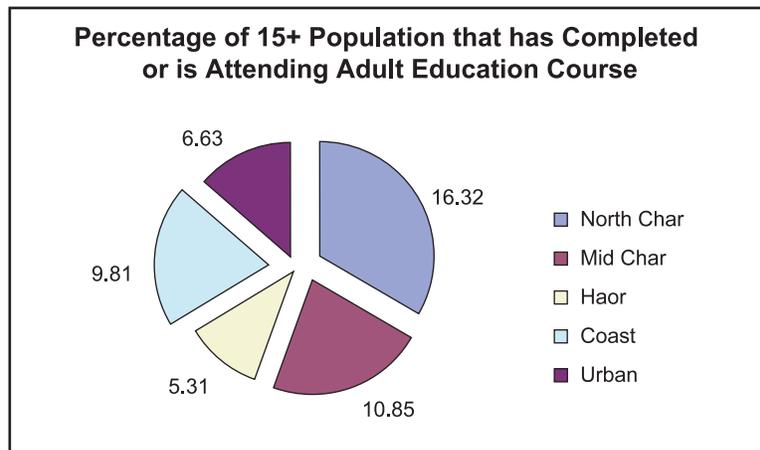


Figure 11: Status of Adult Education Among Those 15 and Older

In conclusion, access to quality education, or lack of it, has emerged as a major area of concern. At the same time, there is also the potential to make advances in this area. This will require sensitizing service providers (Department of Education) and governing institutions (Union *Parishads* and *Pourashavas*) to the needs of the residents of these remote areas. Due to factors mentioned earlier, a large number of parents are disinclined towards sending children to school. A lot of children are also not interested in attending school. These two factors also contribute to the dropout rate. Efforts will have to be made to make education more meaningful and relevant to the context of the people. A lot of children dropout or do not go to school because they can not identify with the curriculum and often parents do not see how such education will help their children earn a living. This will be especially important when SHOUHARDO designs its literacy, education (including adult education), vocational training, and life skills sub-components. There are, of course, economic constraints. Currently, it is envisioned that, the other interventions of the program will raise productivity and income levels of the beneficiary households and thereby ease the pressure on children to earn a living. Finally, a degree of flexibility in the timing of adult education and similar programs might help improve attendance and make them more effective. For instance, such programs could be organized around the time of monsoon when there is little work and people (in principle) have more time. Finally, the Haors emerge as the region of maximum concern.

7.0 WATER AND SANITATION

7.1 Sources of Water

Hand tube wells are observed to be the most important source of water for drinking, cooking and washing in rural as well as urban areas.

Regions	Hand tube well	Tara pump	Deep tube well, shallow tube well	Ring well/indira	Pond	River/canal	Supply water (piped)	Other
Drinking								
North Char	99.38	0	0	0.62	0	0	0	0
Mid Char	98.87	0.16	0.48	0.32	0	0.16	0	0
Haor	91.51	1.02	0.17	0.85	3.4	3.06	0	0
Coast	84.54	0.63	11.51	0	1.74	1.58	0	0
Rural	93.59	0.49	2.72	0.47	1.41	1.32	0	0
Urban	90.2	0.34	1.52	0	0.17	0	7.77	0
Rural + Urban	93.43	0.48	2.66	0.45	1.35	1.25	0.38	0
Cooking								
North Char	98.45	0	0	1.24	0	0.31	0	0
Mid Char	97.42	0.16	0.48	0.48	0.48	0.81	0	0.16
Haor	63.16	1.02	0.17	1.02	13.07	21.56	0	0
Coast	44.16	0.16	5.84	0.95	46.21	2.68	0	0
Rural	75.55	0.39	1.47	0.9	14.26	7.39	0	0.05
Urban	86.66	0.34	1.52	1.18	0.17	2.53	7.6	0
Rural + Urban	76.1	0.38	1.47	0.91	13.56	7.15	0.38	0.04
Washing								
North Char	85.74	0	0	1.24	2.48	10.39	0	0.16
Mid Char	89.21	0.16	0.48	0.16	2.09	7.73	0	0.16
Haor	33.96	0.68	0.17	1.36	27.67	36.16	0	0
Coast	24.61	0.16	2.68	1.58	67.19	3.79	0	0
Rural	57.61	0.28	0.78	1.05	24.23	15.97	0	0.08
Urban	79.73	0.34	1.52	1.69	4.05	6.25	6.42	0
Rural + Urban	58.71	0.29	0.81	1.08	23.23	15.49	0.32	0.07

Table 12: Sources of Water

Drinking water: The percentage of households using hand tube wells to obtain drinking water is lower in Coastal Areas and Urban Slums compared to the North Chars, Mid-Chars and Haor regions. In the coastal and urban regions, a second important source of drinking water is cited as shallow tube wells, both shallow and deep, in the coastal regions and piped water supply in the urban areas.

Cooking water: While hand tube wells are the major source of cooking water in the North and Mid Char regions, its importance is lower in the Haor region where ponds, rivers and canals are also named as quite important sources, and in the coastal region, where ponds are equally as important. In SHOUHARDO Urban Slums, hand tube wells are the predominant source of cooking water but it can be noted that approximately 9% of households use piped water as well.

Washing/Bathing: The importance of hand tubes diminishes as a source of water for washing and bathing; ponds, rivers and canals emerge as the primary sources of water for this use. In the Haors, ponds, rivers and canals are the most important sources of water for washing while in the Coastal Areas, ponds emerge as the major source of water for washing and bathing. The decline

in the relative importance of tube wells as the primary source of water over successive uses is presented in the chart below.

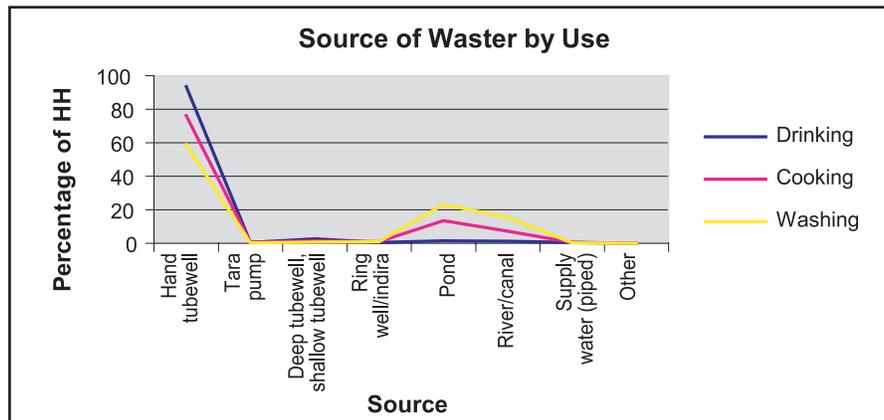


Figure 12: Relative Importance of Sources of Water

7.1.1 Water Sources: Distance and Accessibility

Overall, there are four important sources of water: hand tube wells, ponds, rivers and canals. In addition,, one could add piped water supply as a source of some importance in urban areas. The predominance of hand tube wells would suggest that the problems of water, should be related to the presence of arsenic in drinking water and the presence of water-borne diseases in bathing sources.. The program should focus on hand tube wells, how to keep them in working condition, and how to maintain their immediate surroundings.

The average distance to the primary sources of water is less than one kilometer for more than 97 percent of the households. Clearly, the availability of water is not a significant issue in SHOUHARDO program areas. For the above analysis, the uniformly high percentages for average distance and primary source of drinking water (in excess of 90 percent) preclude the necessity of disaggregating the data to analyze it further.

Presence of Arsenic in Water

As hand tube wells equipped with Tara pumps were the main sources of drinking water, SES asked respondents if the tube well had been tested for water quality. For those who responded positively, enumerators tried to ascertain if the source was arsenic free or not. Table 13 below shows the results.

Information on Arsenic in Tube Wells	Rural		Urban	
	No.	%	No.	%
Has the TW/Pump been tested				
Yes	883	35.5	113	19.1
No	1325	53.2	409	69.1
Do not know	227	9.1	38	6.4
N/A	54	2.2	32	5.4
If tested, does the TW/Pump have arsenic				
Yes	150	17.0	19	16.8
No	733	83.0	94	83.2

Table 13: Presence of Arsenic in Tube Wells

Only 9.1% of rural and 6.4 percent of urban households did not know if their tube well had been tested for arsenic or not. Of those who answered yes to the question (35.5 percent in rural areas and 19.1 in urban slums) only 17% in rural areas said that the source was arsenic free. The corresponding figure for urban slums was 16.8%. In all out of 996 rural and urban households that reported drawing water from tested tube wells only 169 or 17% said that the source was arsenic free. Overall, based on the findings, it appears only approximately 17% of the households surveyed have verified access to arsenic free water. Further investigation and testing is required.

7.2 Access, Type, Use and Conditions of Latrines

Approximately 84% of households in rural areas and 93% in urban slums have access to a latrine. Use of these latrines is less certain. For example, among those households that reported having children under 5 years of age, the disposal of child feces is mostly done outdoors (not in a latrine). This is a worrying trend and an indicator that perhaps latrines are not put to optimum use. This raises concerns about condition of latrines, reasons behind installing them, and hygienic conditions. Table 14 below shows some results pertaining to latrines.

HH access to latrine	Rural		Urban	
	No.	%	No.	%
Yes	2030	81.6	552	93.2
No	459	18.4	40	6.8
Disposal place of < 5 children feces				
Latrine	94	6.6	58	19.4
Outside	1334	93.4	241	80.6

Table 14: Access to Latrines

Type and Use of Latrines

Respondents were queried about the type of latrine used by different members of the household. Pit latrines (with cover) were observed to be the principal type in the North Char areas; hanging/open latrines were the most common type in the Mid Chars though ring slab/offset latrines (with water seal broken) and pit latrines (without cover) were also widely used. Hanging (open) latrines were the predominant type in the Haors and Coastal Areas. Ring slab/offset latrines were also popular in the Coastal Areas. Ring slab/offset latrines (water seal broken), pit latrines (with cover) and hanging/open latrines were the major types of latrines encountered in urban slums. In spite of latrines being available, children (5 to 15 years old) often used open spaces for defecation. This suggests a need for health and hygiene education for the people in the program areas. The use of latrines by age cohorts is detailed in the following table.

Age Cohorts	Ring slab/Offset latrine (water sealed)	Pit latrine (with cover)	Ring slab/Offset latrine (water seal broken)	Pit latrine (without cover)	Septic latrine	Hanging/open latrine	Locally made hygienic latrine	Open space
Rural								
Adult male	5.27	10.22	13.58	5.87	0.43	38.8	1.06	4.14
Adult female	5.75	10.32	14.47	6.24	0.43	40.94	1.24	3.84
Male child-5 to 15	3.7	5.17	7.43	3.16	0.31	22.3	0.63	5.51
Female child-5 to 15	3.21	4.52	7.37	2.74	0.33	20.08	0.56	3.71
Urban								
Adult male	14.53	16.89	26.01	5.74	8.95	11.99	1.35	0.84
Adult female	16.55	17.74	27.7	6.08	9.12	12.84	1.35	0.84
Male child-5 to 15	8.95	9.29	15.37	3.04	5.91	5.91	0.68	1.86
Female child-5 to 15	8.28	8.45	13.51	2.7	3.72	5.91	0.84	2.2

Table 15: Use of Different Latrines by Age Cohorts

Condition of Latrines

The enumerators observed the condition of respondents' latrines and recorded their impressions. Their observations for Mid Chars, Haors, and Coastal Areas were quite negative. The North Chars appeared to be doing better than the other regions in terms of cleanliness of latrines. But even for the North Chars, the statistics are quite dismal. There is an urgent need to inform people in these regions about the necessity to use sanitary latrines and to keep them suitable for use. Residents here do not seem to be aware of the necessity to maintain cleanliness of the latrines and their surrounding areas, and the necessity to replace broken water seals. Additional details are available in Table 16.

Regions	Suitable for use	Shows signs of use	Clean	Surrounding area clean	Water seal unbroken
North Char	38.29	51.32	18.14	20.62	3.72
Mid Char	33.98	75.04	11.43	11.76	5.48
Haor	17.15	92.36	6.62	4.41	2.38
Coast	51.42	90.38	14.67	18.61	7.89
Rural	33.59	78.95	12.02	12.8	4.72
Urban	57.26	90.88	22.13	21.11	20.1
Rural + Urban	34.76	79.54	12.52	13.22	5.48

Table 16: Condition of Latrines

Access to a toilet is a necessary but not a sufficient condition to ensure a hygienic environment. SHOUHARDO targeted households report a high access to toilet facilities but, as previously highlighted, that does not mean that the toilets are being used or maintained properly. One of the main focuses of the program should be to educate people in maintaining the latrines and its surroundings as also in the uses and benefits of doing so.

Region	Access to latrine	Suitable for use	Shows signs of use	Clean	Surrounding area clean	Water real unbroken
North Char	55.5	38.3	51.3	18.1	20.6	3.7
Mid Char	81.3	34.0	75.0	11.4	11.8	5.5
Haor	95.9	17.1	92.4	6.6	4.4	2.4
Coast	95.0	51.4	90.4	14.7	18.6	7.9
Rural	83.6	33.6	78.9	12.0	12.8	4.7
Urban	93.2	57.3	90.9	22.1	21.1	20.1
Rural + Urban	84.1	34.8	79.54	12.5	13.2	5.5

Table 17: Access to and State of Latrines of Respondent Households

Water and sanitation is an area of concern in SHOUHARDO communities. While access to water and latrines is, on the whole not alarming (even though there are regional differences), there are issues around quality of water, presence of arsenic in water, maintenance of toilets, use of toilets and toilet usage. These are the areas that the program will have to focus on in order to make a contribution to improvement in the hygienic environment and reduction in diseases. Success in these interventions will have consequences for health and hygiene of beneficiary population, morbidity rates, health expenses, productivity, and wages lost due to ill health.

7.3 Key Water and Sanitation Indicators

Table 18 highlights the differentiation by region of key water and sanitation indicators, such as arsenic free water and access to latrines.

Disaggregate	Test of TW/Pump for Arsenic		Presence of Arsenic		Access to Latrine	
	#	%	#	%	#	%
By Type of Area						
North Char	101	15.7	18	17.8	358	55.5
Mid Char	239	38.5	43	18.0	505	81.3
Haor	379	64.3	69	18.2	565	95.9
Coast	164	25.9	20	12.2	602	95.0
Rural	883	40.0	150	16.7	2030	83.6
Urban	113	19.1	19	16.8	552	93.2
Rural + Urban	996	39.0	169	16.7	2582	84.1
By Gender of HH (Rural)						
Male Headed	795	36.1	137	17.2	1816	82.4
Female Headed	88	30.8	13	14.8	214	74.8
By wealth category (Rural)						
Poor	606	36.6	98	16.2	1376	83.2
Extreme Poor	277	33.2	52	18.8	654	78.3

Table 18: Estimation of Key Water and Sanitation Indicators

Finally, there are also significant regional differences in availability of or access to latrines. The situation is quite problematic in the North Chars where only 56% of households have access to a latrine. Residents in the Mid Chars do not fare very well either. Urban slums residents report a significantly higher access to latrines.

8.0 OCCUPATIONS AND INCOME

Persons over 15 years old in the surveyed households were classified with respect to what they do.

8.1 Primary Occupations

Males

In rural areas, 47% of males are engaged in agricultural activities while 39% are engaged in income-earning, non-agricultural activities. The principal agricultural activity involves working as agricultural day laborers or as contract laborers. Farming on one's own land or on rented/mortgaged land or farming as a sharecropper is not common as most of the households do not own any cultivable land, and/or can not afford to rent or mortgage land. The highest prevalence of agricultural day laborers is in the North Chars. The principal non-agricultural activity for rural males is working as day laborers or as contract laborers. The highest prevalence is in the Mid Chars (20% of the 15+ population). Petty income generating activities and self-employment in business are also important non-agricultural pursuits for males in rural areas. Males in urban areas must rely on non-agricultural activities for gainful employment. Non-agricultural day labor or contract labor, petty business, rickshaw pulling, regular salaried employment in Government, NGO or other institutions or in fixed business establishments (shop, factory, hotel, etc.) and in transport sector (bus, truck, etc.) constitute the principal sources of employment.

Females

While 86% of rural males are gainfully employed, only 12% of rural females are gainfully employed. Approximately 5% work as agricultural or non-agricultural day laborers or contract laborers or as casual laborers; 1.6% of women are engaged in petty business or are self-employed in small income-generating activities; and 3.5% are engaged as maids. About 74% of the women are engaged in unpaid household work, receiving meals or food in compensation. In urban areas by contrast, about 26% of the women are gainfully employed as maids, day laborers, contract laborers or casual labor, in salaried employment or in petty IGA businesses. About 58% of urban females are engaged in 'unpaid' household work.

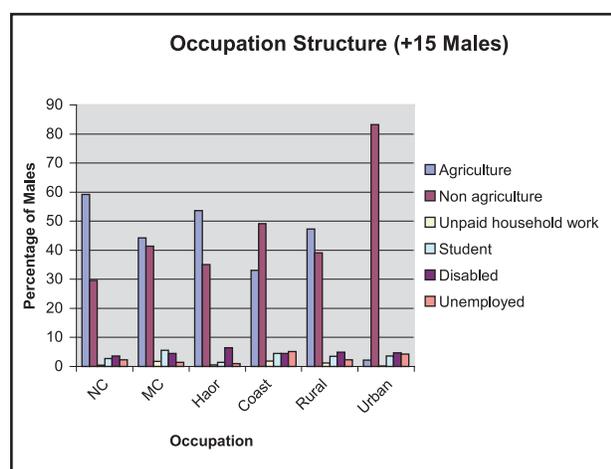


Figure 13: Primary Occupations-Males

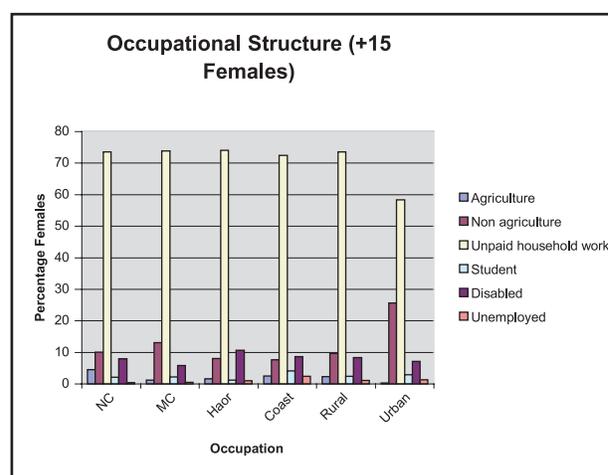


Figure 14: Primary Occupations-Females

The figures above show the gendered division of labor in the SHOUHARDO working areas. These figures are not significantly different from the rest of Bangladesh in form or content. It is only the extent of the lack of participation of women in income generating activities that raises concern. Any plans to increase household productivity in the program areas will have to consider new ways to increase the involvement of women in economic pursuits. Given the low social status of women and multiple (cultural and social) restrictions imposed on them, more in certain regions than in others, this may not be an easy task.

Occupations	Male						Female					
	Percentage of all 15+ males						Percentage of all 15+ females					
	NC	MC	Haor	Coast	Rural	Urban	NC	MC	Haor	Coast	Rural	Urban
Farming (on own land, or on rented in/mortgaged in land, or as sharecropper)	13.48	7.86	11.39	14.44	11.6	0.26	0.23	0.25	0.6	1.11	0.56	0.12
Agricultural day labor/contract labor	44.03	34.41	34.76	12.96	31.13	0.77	3.39	0.87	0.96	0.91	1.39	0.23
Fishing	1.67	1.55	7.24	5.69	4.35	0.9	0	0	0	0.2	0.05	0
Poultry and livestock rearing	0	0.39	0.24	0	0.17	0.26	0.9	0.12	0	0.3	0.28	0
Sub-Total: Agricultural activities	59.19	44.2	53.62	33.09	47.25	2.19	4.52	1.24	1.56	2.53	2.28	0.35
Non-agricultural day labor/contract labor	8.95	20.49	15.3	10.64	14.34	16	3.51	4.58	1.56	0.91	2.56	4.92
Casual labor	3.94	2.96	1.78	12.33	5.04	6.58	1.7	1.36	0.24	1.32	1.07	1.99
Regular salaried employment	2.03	3.74	6.29	10.64	5.88	16.77	0.23	1.24	1.2	0.51	0.85	5.63
Petty business and self employment in business	6.68	6.96	7.35	8.64	7.44	22.45	0.57	1.86	1.44	2.33	1.6	5.98
Business owner using hired labor	0.12	0.26	0.12	1.05	0.38	1.68	0	0.12	0	0	0.03	0
Paid "volunteers"	0	0.26	0.12	0.42	0.21	0.65	0.11	0.25	0	0	0.09	0
Rickshaw/rickshaw van puller	7.04	5.8	2.97	4.53	4.84	18.58	0	0	0	0	0	0
Boatman	0.48	0.77	1.19	0.63	0.81	0.13	0	0	0	0	0	0
Servant/ Maid	0.36	0.13	0	0.21	0.15	0.39	3.96	3.71	3.6	2.63	3.46	7.15
Sub-Total: Non-agricultural activities	29.59	41.37	35.11	49.1	39.09	83.23	10.07	13.12	8.04	7.69	9.66	25.67

Occupations	Male						Female					
	Percentage of all 15+ males						Percentage of all 15+ females					
	NC	MC	Haor	Coast	Rural	Urban	NC	MC	Haor	Coast	Rural	Urban
Unpaid household work	0.48	1.8	0.59	1.9	1.2	0.13	73.53	73.89	74.07	72.47	73.53	58.38
Unpaid family labor in some domestic income-earning activity	1.19	0.52	1.54	1.26	1.14	1.55	0.79	1.73	3.12	0.81	1.75	3.52
Student	2.74	5.54	1.42	4.43	3.47	3.61	2.15	2.23	1.2	4.15	2.37	2.93
Beggar	0.95	0.64	0.36	0.42	0.56	0.39	0.57	1.49	0.36	1.21	0.9	0.7
Disabled	3.58	4.51	6.41	4.53	4.93	4.65	7.92	5.82	10.68	8.7	8.4	7.15
Unemployed	2.27	1.42	0.95	5.16	2.33	4.26	0.45	0.5	0.96	2.43	1.1	1.29
Other	0	0	0	0.11	0.03	0	0	0	0	0	0	0
Total	100	100	100	100	100	100	100	100	100	100	100	100

Table 19: Occupational Structure - Male and Females

8.2 Income Generation

SES enumerators also quizzed households about income generating activities (IGA) to estimate monthly income, and instances of income earning opportunities. Though a number of different IGAs figured in the responses, there were only a few that were widespread or commonly listed. These are shown in Table 19. The findings confirm the occupational structure discussed above. There is a concentration of work force in low paying occupations that require low levels of skills and capital and report low levels of productivity. This is to be expected considering the (generally) low human, natural, physical, and financial capital base of the SHOUHARDO resource poor households. Engagement in low productivity, low income activities, which are often seasonal in nature accounts for low outcomes on various socio-economic indicators.

Income Generating Activity	Distribution	
	#	%
Agricultural day labor	1084	29.08
Business using hired labor	22	0.59
Paid volunteer	18	0.48
Rickshaw pulling	308	8.26
Boatman	37	0.99
Working as servant/maid	107	2.87
Begging	52	1.39
Remittance/gift	60	1.61
Student stipend	21	0.56
Other	328	8.80
Agricultural contract labor	107	2.87
Non agricultural day labor	491	13.17
Non agricultural contract labor	176	4.72
Casual labor	253	6.79
Regular salaried employment	85	2.28
Regular salaried employment in business/transport	127	3.41
Self employment in business/services	158	4.24
Petty business	294	7.89
Total	3728	100.00

Table 20: Respondents Reported Income Generating Activities

The survey also analyzed IGAs to see if there were any subtle distinctions among the disaggregation employed for this analysis. Agricultural day laborers show significant variation by region, by rural and urban and by gender of household. The difference by wealth categories is insignificant. The North Chars report the highest incidence of agricultural day laborers while Coastal Areas reveal the lowest incidence. Similarly, differences in the incidence of non-agricultural day laborers are significant among regions and by the gender of the household head.

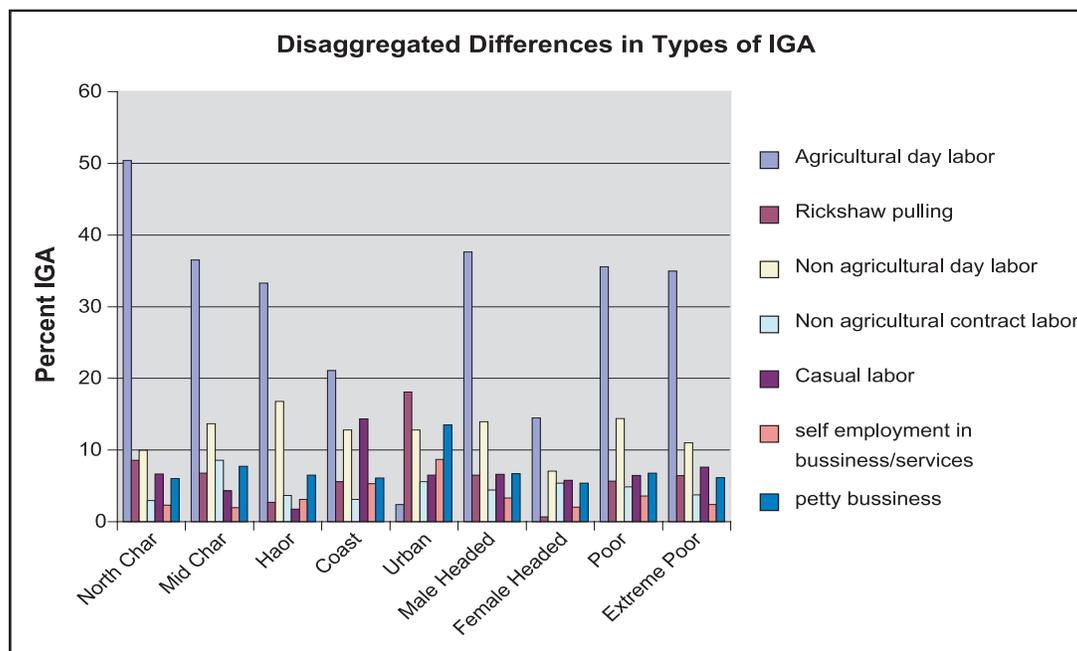


Figure 15: Disaggregated Differences in Types of IGAs

8.3 Occupational Diversification

The survey also attempted to calculate the mean number of occupations⁶ for beneficiary households from the information collected.

Disaggregate	No of IGA per HH	
	No	Mean
By Type of Area		
North Char	645	1.21
Mid Char	621	1.16
Haor	589	1.25
Coast	634	1.22
Rural	2489	1.2
Urban	592	1.2
Rural +Urban	3081	1.2
By Gender of HH (Rural)		
Male Headed	2203	1.23
Female Headed	286	1.04
By wealth category (Rural)		
Poor	1654	1.21
Extreme Poor	835	1.21

Table 21: Mean Number of Occupations of Respondents

⁶ If any household reported two or more members as being engaged in one occupation, we considered it one occupation and not more than one

The mean number of occupations for SHOUHARDO households is rather low. The mean number of occupations, as derived from the sample stands at 1.2. The only significant difference in the mean number of occupations is related to the gender of the household head. Female-headed households report a less diversified occupational portfolio than the male-headed households. This signifies limited opportunities and inability to take up what limited opportunities are available. Ultimately, the program will need to focus on livelihoods diversification to address the issue of seasonality in income and employment, exposure to risk, linkages to markets, restricted mobility of women, etc.

8.4 Household Income

There is a direct link between occupation and income. Any discussion on occupation is likely to conclude on income. By and large SHOUHARDO's resource poor households are engaged in low productivity, low wages occupation, which are often seasonal in nature. It should not be surprising then that SHOUHARDO households report very low monthly incomes. The monthly household income for SHOUHARDO households is much below the national average as reported by the Household Income Expenditure Survey (HIES) 2000. This confirms the analysis reported so far, which paints a picture of acute deprivation and underdevelopment. This also confirms that both geographical targeting and targeting at community level (informed by WBA) have been largely effective.

Disaggregate	Mean HH income per HH	
	#	Mean
By Type of Area		
North Char	645	1737.51
Mid Char	621	1652.12
Haor	589	2532.13
Coast	634	2521.44
Rural	2489	2126.1
Urban	592	2280.0
Rural +Urban	3081	2133.8
By Gender of HH (Rural)		
Male Headed	2203	2251.424
Female Headed	286	967.8217
By wealth category (Rural)		
Poor	1654	2271.079
Extreme Poor	835	1772.836

Table 22: Disaggregation of Income by Region, Wealth & Gender

There are significant differences among regions specific to incomes. As expected, Coastal Areas and the Haors report higher mean monthly income than the North Chars and the Mid Chars. The differences among regions are highly significant. Urban slums report marginally higher mean monthly income than rural areas. The differences in the mean monthly income are highly significant by the gender of the household head and wealth category. Female-headed households report mean monthly income below 1000 taka and are clearly the most vulnerable sub-group among SHOUHARDO beneficiaries. They will clearly need special attention from the program. Lastly, even though the differences in income among regions are significant, SHOUHARDO should be careful in taking them on face value. A higher cost of living and likely greater inequality in the Coastal Areas, for example, can erode most of the income differential that we see when comparing the SE Coastal Areas with the Chars.

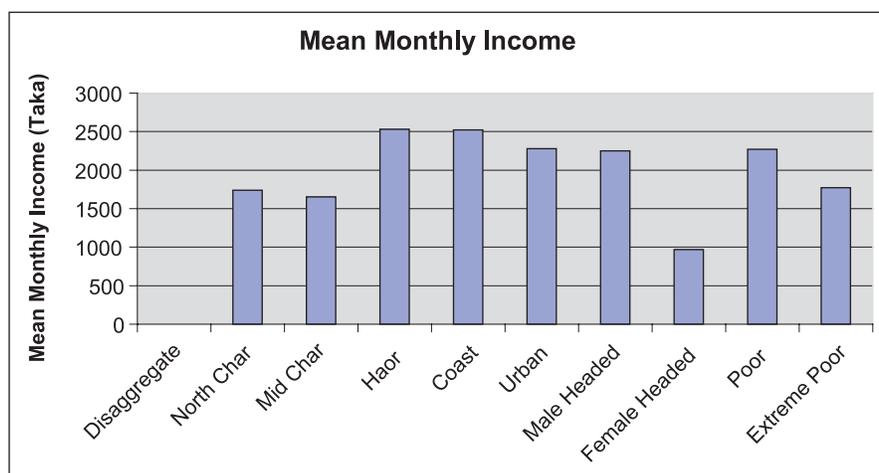


Figure 16: Mean Monthly Income (Household Value)

9.0 ASSETS

Survey results from SHOUHARDO beneficiaries indicate a very low asset base. Generally, lack of assets limits/restricts resource poor households productivity and accentuates their vulnerability to shocks and stresses.

9.1 Ownership of Different Categories of Land

The table below reports household ownership of specific categories of land. Land is a crucial asset. Evidence indicates that there is a strong correlation between ownership of land, especially agricultural land, and poverty, including food security.

Disaggregate	Household land	Homestead garden	Other homestead land	Pond	Agricultural land (own operation)	Agricultural land (share out/rent out/leased out)	Land mortgaged out	Other land owned
	%	%	%	%	%	%	%	%
By Type of Area								
North Char	48.37	37.67	25.43	2.17	14.73	1.55	3.26	2.33
Mid Char	62.96	34.94	32.69	1.45	8.21	1.45	2.25	1.45
Haor	79.63	46.35	32.77	5.09	11.04	1.70	7.13	2.72
Coast	66.88	46.53	15.46	20.98	7.57	1.74	1.89	0.47
Rural	66.00	41.47	27.48	7.00	10.21	1.60	3.84	1.79
Urban	23.60	10.10	7.10	1.70	1.40	1.00	1.20	1.90
Rural +Urban	63.90	39.91	26.47	6.73	9.77	1.57	3.70	1.79
By Gender of HH (Rural)								
Male Headed	65.41	42.94	27.55	8.03	11.21	1.32	3.86	1.68
Female Headed	54.20	28.67	17.83	3.15	4.20	3.85	1.40	2.10
By wealth category (Rural)								
Poor	67.65	45.53	28.72	9.37	12.58	1.63	4.29	2.00
Extreme Poor	57.13	32.93	21.92	3.71	6.11	1.56	2.16	1.20

Table 23: Ownership by Categories of Land

9.1.1 Three Vital Land Categories

The survey paid particular attention to three land categories of ownership - homestead land, homestead gardens, and agricultural lands. These three land categories are of interest to the program because they have implications for interventions in agriculture production and the overall well being (i.e. food security) of households.

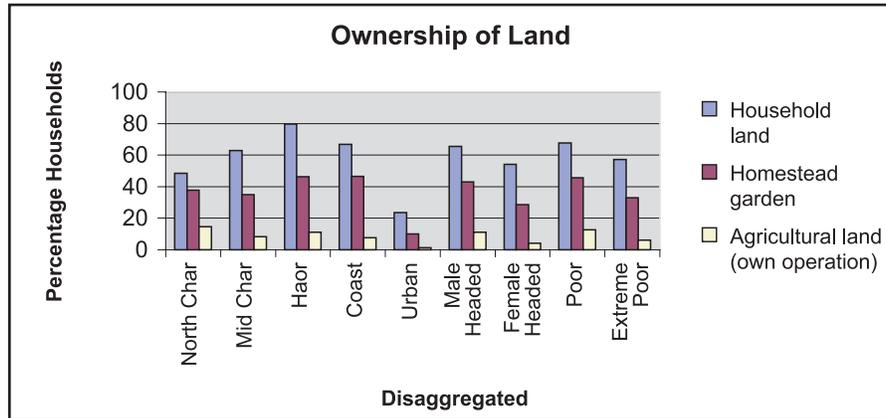


Figure 17: Ownership of Critical Categories of Land

There are significant differences across SHOUHARDO's regions in the ownership of homestead land, homestead garden, and agricultural land. Overall, the Chars report the lowest proportion of households that have their own homestead land and homestead gardens. There are also significant differences between rural and urban areas, between poor and extreme poor households and between male-headed and female-headed households. The proportion of households owning agricultural land is the highest for the North Chars.

The patterns of ownership of homestead land reflect the extreme deprivation of SHOUHARDO households. In rural Bangladesh, all but the poorest households have their own homestead land. Less than 64% of SHOUHARDO households have their own homestead. This is also indicative of the vulnerability of these households. Less than 40% of SHOUHARDO households have homestead gardens. The program has planned for a number of interventions around homestead gardening. However, if 60% of households do not have homestead gardens, gardening related interventions will need to be modified. The program could consider innovative ways to address this issue, such as bringing wasteland, common land, and roadside land under vegetable gardening. In addition, access to *khas* land will assume special significance. Only 9.77% of households reported having agricultural land. This puts limitations on the current extent to which agricultural interventions can benefit program beneficiaries.

9.1.2 Mean Size of Landholdings

The mean size of landholdings for the households that reported ownership of different categories of land is highlighted below.

Disaggregate	Household land	Homestead garden	Other homestead land	Pond	Agricultural land (own operation)	Agricultural land (share out/rent out/leased out)	Land mortgaged out	Other land owned
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
By Type of Area								
North Char	2.7	4.2	7.1	17.7	50.1	60.8	31.8	30.8
Mid Char	2.2	5.7	7.5	4.4	52.8	37.7	30.3	60.4
Haor	1.3	2.7	6.0	5.4	84.1	67.9	82.1	11.8
Coast	4.4	3.7	9.0	5.2	58.1	63.7	47.9	42.0
Rural	2.5	4.1	7.3	7.5	62.9	57.1	50.1	35.8
Urban	2.9	7.3	12.6	8.0	58.1	73.5	80.6	39.7
Rural +Urban	2.5	4.2	7.6	7.5	62.7	57.9	51.6	36.0
By Gender of HH (Rural)								
Male Headed	2.6	4.0	7.3	6.1	61.2	65.7	58.1	33.3
Female Headed	2.6	3.3	6.0	5.8	50.6	38.5	43.3	14.2
By wealth category (Rural)								
Poor	2.7	4.2	7.3	6.7	63.5	56.5	62.9	35.0
Extreme Poor	2.4	3.4	6.8	3.0	49.1	61.6	36.1	16.3

Table 24: Mean Size of Landholding (Households that Reported Having Land)

Overall, the mean size of landholding (for those who own land) is small for both homestead land and gardens. Coastal Area respondents report the highest mean size for homestead land while Mid Char residents cited the highest mean size for homestead gardens. The differences between poor and extreme poor and male and female-headed households are small but significant for homestead garden. Surprisingly, urban households report a much higher mean size for homestead gardens as well as for homestead land. These finding needs to be re-examined. As the percentage of households in urban slums reporting ownership of both categories of land is rather small (probably comprising the better-off households), it is quite possible that outliers introduce a positive bias in the overall estimates.

The mean survey size for the category 'other homestead land' is quite large across all categories of disaggregates. It is here that the program should explore the possibility of expanding homestead gardening. Any additional land brought under homestead gardening will seemingly have a positive impact on SHOUHARDO' s production and nutrition-related outputs. For this to happen, bringing additional land under homestead gardens will have to be demonstrated. The positive impact could mean more vegetables, better nutrition and/or extra income. These expected results will eventually require also linking households to markets, suppliers of inputs, extension services, etc.

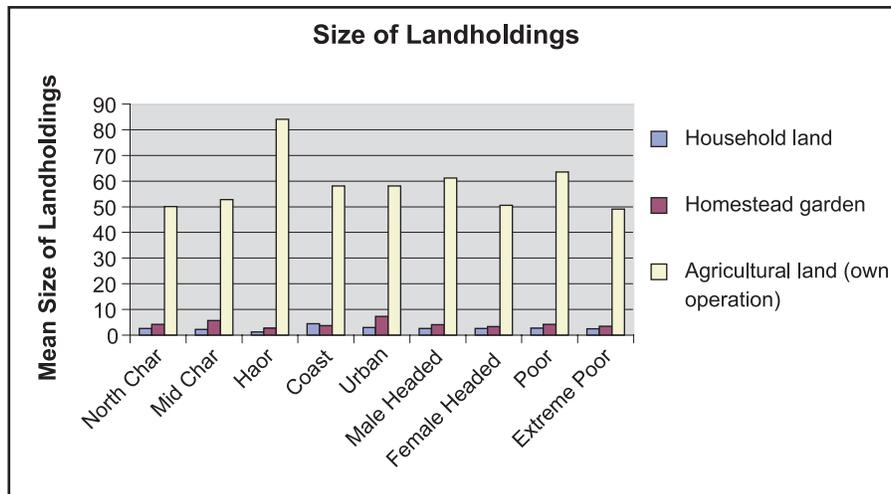


Figure 18: Mean Size for Important Categories of Land

9.1.3 Agricultural Land - An Area of Concern

The third category of land - agricultural land (under one's own operation) – the survey discovered findings that require further investigation. The mean size of landholding for the small percentage of respondents owning land is 62.7 decimals. It is 58 decimals for urban slums. These figures are very high, especially when one considers that it is poor and extreme poor households that the figures refer to. Close to 10% of the households report having land in this category. This percentage is quite close to the percentage of households that reported 12 months of food security. As previously mentioned, there is a strong correlation between land ownership and food security. It is unlikely that poor and extreme poor households will either report 12 months of food security or possess 60 decimals of land. It is quite possible that these households should not be included in either the poor or extreme poor category. It will be necessary to revisit these specific households and examine them in greater detail. It will also help to revisit the WBA process employed by CARE Bangladesh in selecting these particular beneficiary households.

9.2 Asset Value

The asset portfolio of households comprises a number of moveable and immovable assets. In addition there are also typically meager financial assets. The asset base of SHOUHARDO households is limited, as mentioned above, resulting in low productivity, low income, and chronic vulnerability. The mean asset value of households is presented in Table 25 below.

Disaggregate	# HH	Other fixed and movable assets	Total land value	Total Asset Value
	#	Mean	Mean	Mean
By Type of Area				
North Char	645	9630	12782	22413
Mid Char	621	11061	15147	26209
Haor	589	10696	23629	34325
Coast	634	13759	30789	44548
Rural	2489	11262	20684	31946
Urban	592	12333	18450	30784
Rural + Urban	3081	11315	20573	31888
By Gender of HH (Rural)				
Male Headed	2203	11913	21429	33342
Female Headed	286	6500	13568	20068
By wealth category (Rural)				
Poor	1654	13126	24970	38097
Extreme Poor	835	7656	11722	19379

Table 25: Mean Asset Value of Surveyed Households

Even though the total values of different categories of assets indicate low levels of ownership, there are significant regional differences.

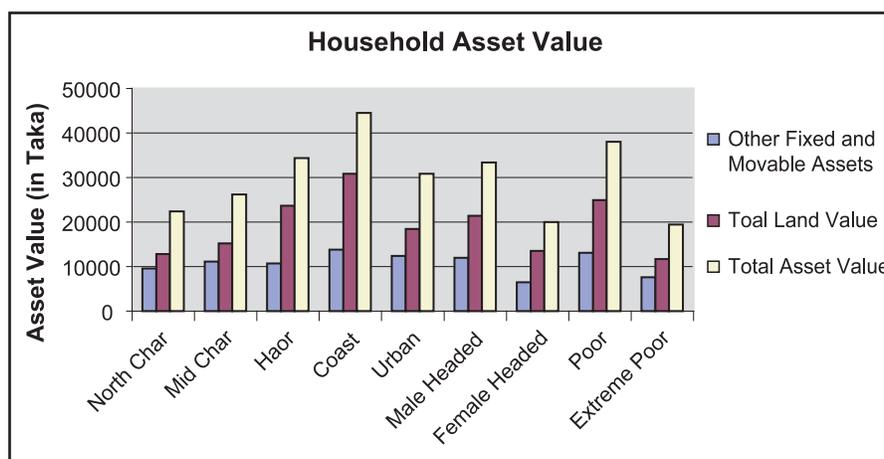


Figure 19: Mean Household Asset Values

There are also significant differences between rural and urban households, between male-headed and female-headed households, and between poor and extreme poor households.

Land accounts for 60% of the total asset value for beneficiaries. This includes all kinds of land, not only productive land. Thus, there is a disproportionate “asset” weight enjoyed by land ownership. This also underscores the fact that there is very little capital in the form of equipment, etc. Finally, the fact that households, which reported large values for land are most likely not the poorest and perhaps not even poor and extremely poor (and therefore not a part of the intended beneficiary population), the asset values, even at a very low level, are inflated. It may also reflect inclusion of non-poor in the target population. This is an aspect that the program must look into carefully. Inflated baseline value will lead to underestimation of impact in subsequent rounds of evaluation.

9.3 Savings

Respondents were interviewed on a list of financial assets and probed on those which they possessed, including values attributed to each of these assets. Not surprisingly, SHOUHARDO beneficiaries have limited financial assets.

Description of Assets	Rural			Urban		
	#	%	Amount	#	%	Amount
Cash in hand	1020	41.0	378	332	56.1	582
All types of savings certificates/shares/bonds	10	0.4	3590	4	0.7	750
Savings in Post Office/Bank	36	1.4	2379	16	2.7	32655
Savings in NGO <i>shamiti</i>	419	16.8	1085	192	32.4	1810
Savings in other <i>shamiti</i>	122	4.9	1167	77	13.0	1505
Insurance (premium paid)	31	1.2	3474	21	3.5	4637
Provident fund, gratuity etc. due now from employer/office	2	0.1	1600	0	0.0	0
Investment in other persons' business	4	0.2	1637	9	1.5	5100
Other	39	1.6	6505	16	2.7	8690

Table 26: Possession of Different Financial Assets

There is a near absence of formal/mainstream financial assets such as savings certificates, insurances, etc. implying that the target population and the working areas are not often linked to formal financial markets or services. The most important assets are highlighted and analyzed in detail below. Financial assets by and large are limited to cash in hand and savings in NGOs and *shamiti*. Even for these assets the mean amount is rather low.

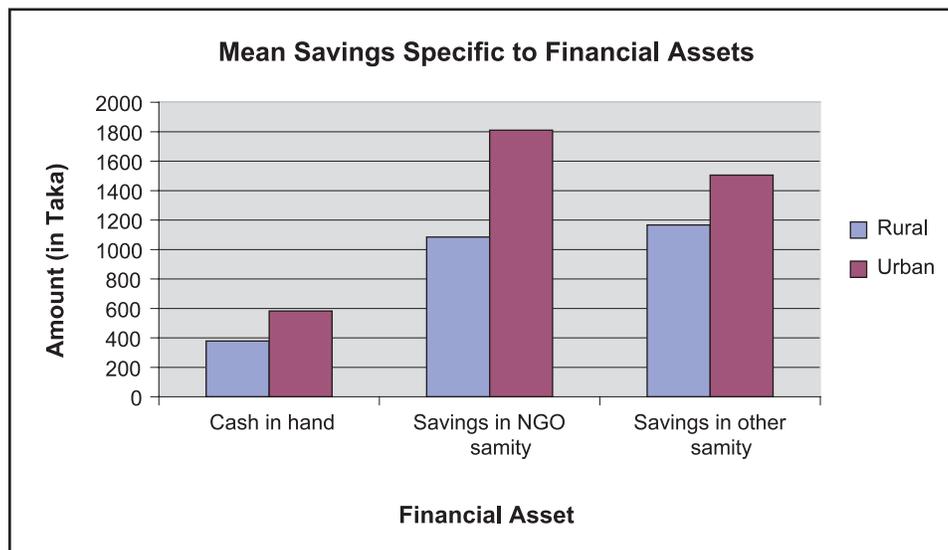


Figure 20: Mean Savings Specific to Financial Assets

Urban slums report a higher mean savings for all financial assets compared to rural areas. However, it is not clear if the difference is significant in real terms considering the differences in cost of living (higher in urban areas).

The North Chars and Haor appear to be better than other regions in variety of financial assets though the differences are slight. Male-headed households report a greater incidence of financial assets as compared to female-headed households. The mean savings for male-headed households is TK. 626 while for female-headed households this amount is TK. 336. Urban slums are better off than rural areas and poor households report greater accumulation of financial assets than the extreme poor households.

Disaggregate	% HH reported for cash in hand		% HH reported for Savings in NGO shamiti		% HH reported for Savings in other shamiti	
	#	%	#	%	#	%
By Type of Area						
North Char	307	47.6	120	18.6	37	5.7
Mid Char	226	36.4	139	22.4	31	5.0
Haor	281	47.7	68	11.5	24	4.1
Coast	206	32.5	92	14.5	30	4.7
Rural	1020	41.7	419	16.61	122	4.8
Urban	332	56.1	192	32.4	77	13.0
Rural + Urban	1352	42.41	611	17.81	199	5.2
By Gender of HH (Rural)						
Male Headed	947	43.0	391	17.7	114	5.2
Female Headed	73	25.5	28	9.8	8	2.8
By wealth category (Rural)						
Poor	726	43.9	296	17.9	89	5.4
Extreme Poor	294	35.2	123	14.7	33	4.0

Table 27: Types of Financial Assets

This is, in all probability, not only an indication of the well being of different type of households but also indicative of their inclusion or exclusion from NGO and other community savings/lending groups. Extreme poor and female-headed households are often bypassed by savings schemes of NGOs and community-based groups.

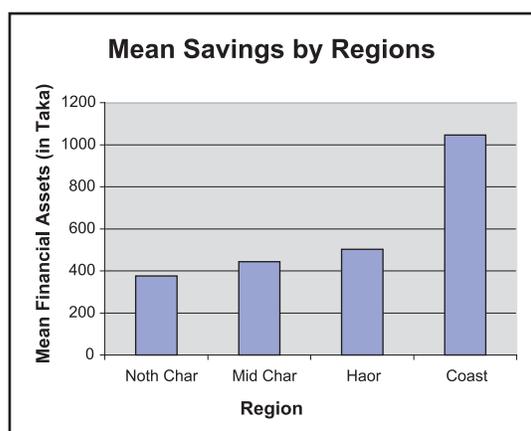


Figure 21: Mean Savings

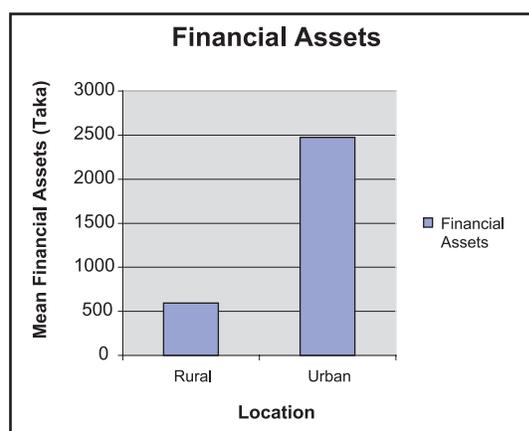


Figure 22: Mean Financial Assets

The differences in mean savings reported by rural-urban and regions are as varied and significant as is the difference in mean financial assets of the poor (TK. 707) and extremely poor households (TK. 367).

9.4 Financial Liabilities

Financial liabilities are reported by a large number of households across all regions and sub-groups. The most significant financial liabilities are loans from friends and relatives, loans from moneylenders, and credit purchase.

Description of Liabilities	Rural			Urban		
	#	%	Amount	#	%	Amount
Bank loan	180	7.2	9521	18	3.0	10306
NGO Shamiti loan	415	16.7	4879	198	33.4	6581
Other Shamiti loan	110	4.4	4263	61	10.3	6982
Loans from friends and relatives	734	29.5	5998	166	28.0	5012
Loans from moneylenders	911	36.6	6858	122	20.6	8256
Money borrowed against land or other assets	73	2.9	10256	10	1.7	3823
Credit purchase	1246	50.1	1138	276	46.6	856
Other	53	2.1	3943	17	2.9	3038

Table 28: Important Sources of Financial Liabilities

Table 28 suggests that NGO savings and credit groups are not very effective in the areas where SHOUHARDO is operational. In addition, there is a high degree of reliance on informal sources of credit. Moneylenders are also quite significant and given high interest rates that they charge, tend to negatively impact on the poor's ability to accumulate wealth. Credit purchase is also quite common in both rural and urban areas implying cash flow problems and seasonality of income. The incidence of financial liability to moneylenders, friends and relatives, and credit purchase shows some variation by desegregates as shown in the table below.

Disaggregate	% HH reported for Loans from friends and relatives		% HH reported for Loans from moneylenders		% HH reported for Credit purchase	
	#	%	#	%	#	%
By Type of Area						
North Char	206	31.9	217	33.6	354	54.9
Mid Char	151	24.3	227	36.6	256	41.2
Haor	161	27.3	328	55.7	286	48.6
Coast	216	34.1	139	21.9	350	55.2
Rural	734	28.86	911	38.53	1246	49.22
Urban	166	28.0	122	20.6	276	46.6
Rural +Urban	900	28.81	1033	37.64	1522	49.09
By Gender of HH (Rural)						
Male Headed	671	30.5	848	38.5	1144	51.9
Female Headed	63	22.0	63	22.0	102	35.7
By wealth category (Rural)						
Poor	521	31.5	612	37.0	872	52.7
Extreme Poor	213	25.5	299	35.8	374	44.8

Table 29: Incidence of Financial Liability by Important Sources

Table 29 reveals that incidence of borrowing from moneylenders is higher in rural areas than urban slums. It is the highest for the Haors and lowest for the SE Coastal Areas. Mean financial liabilities differ significantly by regions and by wealth category. The differences between rural and urban areas are not significant. Surprisingly, the incidence of financial liability and mean financial liability are lower for female-headed households and extreme poor households across all sources. The mean financial liability of male-headed households (TK. 7379) is significantly greater than the mean financial liability of female-headed households (TK. 3419). What does this imply? It is possible that these households do not have the same access to sources that could extend them loans. The charts below presents disaggregated financial liabilities by region.

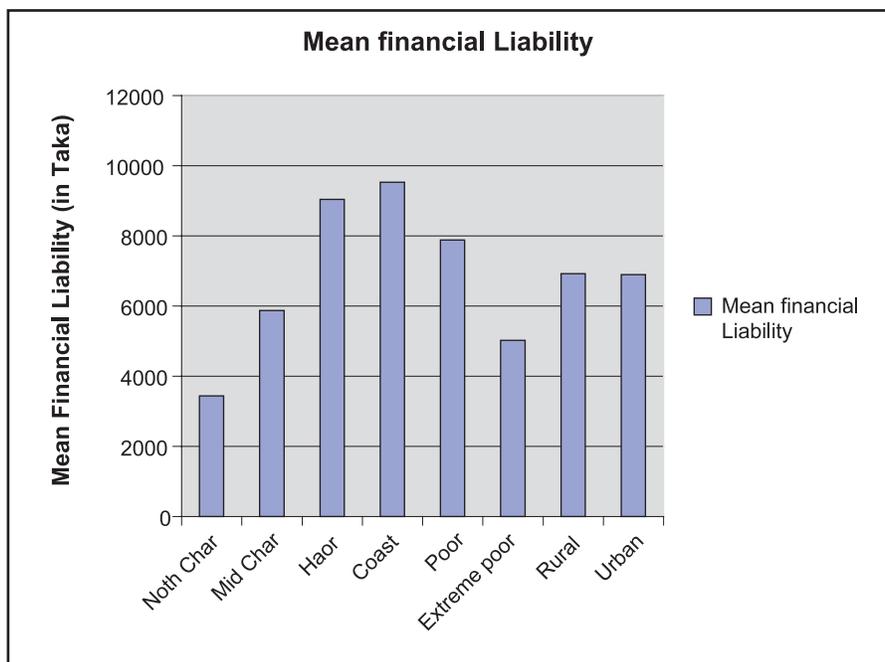


Figure 23: Mean Financial Liability

Overall, the Chars report the lowest financial liability while the Coastal Areas reveal the highest financial liability. The most striking feature about financial liabilities is that they far exceed financial assets or savings for all disaggregated categories. This is a worrisome trend as it heightens the vulnerability of beneficiaries and makes them susceptible to asset erosion (to repay liabilities) and various forms of exploitation including sale of advance labor and alienation.

10. HOMESTEAD PRODUCTION

10.1 Homestead Gardens

Earlier analysis has shown poor asset endowment of SHOUHARDO households, low level of awareness among residents and poor extension services. This is reflected in homestead production and agriculture. The percentage of households reporting homestead garden is rather low. The percentage reporting growing vegetables is even lower.

Disaggregate	HH cultivated vegetables	
	#	%
By Type of Area		
North Char	185	28.7
Mid Char	120	19.3
Haor	125	21.2
Coast	124	19.6
Rural	554	21.8
Urban	59	10.0
Rural + Urban	613	21.2
By Gender of HH (Rural)		
Male Headed	502	22.8
Female Headed	52	18.2
By wealth category (Rural)		
Poor	388	23.5
Extreme Poor	166	19.9

Table 30: Households Reporting Growing Vegetables on Homestead

There are significant differences among regions and between rural and urban households for proportions reporting growing vegetables on homestead. The North Chars reported the highest incidence of homestead gardening while the Coastal Areas reported the lowest incidence. As expected urban households report a far lower incidence of homestead gardening. The overall proportion of households reporting homestead gardening is rather low. Only 21.2% of households report homestead gardening.

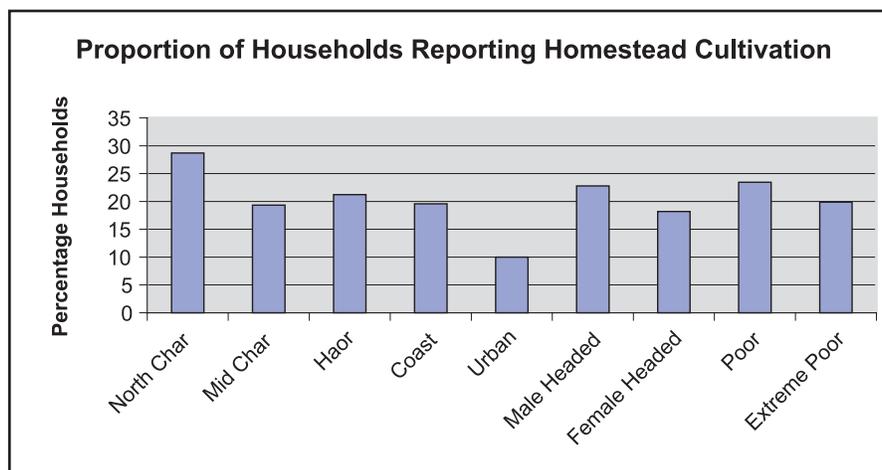


Figure 24: Households Reporting Growing Vegetables on Homestead

Adoption of improved homestead practices gives an idea of the level of awareness of the beneficiary households and the effectiveness of extension services. The analysis of practices employed by households to manage homestead gardens shows poor awareness and non-existent extension services.

Gardening practice	Gardening practice	
	% HH reported	No.
Improved bed system	2.1	66
Improved pit/heap systems	2.1	65
Quality seed	4.2	129
Organic fertilizer	17.5	539
Multi storied cropping	0.6	19
Relay cropping	1.2	37
Multiple cropping	0.7	23
Thinning	3.5	108
Pruning	1.7	51
Mulching	1.1	34
Bagging	0.6	19
Staking/sticking/trellis	4.9	151
Organic Pesticides.	4.6	141

Table 31: Good Homestead Gardening Practices Reported

Use of organic fertilizers and organic pesticides are the only positive practices that are reported by a small proportion of the households. Very few households report even basic practices such as improved bed system and multiple cropping. This finding suggests an urgent need for training and capacity building of households reporting homestead gardening. The primary responsibility to maintain homestead gardens is evenly shared by men, women, girls, and boys.

Disaggregate	Member primarily maintaining the garden			
	Adult male	Adult female	Girls	Boys
By Type of Area	%	%	%	%
North Char	27.2	38.0	41.7	0.0
Mid Char	21.6	26.6	8.3	75.0
Haor	21.0	22.6	33.3	0.0
Coast	30.2	12.8	16.7	25.0
Rural	24.4	24.6	24.3	26.5
Urban	13.3	84.1	1.8	0.9
Rural+ Urban	23.86	27.5	23.19	25.2
By Gender of HH (Rural)				
Male Headed	93.8	90.4	91.7	25.0
Female Headed	6.2	9.6	8.3	75.0
By wealth category (Rural)				
Poor	71.0	68.1	66.7	50.0
Extreme Poor	29.0	31.9	33.3	50.0

Table 32: Responsibility for Maintaining the Homestead

This is also a bit surprising. It is generally believed that the responsibility of taking care of homestead gardens falls disproportionately on women. This finding has implications for the manner in which SHOUHARDO will design its homestead gardening capacity building program.

10.2 Homestead Fruit Production

Homestead fruit production is reported by a rather low percentage of households.

Region	HH cultivated fruits	
By Type of Area	No.	%
North Char	224	34.7
Mid Char	227	36.6
Haor	161	27.3
Coast	202	31.9
Rural	814	32.4
Urban	159	26.9
Rural + Urban	973	32.1

Table 33: Homestead Fruit Cultivation

However, the proportion reporting fruit production on homestead is greater than the proportion reporting homestead vegetable cultivation. About 32% of households surveyed reported growing fruits on homestead. The most common fruits grown are banana, jackfruit, and papaya.

While fruits may be more common, good practices of fruit cultivation are as hard to come by as they are for homestead vegetable cultivation.

Practice for fruit tree	Practice	
	% HH reported	#
Chemical Fertilizer	1.1	34
Organic Fertilizer	5.2	159
Organic Pesticides/Use of nets, pest traps and similar pest deterrents.	0.7	22
Pollarding	0.8	25
Pruning	3.8	118
Air layering	0.2	7
Budding	0	0
Grafting	0.0	1
Inarching	2.0	63
Watering	6.9	212
Space planning	1.5	45

Table 34: Good Fruit Cultivation Practices Reported

Watering and use of organic fertilizers are the only two good practices reported by more than 5% of the households that reported growing fruits. Once again, this suggests low level of awareness and poor extension services.

10.3 Homestead Fish Cultivation

Very few households reported being involved in homestead fish cultivation. Most households are very poor and are unlikely to have access to ponds. Many don't even own homestead land. For those who do cultivate fish - telapia and silver carp are the most common fish varieties.

Disaggregate	HH fish cultivation	
	#	%
By Type of Area		
North Char	13	2.0
Mid Char	3	0.5
Haor	2	0.3
Coast	75	11.8
Rural	93	3.2
Urban	8	1.4
Rural + Urban	101	3.1
By Gender of HH (Rural)		
Male Headed	85	3.9
Female Headed	8	2.8
By wealth category (Rural)		
Poor	81	4.9
Extreme Poor	12	1.4

Table 35: Percentage of Households Reporting Homestead Fish Cultivation

10.4 Livestock Rearing

Livestock rearing is the most common of all homestead activities.

Disaggregate	Livestock rearing	
	No.	%
By Type of Area		
North Char	499	77.4
Mid Char	403	64.9
Haor	290	49.2
Coast	449	70.8
Rural	1641	63.9
Urban	208	35.1
Rural + Urban	1849	62.5
By Gender of HH (Rural)		
Male Headed	1479	67.1
Female Headed	162	56.6
By wealth category (Rural)		
Poor	1126	68.1
Extreme Poor	515	61.7

Table 36: Households Reporting Livestock Rearing

62.5 percent households cited rearing some kind of livestock (animal and poultry included). There are significant differences among regions and between sub-groups but the prevalence of livestock is high as compared to vegetable cultivation and fruit cultivation. This could be because of the fact that livestock (read poultry) requires little investment and effort and yields quick returns. It can also be sold easily for cash.

Type of Livestock	Livestock	
	% HH reported	Nos.
Cow	20.6	636
Goat	12.1	372
Broiler/chicken	48.7	1500
Duck	12.8	395

Table 37: Prevalence of Different Livestock

Poultry, as expected is the most common livestock. 48.7% and 12.8% households rear chicken and duck respectively. Generally, they are inexpensive to buy, easy to rear, grown fast, and occupy little space. They also can readily find a market. Cows and goats are also quite popular though, generally among the better off. The training program of SHOUHARDO that address livestock rearing should keep the common livestock in mind while designing the trainings.

As livestock rearing is quite common, households were asked which good livestock rearing practices they had adopted. Once again respondents reported a very low prevalence of good practices.

Poultry rearing practice	Poultry rearing	
	% HH reported	#
Improved breeding	0.7	23
Vaccination	4.9	152
Supplementary poultry feed	8.5	262
Improved breeding	0.3	9
Vaccination	3.9	119
Fattening	2.0	62
Artificial insemination	0.5	14
Supplementary livestock feed	6.8	209

Table 38: Incidence of Good Livestock Rearing Practices

10.5 Crop Production

The analysis of ownership of cultivatable land shows that very few households own agricultural land. However, a far greater proportion report growing crops.

Disaggregate	HH crop production	
	#	%
By Type of Area		
North Char	292	45.3
Mid Char	156	25.1
Haor	164	27.8
Coast	199	31.4
Rural	811	31.3
Urban	13	2.2
Rural + Urban	824	29.9
By Gender of HH (Rural)		
Male Headed	767	34.8
Female Headed	44	15.4
By wealth category (Rural)		
Poor	619	37.4
Extreme Poor	192	23.0

Table 39: Proportion of Households Growing Crops

Approximately 30% of households report growing crops. This percentage is highest for the North Chars and the SE Coastal Areas. There are significant differences among regions in incidence of crop production. There are also significant differences in the incidence of crop production for male-headed and female-headed household and poor and extreme poor households. Only 2.2% of urban households report growing crops.

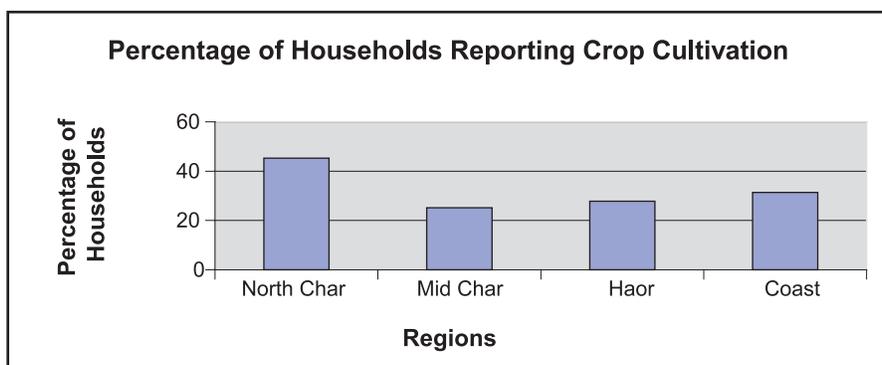


Figure 25: Households Reporting Crop Cultivation

When respondents were asked about good practices that they used for growing crops very few respondents reported having adopted good practices. However, the situation was better than in the case of livestock rearing, vegetable cultivation, fish rearing, and fruit cultivation. It appears that the diffusion of the good practices mentioned by respondents is attributed primarily to friends, relatives, and neighbors. Governmental and non-governmental extension services can take little credit for then results.

Crop production practice	Crop production	
	% HH reported	#
Use quality seed	5.2	160
Use 2-3 seedling per hill	9.2	282
Maintained spacing	6.8	211
Balanced fertilizer use	8.4	259
Green manuring	9.1	280
Irrigation	11.7	360
Weeds management	13.5	416
Organic Pesticides/Use of nets, pest traps and similar pest deterrents	3.5	109

Table 40: Good Practices Reported for Crop Cultivation

Weed management, irrigation, green manuring, and balanced seedling sowing are some of the more common good practices reported by respondents. An improvement in awareness of extension services could be very helpful in improving productivity, generating more employment, and addressing the problems of food insecurity. This will demand building the capacity of residents and making extension services responsive to the needs of the beneficiaries and accountable to them.

11.0 FOOD SECURITY

11.1 Months of Food Security

The food security situation in SHOUHARDO households is grim. The average number of months when households have sufficient food to eat stands at 5.2 months.

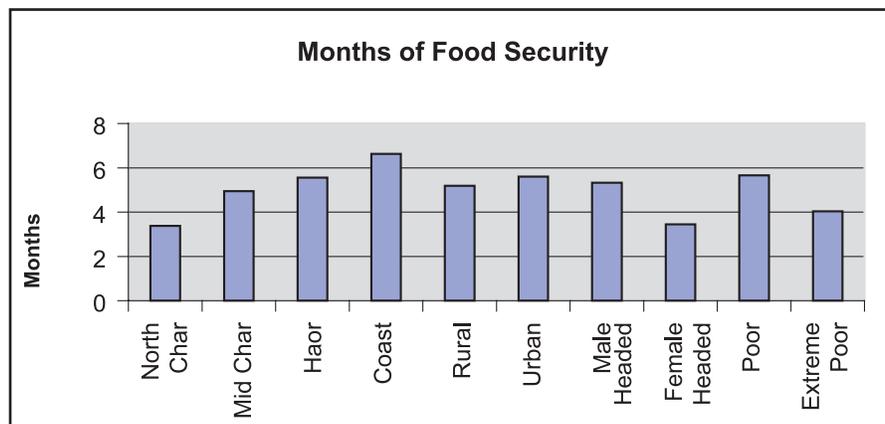


Figure 26: Months of Food Security for Surveyed Households

The differences among regions and between rural and urban households are significant (low level significance for latter). They are also significant for male and female-headed households and poor and extreme poor households. The details are presented in the table that follows.

Disaggregate	Food Security	
	No.	Mean
By Type of Area		
North Char	645	3.4
Mid Char	621	4.9
Haor	589	5.6
Coast	634	6.6
Rural	2489	5.2
Urban	592	5.6
Rural + Urban	3081	5.2
By Gender of HH (Rural)		
Male Headed	2203	5.3
Female Headed	286	3.4
By wealth category (Rural)		
Poor	1654	5.7
Extreme Poor	835	4.0

Table 41: Disaggregated Months of Food Security

The food security situation in the North Chars confirms, once again that this region is economically the most vulnerable of the SHOUHARDO operational areas. In addition, the food security situation of female-headed households and extreme poor households is significantly worse than the food security situation of male-headed and poor households.

In addition, in an effort to further analyze the situation, households were grouped by the number months of food insecurity that they reported. This helped differentiate further among the various sub-groups. This analysis confirms the precarious situation of households in the North Chars and female-headed households in particular. Figure 26 below presents this analysis.

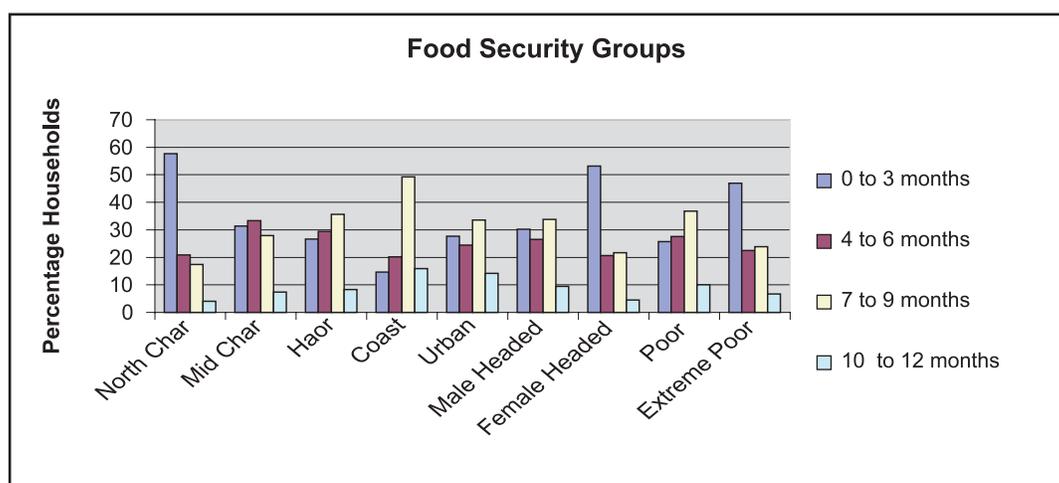


Figure 27: Food Security by Cohorts of Months

One of the surprising findings of this analysis is that for each disaggregated group there are households that report twelve months of food security. The percentage of such households is the highest for the Coastal Areas (15.9%) and Urban Slums (14.2%) and the lowest for the North Chars (4.0%) and female-headed households (4.5%). The differences in the percentages for this category reflect the regional and gendered differentials in well-being. However, for any of these categories, twelve months of food security should raise concerns about the effectiveness of WBA and subsequent targeting. Further analysis is required.

11.2 Dietary Diversity

Food security is not only a question of quantity of food but also of quality of food. A well balanced diet or the lack of it can make the vital difference between being nourished or malnourished. In order to ascertain the quality of food intake, the SES asked respondents to recall how many food groups they had consumed in the last 24 hours. There were 15 food groups in the list. A yes for any group was given a score of 1 and no a score of 0. A household could score between 0 (no food group consumed in last 24 hours) and 15 (all food groups consumed in the last 24 hours). A mean score of 7.5 would represent the beginning of a moderate balance in diet. Anything less than 7.5 would imply a poor diet. The results are shown in the table below.

There is a strong significant variation in the quality of food consumed by region and by rural and urban households. Respondents in the Mid Chars reported the lowest score while Coastal Area residents reported the highest scores. Extreme poor and female-headed households consumed poorly as compared to their male counterparts. Urban slums are significantly better than rural areas. However, the results should be interpreted cautiously. The question was posed to the male patriarch and was worded thus: “Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day or night. Did you or anyone else from your household eat food from any of the following groups?”

Disaggregate	Score of food consumption	
	#	Mean
By Type of Area		
North Char	645	4.7
Mid Char	621	4.4
Haor	589	5.3
Coast	634	5.6
Rural	2489	5.0
Urban	592	6.0
Rural + Urban	3081	5.1
By Gender of HH (Rural)		
Male Headed	2203	5.1
Female Headed	286	4.6
By wealth category (Rural)		
Poor	1654	5.1
Extreme Poor	835	4.8

Table 42: Number of Food Groups Consumed in the Last 24 Hours

It is most likely that to answer this question, the head of the household recalled (in complete detail) what he had eaten in the last twenty four hours. His food intake is most probably better than the rest of the household. Any estimation based on the recall of the male head will give an inflated value. Even so, with an overall mean of 5.1, SHOUHARDO households maintain very poor diets.

11.2.1 Common Food Groups

The survey also considered what food groups were common and which were not. The intention here was to provide an idea of likely deficiencies and the likely outcomes of these deficiencies. The program could then redesign activities/interventions that would focus on these deficiencies.

Food Group	Rural	Urban
	%	%
Cereals	99.52	100.00
Vegetables that are yellow or orange inside	6.47	6.93
White potatoes, white yams or other similar roots and tubers	29.65	68.75
Dark green, leafy vegetables	58.62	43.41
Other vegetables	85.86	92.40
Fruits that are yellow or orange inside	2.13	3.21
Other fruits	8.64	14.70
Meat	4.94	9.80
Eggs	8.32	15.37
Fresh or dried fish or shellfish	60.55	54.39
Legumes/pulses	16.19	35.30
Milk or Milk products	8.76	16.05
Foods prepared using fat	82.68	91.22
Sugar or honey	17.12	28.04
Others	11.85	25.17

Table 43 : Consumption of Different Food Groups

SHOUHARDO Urban Slum residents scored better than rural areas on almost all food groups. However, the most common food groups for the two often overlapped. These were cereals, dark green, leafy vegetables, fish or dried fish or shellfish. Urban slums respondents also reported a fair consumption of roots and tubers (potato, yam, etc.). Though Urban Slums residents cited “better” food consumption than people in the rural areas, both reported poor consumption of meat, eggs, fruits, milk and milk products, and yellow/orange vegetables. This would imply that the SHOUHARDO target population is probably deficient in all essential minerals, vitamins, calcium, and protein. They may derive some protein from fish but lack of minerals and vitamins may make assimilation of proteins difficult.

11.3 Expenditure on Food

Just as there is an element of seasonality in income, there is also an element of seasonality in consumption. Not surprisingly, in the months in which the households earn sufficient income, both the quantity and quality of food improves. This is reflected in the amount spent on food in months when households have enough to eat and amount spent on food in the months when households don’t have enough to eat. Enumerators also asked the respondents how much they spent on food

in the months in which they had enough to eat and how much they spent on food in the months when they did not have enough to eat. In the analysis in the table below, the number of months when households reported having adequate food and the number of months they reported not having enough food were calculated to derive an average monthly expenditure on food.

Disaggregate	Food expenditure monthly in month which HH enough to eat		Food expenditure monthly in month which HH do not have enough to eat		Average monthly expenditure on food
	#	Mean	#	Mean	Mean
By Type of Area					
North Char	645	1244	645	1071	1119
Mid Char	621	1436	621	1246	1324
Haor	589	1893	589	1812	1850
Coast	634	2299	634	1813	2082
Rural	2489	1726	2489	1507	1602
Urban	592	1952	592	1537	1730
Rural +Urban	3081	1737	3081	1509	1608
By Gender of HH (Rural)					
Male Headed	2203	1755	2203	1600	1669
Female Headed	286	1007	286	938	957
By wealth category (Rural)					
Poor	1654	1850	1654	1636	1737
Extreme Poor	835	1311	835	1303	1306

Table 44: Monthly Expenditure on Food

The analysis found significant differences in the expenditure of all disaggregates. There are wide differences among regions, and between wealth categories as well as male and female-headed households with regard to food expenditures. The North Chars report the lowest monthly expenditure on food. The food expenditure of female-headed households and extreme poor households is substantially low. There are also differences between rural areas and the urban areas. This confirms the vulnerability of households living in the North Chars and female-headed households. It also confirms, yet again, that residents in the Coastal Areas are economically more comfortable than the rest of the regions.

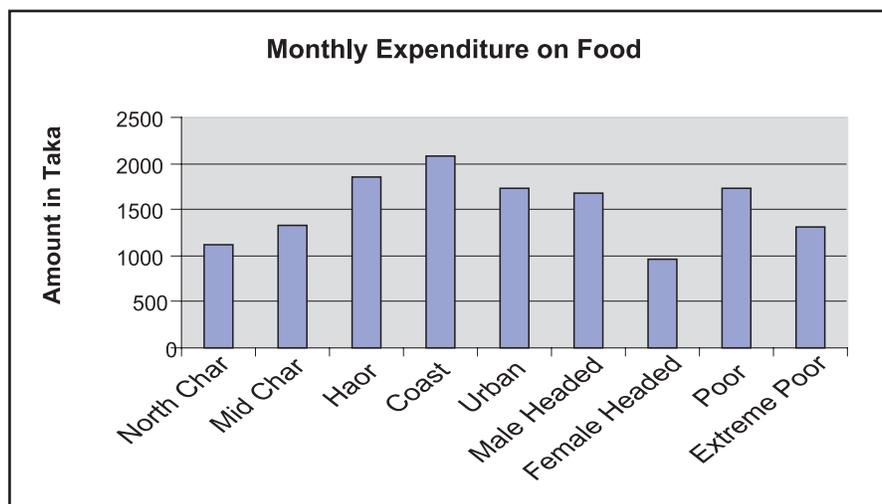


Figure 28: Mean Monthly Expenditure on Food

11.4 Temporal Trend in the Incidence of Food Insecurity

There is an element of seasonality in food security in both rural areas and urban areas of SHOUHARDO. This element of seasonality is less pronounced in the Urban Slums.

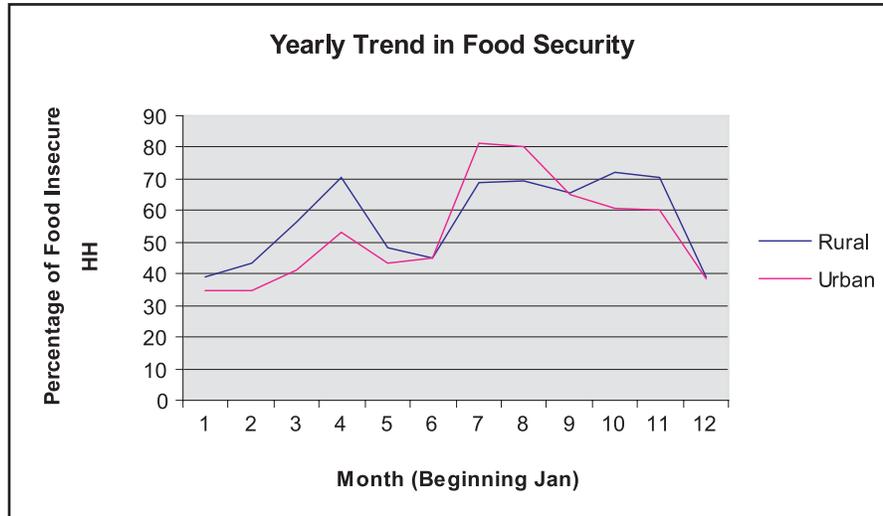


Figure 29: Monthly Incidence of Food Insecurity

The food security situation in rural areas begins to worsen after December and January when approximately 39% of households are food insecure. This trend continues to worsen typically until April when about 70% of households are food insecure. After the April harvest, the food security situation improves for the months of May and June but even in these months close to 50% of the households remain food insecure. There is yet another prolonged period of acute and widespread food insecurity beginning July and extending up to November when the percentage of food insecure households hovers in the vicinity of 70% again. The food insecurity trend in urban slums follows the trend witnessed in rural Bangladesh closely, though, as the figure above shows, there is not an exact overlap between the two. Food insecurity in Urban Slums is not so widespread as in rural areas except in July and August when over 80% of the households are food insecure. The temporal incidence of food insecurity could help us understand the patterns in and the causes of food insecurity. For instance, it is surprising that even months, which report a high degree of food security in Bangladesh (post harvest) are not months of comfort for SHOUHARDO areas.

11.4.1 Intensity of Food Insecurity

Disaggregate	Skip entire meals due to scarcity of food		Personally eat less food in a meal due to scarcity of food		Stored food run out and there was more no money to buy more that day		Purchased food on credit from a local shop
	Often ⁷	Mostly	Often	Mostly	Often	Mostly	Often
By Type of Area							
North Char	26.51	5.58	41.09	15.04	41.71	22.64	33.33
Mid Char	23.19	2.09	43.80	8.21	46.70	12.56	37.68
Haor	18.68	4.24	38.20	19.19	39.73	22.07	36.16
Coast	23.50	6.31	34.38	13.56	37.70	20.66	34.07
Rural	22.55	4.36	39.50	14.05	41.62	19.21	35.56
Urban	20.80	4.70	31.10	11.10	39.00	15.00	29.20
Rural +Urban	22.46	4.38	39.08	13.90	41.50	19.00	35.24
By Gender of HH (Rural)							
Male Headed	21.33	3.59	37.24	12.07	41.26	17.43	36.09
Female Headed	36.36	12.24	43.59	28.32	43.01	35.31	29.02
By wealth category (Rural)							
Poor	20.56	3.02	40.75	10.82	40.75	15.36	36.09
Extreme Poor	28.02	7.66	42.87	20.12	42.87	27.66	33.65

Table 45: Intensity of Food Security

Lastly, in our analysis of the prevailing food security situation, the survey examined the intensity of food insecurity for the poorest households the year round. The households were presented a set of questions to determine how intense their food shortage was and also understand their coping strategies. Of the ten questions in this section the analysis of four questions is presented here.

Table 45 suggests that year round acute food scarcity affects at least 4.36% of the households in the rural area, 4.78% of the households in urban slums (households that skip entire meals on most days/weeks). Surprisingly, at 6.31%, acute food shortage is the highest for the Coastal Areas. There are significant differences among regions and between male-headed and female-headed households. There are also significant differences between poor and extreme poor households. Approximately 12.25% of female headed households suffer year round acute food insecurity, the highest incidence for any beneficiary sub-group. Even though female-headed households report the highest incidence of year round food shortage, they also report less purchase on credit than male-headed households. The extreme poor also report less purchases on credit. Decision not to purchase on credit, either because of lack of ability to repay or because of lack of access to such credit implies that the extreme poor and the female-headed households are again more vulnerable than the other sub-groups.

⁷ Often implies "a few times each month while mostly implies "most days/weeks"

11.5 Food Security and Other Correlates of Poverty

Food security, or the lack of it, is a highly effective correlate of poverty. Table 46 below examines these other correlates and compares them with the findings on food security.

Disaggregate	Grouped Food Security			
	Any resident member migrate out	HH member sell advance labor	HH member take interest bearing loan	HH member engaged in food for work
	%	%	%	%
By Type of Area				
North Char	55.66	11.63	51.01	5.43
Mid Char	38.81	9.34	44.93	3.54
Haor	50.59	20.03	63.50	3.74
Coast	32.18	22.56	35.80	4.10
Rural	44.24	15.93	49.73	4.10
Urban	16.20	4.40	31.40	0.07
Rural +Urban	42.85	15.36	48.82	3.90
By Gender of HH (Rural)				
Male Headed	46.89	16.61	50.89	4.22
Female Headed	24.13	9.79	30.77	4.20
By wealth category (Rural)				
Poor	45.77	15.84	49.88	4.29
Extreme Poor	41.32	15.81	45.99	4.07

Table 46: Correlates of Poverty

Examination of four other correlates of poverty, detailed in the table presented above substantiates the findings of the food security analysis. While the North Chars, in keeping with earlier poor outcomes on poverty correlates reports the highest prevalence of out migration, at an overall rate of 42.85%, it is very high for all SHOUHARDO regions. Overall, there are significant differences among regions. Extreme poor households and female-headed households report markedly lower rates of migration as compared to poor and female-headed households. This is not a surprising finding, considering the fact that any migration requires some social and economic capital. The extreme poor and female-headed households have very little of both. Similarly 15.36% of the households reported selling labor in advance. As their own physical labor is often the only asset that the poor have, advance sale of labor, often in dire circumstances, and at highly unfavorable terms, is akin to distress sale of assets. Surprisingly, residents of the Coastal Areas report the highest prevalence of advance sales of labor, hinting once again, at significant inequality in the SE Coastal Areas. The differences among regions are again significant. They are also significant for rural and urban households as well as for male-headed and female-headed households. The differences between wealth categories are not significant. There is a very high prevalence of interest bearing loans, often a cause of chronic indebtedness. Finally, even though the rate of participation in food for work programs is low, it is not so much an indication of well being as of, economic stagnation, poor capacity and reach of state and non-state actors, and the absence of safety nets and social protection mechanisms.

12. CRISIS AND COPING MECHANISMS

What is a crisis? A crisis is a shock (anticipated or otherwise) that aggravates a household's livelihood security. Shocks may take many forms; a natural disaster, like a flood, may destroy assets and displace household members; an economic shock such as the illness or death of a productive member will impact earning potential, etc. The poor are most susceptible to shocks as they often lack resources and ability to cope with them.

12.1 Common Crises

SHOUHARDO beneficiaries report a high incidence of crisis situations. 64.5% of rural and 58.4% of urban households reported crisis situations in the last year. Though a number of different crises were reported, illness and flood were reported as the most significant. Specific details are listed in Table 47 below.

Type of Crisis Event	Rural		Urban	
	No.	%	No.	%
	1605	64.5	346	58.40
Flood: Flash/monsoon	560	22.5	131	22.1
Drought	50	2	5	0.8
Tidal surge/ cyclone/landslide/ river bank erosion/mound erosion	207	8.3	6	1.0
Salinity	23	0.9	1	0.2
Poor harvest	106	4.3	2	0.3
Food shortage	232	9.3	45	7.6
Illness	934	37.5	231	39
Death of household member/ income earner	51	2	11	1.9
Divorce/ separation/ abandonment	20	0.8	3	0.5
Victim of crime: theft/ torture/ trafficking/ other	25	1	12	2
Loss of assets: land/ livestock/ other	39	1.6	5	0.8
Dowry / Wedding costs	54	2.2	12	2
Involvement in lawsuit/ arbitration	38	1.5	11	1.9
Irregular remittance/ loss of job	3	0.1	2	0.3
Other crisis	32	1.3	11	1.9

Table 47: Common Crisis Among SHOUHARDO Target Population

Illness was the most common and widespread crisis households experienced. Illness was reported by approximately 38% of the sample households. Other unexpected emergencies reported by respondents included: flood, food shortage, and tidal surges. Incidence of some crisis, such as floods, seems to have a geographical concentration. The North Chars and Mid Chars reported a far greater incidence of flood related emergencies than the Coastal Areas or Haors. Other crisis such as food shortage and illness are, by and large, uniformly spread across the regions. The number of households reporting incidence of food shortages is rather small, compared to the more specific findings on food security. This may be a function of severity and perspective – unfortunately, food shortage is a regular, predicable occurrence that (from a poor household's perspective) is less a shock than say an illness or a flood, which is irregularly experienced.

Even though crises are widespread, there are differences in incidence of calamities by regions and participant sub-groups. Among regions, the North Chars reported the highest incidence of crises. Surprisingly, the incidence of crises is marginally higher for male-headed households as compared

to female-headed households and for poor households as compared to extremely poor households. There is no apparent reason for this counterintuitive result but it may be possible that as the definition of crisis is subjective. It appears the more vulnerable (female-headed and extreme poor households) employ a more stringent definition to define a crisis situation. Survey details are provided in the following table.

Disaggregate	% HH reported any crisis	
	#	%
By Type of Area		
North Char	492	76.3
Mid Char	381	61.4
Haor	335	56.9
Coast	397	62.6
Rural	1605	65.3
Urban	346	58.4
Rural +Urban	1951	64.07
By Gender of HH (Rural)		
Male Headed	1430	64.9
Female Headed	175	61.2
By wealth category (Rural)		
Poor	1094	66.1
Extreme Poor	511	61.2

Table 48: Incidence of Crisis

12.2 Coping Strategies

An examination of the coping strategies for the three most common crises - illness, floods, and food shortage - reveals two important coping strategies. The first involves taking loans from friends and relatives and the second relates to taking loans from moneylenders. The reliance on borrowing from friends and relatives is greater for crises that are idiosyncratic such as illnesses. However, this coping strategy becomes less important in the case of rapid-onset disasters such as floods. In these situations it is difficult for better off friends and relatives to lend money to their poorer ones, as they themselves would be affected by the same shock. Table 49 on the next page gives the details of the analysis.

One striking feature of the coping strategies is near absence of respondents mentioning governmental or non-governmental aid/support to cope with a crisis. Only 2.5% of the households who reported experiencing flood related shocks also reported receiving help from government or NGOs. This percentage was 2.4% for the households affected by cyclones. This is probably due to the poor reach and capacity of both governmental and non-governmental organizations. The absence of formal support mechanisms has magnified the vulnerability SHOUHARDO beneficiary households to crisis situations. Even the extension of NGO loans to tide over a crisis is reported by a very small percentage of households suffering shocks. This reflects both on the limited presence of NGOs as well as their stringent lending and repayment rules.

In conclusion, the sample households have no reliable coping mechanisms. Credit helps them tide over a crisis situation but often becomes the source of exploitation and prevents them from developing any asset protection. In fact, more often than not, repayment of loans leads to further erosion of asset base.

Strategies	Coping strategies for flood only those HH that suffered flood				Coping strategies for Illness				Coping strategies for tidal surge/cyclone			
	Rural		Urban		Rural		Urban		Rural		Urban	
	#	%	#	%	#	%	#	%	#	%	#	%
Whole family migrated temporarily	118	21.1	44	33.6	2	0.2	1	0.4	26	12.6	0	0.0
Men migrated temporarily	6	1.1	1	0.8	0	0.0	0	0.0	14	6.8	1	16.7
Women migrated temporarily	6	1.1	3	2.3	0	0.0	1	0.4	5	2.4	0	0.0
Boys migrated temporarily	2	0.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Girls migrated temporarily	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Family member migrated temporarily to find work	7	1.3	0	0.0	2	0.2	0	0.0	0	0.0	0	0.0
Household members migrated permanent	4	0.7	0	0.0	0	0.0	0	0.0	13	6.3	0	0.0
Sold labor service in advanced	2	0.4	0	0.0	12	1.3	3	1.3	0	0.0	0	0.0
Borrowed from family or friends	130	23.2	28	21.4	408	43.7	96	41.6	44	21.3	3	50.0
Borrowed from NGO	13	2.3	5	3.8	37	4.0	28	12.1	4	1.9	0	0.0
Borrowed from moneylender	93	16.6	6	4.6	255	27.3	28	12.1	47	22.7	2	33.3
Sold crop in advance of harvest	3	0.5	0	0.0	5	0.5	0	0.0	0	0.0	0	0.0
Used household savings	34	6.1	10	7.6	83	8.9	37	16.0	14	6.8	0	0.0
Sold animals	18	3.2	2	1.5	37	4.0	3	1.3	5	2.4	0	0.0
Pledged land	2	0.4	0	0.0	11	1.2	1	0.4	0	0.0	0	0.0
Sold land	2	0.4	0	0.0	10	1.1	1	0.4	0	0.0	0	0.0
Sold any household items	0	0.0	4	3.1	9	1.0	4	1.7	1	0.5	0	0.0
Temporary job	1	0.2	0	0.0	2	0.2	0	0.0	2	1.0	0	0.0
Received assistance from government or NGO	14	2.5	5	3.8	2	0.2	0	0.0	5	2.4	0	0.0
Other	104	18.6	23	17.6	59	6.3	28	12.1	27	13.0	0	0.0

Table 49: Common Crises and Coping Strategies

12.3 Asset Erosion

The survey also examined households that reported having sold assets to tide over a crisis or lost assets to a catastrophe. These households are usually, socially and economically, the most at-risk. Not only are they more likely to suffer shocks, they have relatively limited access to credit, which results in sale of assets, productive and non-productive, to overcome a crisis. This further brings down the productivity of these households and exposes them to future crisis situations. 359 households or 11.65% of the households reported having sold or lost assets as a result of a crisis. This is a very high percentage and obviously reflects on absence of effective safety nets.

Disaggregate	% HH sell or lose any assets/livestock	
	#	%
By Type of Area		
North Char	170	26.4
Mid Char	54	8.7
Haor	56	9.5
Coast	30	4.7
Rural		
Urban	49	8.3
Rural + Urban		
By Gender of HH (Rural)		
Male Headed	286	13.0
Female Headed	24	8.4
By wealth category (Rural)		
Poor	214	12.9
Extreme Poor	96	11.5

Table 50: Households Reporting Selling Assets to Cope with a Crisis

The incidence of asset attrition is marginally lower for female-headed households as compared to male-headed households. Could it be because even among the poor the female-headed households are the most deprived and therefore have little to sell? This issue will be examined further in greater detail. Overall,, the most interesting finding concerns the figure that 26.4% of the households from the North Chars reported selling or losing assets during a crisis.

12.4 Disaster Preparedness - Early Warning

Finally, the survey examined humanitarian assistance and disaster response of government and non-governmental institutions. Alacrity of state and non-state actors to increase the lead-time to prepare for a disaster could substantially reduce loss of life and property. Often only a few hours lead-time would give households sufficient time to move themselves and essential belongings to safer areas or shelters. The other issue is of post-disaster assistance and relief operations to help affected groups cope with a crisis and recover from it. A preliminary analysis of the dataset shows that early warning systems and post-disaster relief mechanisms are either non-existent or weak and ineffective in SHOUHARDO operational areas. The table that follows shows that there are significant differences in the incidence of disaster in the various regions. In any case, it would appear that an early warning system with respect to cyclones is far more effective than the one for floods.

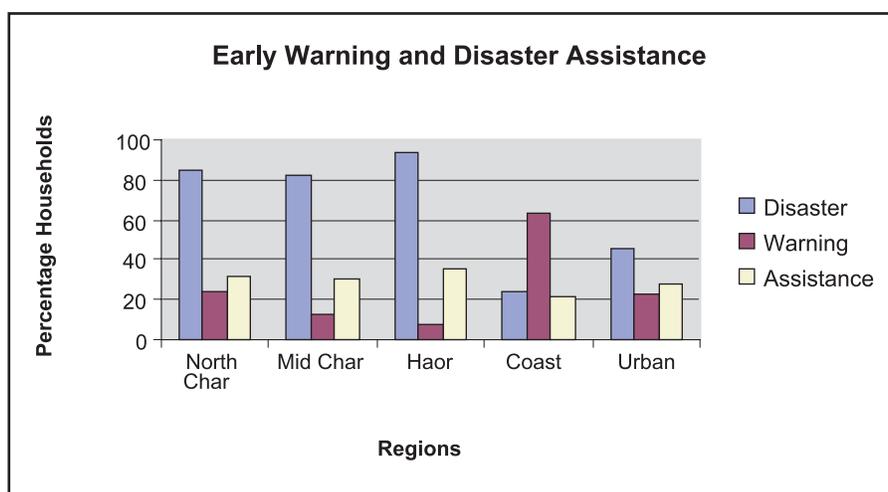


Figure 30: Early Warning and Disaster Assistance

Regional differences in access to radio and television could also make a difference in access to early warning on natural disaster. Given the overall incidence of disaster, whereby close to 72% of the households report suffering from a disaster, the percentage receiving early warning is rather low. Once again the regional differences are significant. The Coastal Area reports an impressive figure on dissemination of early warning to cyclones. The Haors fare the worst. The differences between male-headed and female-headed and poor and extreme poor households are small and insignificant yet counterintuitive. On the whole, only, with the exception of Coastal Areas, in no region did even 25% of the households that were affected by disaster report having received early warning from any source.

Disaggregate	% HH experience disaster		% HH received early warning before disaster		% HH move outside of home		% HH received any assistance	
	#	%	#	%	#	%	#	%
By Type of Area								
North Char	543	84.2	132	24.3	221	40.7	172	31.7
Mid Char	511	82.3	63	12.3	244	47.7	153	29.9
Haor	554	94.1	45	8.1	250	45.1	196	35.4
Coast	156	24.6	98	62.8	54	34.6	33	21.2
Rural								
Urban	272	45.9	62	22.8	128	47.1	76	27.9
Rural + Urban								
By Gender of HH (Rural)								
Male Headed	1579	71.7	303	19.2	691	43.8	506	32.0
Female Headed	185	64.7	35	18.9	78	42.2	48	25.9
By wealth category (Rural)								
Poor	1153	69.7	217	18.8	502	43.5	348	30.2
Extreme Poor	611	73.2	121	19.8	267	43.7	206	33.7

Table 51: Key Disaster Preparedness and Response Indicators

Sources of Early Warning

Friends and neighbors, and radio and television were the most important sources of early warning among those who reported having received an early warning of an impending disaster. It is more than likely that friends and relatives also received information from television and radio. In balance, radio and television are the only sources of early warning in SHOUHARDO areas. Both governmental (including local government bodies, such as UP) and NGO are conspicuous by their near absence among sources of dissemination. The table below presents the summary findings.

Source of getting early warning	Rural		Urban	
	#	%	#	%
No service	1426	80.84	210	77.21
CPP volunteers	32	1.81	2	0.74
Friend and neighbor	107	6.07	21	7.72
Radio	135	7.65	8	2.94
Television	44	2.49	26	9.56
Union parishad	4	0.23	1	0.37
NGO	1	0.06	0	0.00
Mosque mike	8	0.45	1	0.37
Other	7	0.40	3	1.10

Table 52: Sources of Early Warning

For the households that reported having moved out of their houses to escape a disaster, most reported moving to a *kacha* house. This may sound safe, especially in the context of flooding, particularly if the house is located on higher ground.. The second important refuge are roads/embankments. The roads are generally raised and therefore offer some protection against rising water level. However, typically there is unlikely to be a shelter with a roof in such settings. Overall, there are few flood shelters and very small number of households reported taking refuge in a cyclone shelter. This could be because there has not been a major cyclone in the last five years. However, it appears from a preliminary investigations that even cyclone shelters are few and far between.

12.5 Post Disaster Assistance

The percentage of households that reported receiving post-disaster assistance from any source is greater than the percentage that received early warning but remains below 33%. There are significant differences among regions with people in the Haors reporting the highest percentage of recipients of assistance and the Coastal Areas reporting the lowest. This is a surprising finding and needs to be studied in some detail. Fewer female-headed households than male-headed households reported receiving assistance.

It would appear that both dissemination of early warning and post-disaster assistance mechanisms in SHOUHARDO working areas are weak. However, the latter is marginally better than the former. Early warning can help reduce loss of life and property to disaster, which in turn can make limited post-disaster assistance more effective. Improvement of early warning systems should be a priority area for SHOUHARDO.

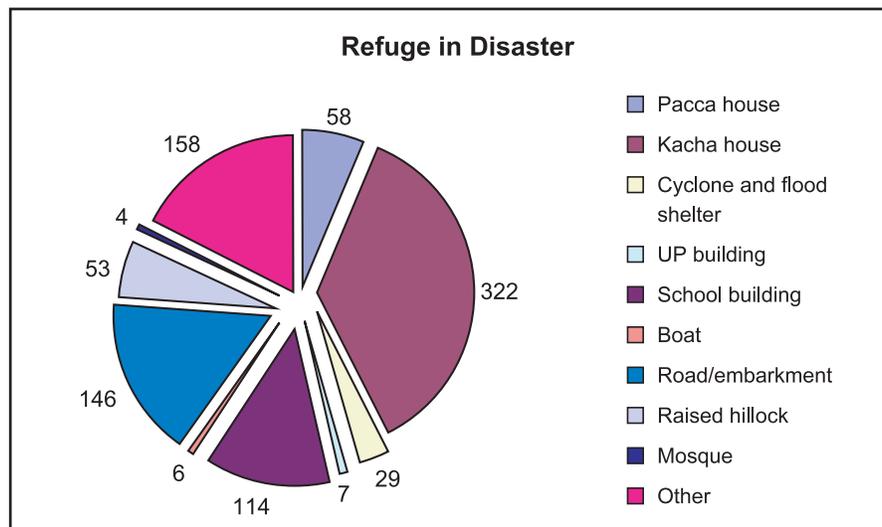


Figure 31: Respondents Refuge Preferences in Disasters

13.0 Access to Services

Analysis of access to services provides valuable information on the activities of individual households, extension facilities of governmental and non-governmental organizations, and the support structure available to residents of an area. It also provides insights into accountability of service providers, existing gaps in services provision, and empowerment of communities.

Type of Service	HH Aware of Services	
	% HH reported	#
Health service	74.4	2293
Primary school (village)	82.6	2546
Social welfare	6.9	213
Union Parishad	87.5	2695
Grammo Shalish (village)	78.0	2402
Services provided by the Department of Women's Affairs	7.5	232
Other	0.9	28

Table 53: Awareness of Different Services

13.1 Awareness of the Existence of Social Services

Social welfare services and support provided by the Department of Women's Welfare stand out as being the least known. Only 6.9 and 7.5% of the respondents respectively were aware of these two service providers. Given the low status of women in the program areas and the low state of social welfare one would expect these services to be more active than they appear to be at the moment. Both these service providers will have to be improved if the program is to make the desired impact in the arena of social welfare and women's empowerment. Other services are much better known in the vicinity, typically with awareness levels reported at better than 75%. However, while awareness of health services, at close to 75%, looks impressive, it is disconcerting to know that ¼ of the population is unaware of support available to them.

13.2 Frequency of Utilization of Social Services

The survey also examined utilization of social services to ascertain the frequency of usage for households that reported being aware of a service. A household reporting frequent usage was given a score of 1.0, a household reporting infrequent usage was given a score of 0.5, and a household reporting never using a service was given a score of 0. The mean access score for a service is an index prepared by combining 1.0, 0.5, and 0 responses for that service. This gives an idea of frequency of usage among those households who are aware of a service (excluding the 'not applicable' cases). A score of 1 would suggest frequent usage by all households whereas a score of 0 would suggest no usage by any household. A score of 0.5-0.6 would suggest moderate usage by the households aware of a service whereas a score above 0.6 will tend to indicate a high frequency of usage. The results are presented in the table on the next page. It appears from the analysis that among the population of interest to us (aware households), the intensity of usage is rather low. The mean score does not exceed 0.5 for any services except health services (0.51). Primary school, at 0.49 is a close second. All other services report very scores, especially services provided by the Department of Women's Affairs (0.17). There are significant differences in mean score for frequency of usage among sub-groups. Female-headed households and extreme poor households report lower access than male-headed and poor households respectively. The only exception is 'Social Welfare' but it is almost non-existent.

Disaggregate	Health service			Primary school (village)			Social welfare			Union Parishad			Grammo Shalish (village)			Services provided by the Department of Women's Affairs			
	#	%	Mean	#	%	Mean	#	%	Mean	#	%	Mean	#	%	Mean	#	%	Mean	
By Type of Area																			
North Char	365	56.59	0.52	431	66.82	0.56	3	0.47	0.67	588	91.16	0.30	427	66.20	0.22	7	1.09	0.21	
Mid Char	469	75.52	0.44	562	90.50	0.46	15	2.42	0.17	600	96.62	0.30	557	89.69	0.30	35	5.64	0.11	
Haor	491	83.36	0.55	496	84.21	0.44	43	7.30	0.09	507	86.08	0.31	523	88.79	0.25	50	8.49	0.09	
Coast	450	70.98	0.56	564	88.96	0.53	82	12.93	0.30	608	95.90	0.37	589	92.90	0.41	71	11.20	0.30	
Rural	1775	73.14	0.51	2053	83.57	0.49	143	5.82	0.27	2303	92.19	0.31	2096	85.47	0.29	163	6.82	0.17	
Urban	518	87.50	0.57	493	83.28	0.51	70	11.82	0.11	392	66.22	0.19	306	51.69	0.26	69	11.66	0.16	
Rural + Urban	2293	73.85	0.51	2546	83.55	0.49	213	6.11	0.26	2695	90.90	0.30	2402	83.79	0.28	232	7.05	0.17	
By Gender of HH (Rural)																			
Male Headed	1568	71.18	0.53	1825	82.84	0.51	118	5.36	0.18	2037	92.46	0.32	1859	84.38	0.31	145	6.58	0.20	
Female Headed	207	72.38	0.43	228	79.72	0.38	25	8.74	0.48	266	93.01	0.32	237	82.87	0.24	18	6.29	0.11	
By wealth category (Rural)																			
Poor	1185	71.64	0.53	1379	83.37	0.52	104	6.29	0.16	1534	92.74	0.32	1420	85.85	0.31	113	6.83	0.23	
Extreme Poor	590	70.66	0.50	674	80.72	0.45	39	4.67	0.42	769	92.10	0.33	676	80.96	0.28	50	5.99	0.12	

Table 54: Mean Score for Frequency of Utilization of Services (awareness of households)

13.3 Services - Access and Satisfaction

The overall score for satisfaction with services, among those who reported using them is rather low. An index was prepared to calculate satisfaction with services. For a household that reported using a service, high satisfaction was given a score of 1.0, average satisfaction was given a score of 0.5 and low satisfaction was given a score of 0. The average score on this score is below 0.5 (tending towards low satisfaction) for only Union *Parishad* and Grammo *Shalish*. Other services score marginally above 0.5 suggesting that they are at least above the minimum acceptable. Primary schooling reports the highest mean score for satisfaction with a service. There are differences among regions but they are generally small suggesting a low satisfaction with services across regions. The differences between wealth categories and by gender of the head of the household are reported but they are not as large as for some other variables. In general, female-headed households and extreme poor households report lower levels of satisfaction than male-headed households and poor households respectively.

Health Services in the Union⁸: About 27% of households in rural areas and 12% in urban were unaware aware about the existence of these services. Among those who knew they were available, 15 and 22% in rural and urban areas respectively utilize them regularly, 45 and 56% utilize them sometimes; and 13 and 10% have never utilized them.

Primary school in village/slum: About 16% of households in rural areas and 17% in urban were unaware of the existence of this facility. Among those who knew it was available, 36 and 40% in rural and urban areas utilize it regularly, 9 and 5% utilize it sometimes; and 38 and 39% have never utilized it.

Social welfare services: Approximately 94% of households in rural areas and 88% in urban slums were not aware about the existence of these services. Among those who know they were available, less than one percent in rural and urban areas utilize them regularly, 1 and 2% utilize it sometimes; and 4 and 9% have never utilized them.

Union Parishad (UP) services: About 8% of households in rural areas and 34% in urban were unaware about the existence of any services from the UP. Among those who know services are available, about 6% in rural and 2% in urban areas utilize them regularly, 47 and 22% utilize it sometimes; and 40 and 42% have never utilized them.

Grammo *shalish*: Approximately 15% of households in rural areas and 48% in urban are not aware about the existence of this service. Among those who know it is available, about 4% in rural and 3% in urban areas utilize it regularly, 39 and 20% utilize it sometimes; and 39 and 28% have never utilized it. It would appear that there is a need to introduce more awareness among the urban dwellers about *shalish* and its usefulness.

Department of Women's Affairs: About 93% of households in rural areas and 88% in urban are not aware about the existence of any services from DWA. Among those who know they are available, less than 0.5% in rural and urban areas utilize these services regularly, 2 and 3% utilize them sometimes; and 5 and 8% have never utilized them.

⁸ Details furnished in the table on the next page

The quality of services and access to them may need special attention in the Chars as compared to the other regions. Once, again female-headed households emerge as especially vulnerable and their needs should be given priority. It is important to bear in mind that these households are close to 13% of SHOUHARDO households and are, therefore, comprise a significant portion of the target population.

Disaggregate	Health service			Primary school (village)			Social welfare			Union Parishad			Grammo Shalish (village)			Services provided by the Department of Women's Affairs		
	#	%	Mean	#	%	Mean	#	%	Mean	#	%	Mean	#	%	Mean	#	%	Mean
By Type of Area																		
North Char	322	49.92	0.54	263	40.78	0.58	3	0.47	0.50	312	48.37	0.45	163	25.27	0.53	3	0.47	0.83
Mid Char	367	59.10	0.54	315	50.72	0.64	5	0.81	0.50	316	50.89	0.48	318	51.21	0.48	8	1.29	0.50
Haor	398	67.57	0.60	296	50.25	0.62	5	0.85	0.50	297	50.42	0.47	250	42.44	0.47	8	1.36	0.63
Coast	393	61.99	0.54	346	54.57	0.65	34	5.36	0.76	369	58.20	0.48	420	66.25	0.49	36	5.68	0.58
Rural	1480	60.47	0.55	1220	49.46	0.62	47	1.75	0.56	1294	51.85	0.47	1151	46.73	0.49	55	2.11	0.62
Urban	459	77.53	0.59	272	45.95	0.72	14	2.36	0.54	136	22.97	0.39	140	23.64	0.58	20	3.38	0.55
Rural + Urban	1939	61.31	0.55	1492	49.28	0.62	61	1.78	0.56	1430	50.42	0.46	1291	45.58	0.49	75	2.17	0.61
By Gender of HH (Rural)																		
Male Headed	1332	60.46	0.56	1113	50.52	0.62	30	1.36	0.73	1149	52.16	0.47	1044	47.39	0.49	51	2.32	0.60
Female Headed	148	51.75	0.52	107	37.41	0.63	17	5.94	0.62	145	50.70	0.45	107	37.41	0.46	4	1.40	0.50
By wealth category (Rural)																		
Poor	999	60.40	0.56	850	51.39	0.63	27	1.63	0.65	841	50.85	0.47	805	48.67	0.49	43	2.60	0.62
Extreme Poor	481	57.60	0.55	370	44.31	0.61	20	2.40	0.75	453	54.25	0.47	346	41.44	0.50	12	1.44	0.50

Table 55: Mean Scores for Satisfaction with Services (Households Reporting Availing Themselves of Services)

As the preceding table is visually demanding given the amount of data presented, it is summarized in the following graphs to facilitate ease of understanding.

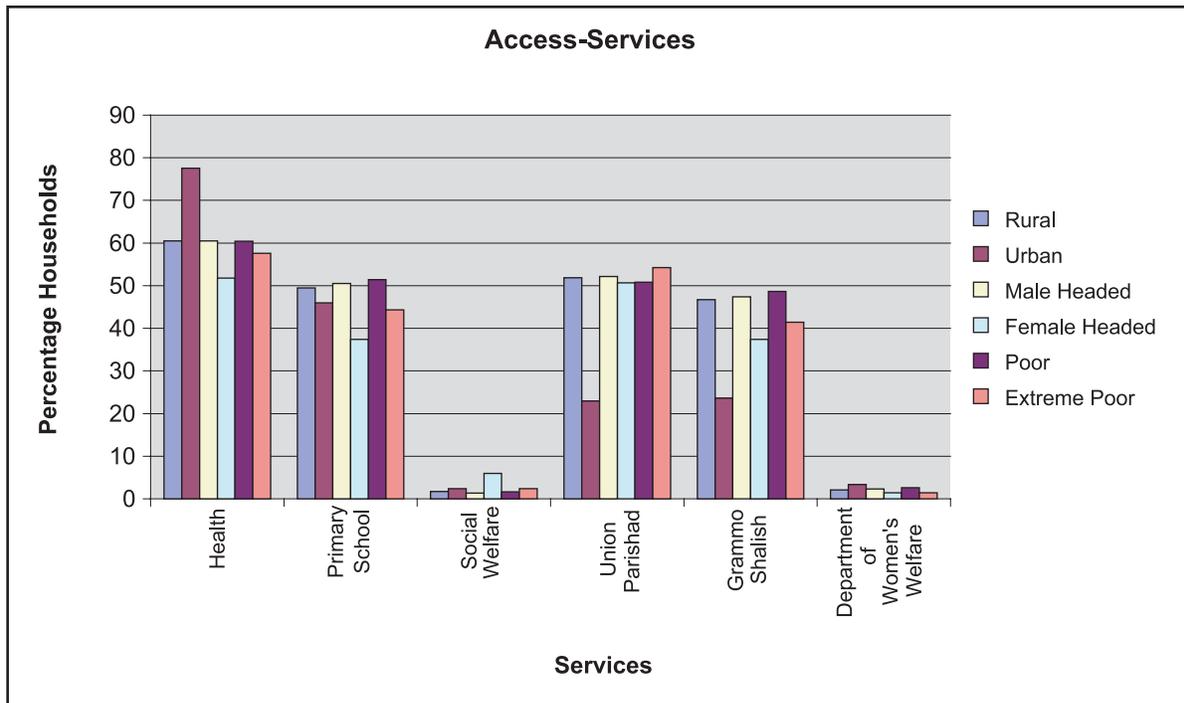


Figure 32: Mean Score for Accessing Services

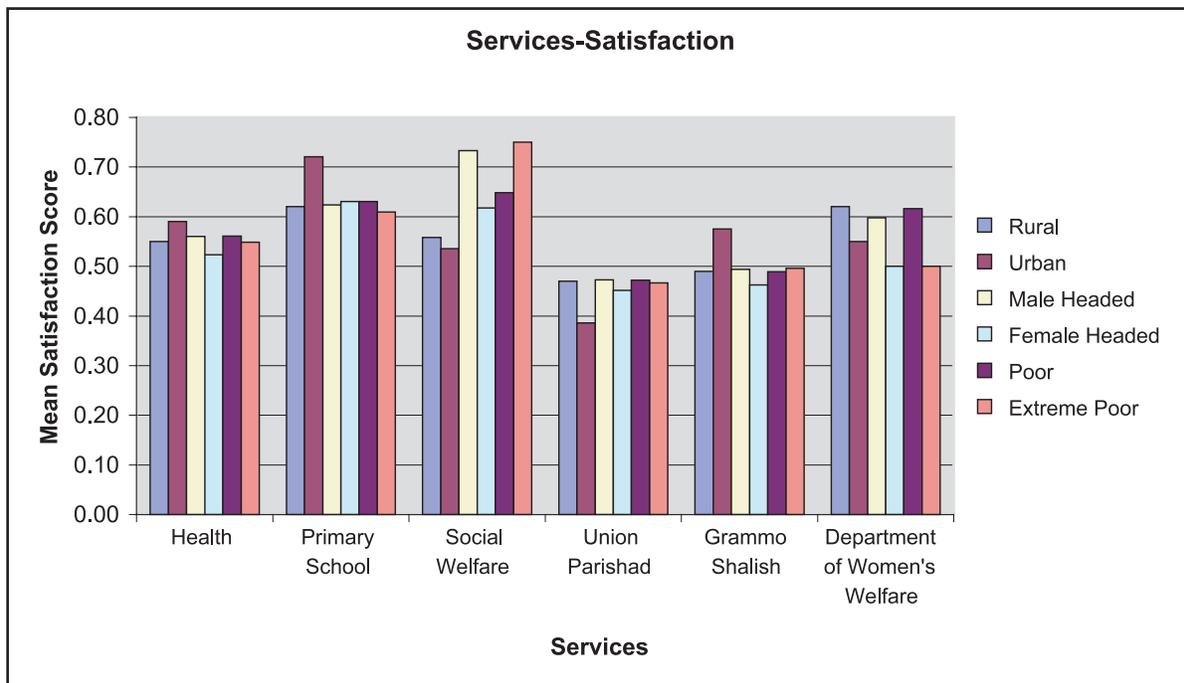


Figure 33: Mean Score for Satisfaction with Services

13.4 Technical Guidance on Farming and Fishing

When asked whether they knew where to seek guidance for agriculture, homestead gardening, and fishpond management, the percentage of households that responded in the affirmative was very small. It is possible that this low percentage is due to the fact that many households do not have agricultural land, homestead gardens, and ponds. The details of this analysis are presented in the next table.

Desegregation	HH Know when and where go to guidance for agriculture, gardening and pond management	
By Type of Area	#	%
North Char	63	9.8
Mid Char	77	12.4
Haor	72	12.2
Coast	104	16.4
Rural	316	12.7
Urban	57	9.6
Rural + Urban	373	12.5
By Gender of HH (Rural)		
Male Headed	295	13.4
Female Headed	21	7.3
By wealth category (Rural)		
Poor	239	14.4
Extreme Poor	77	9.2

Table 56: Percentage of Households that Know Where to Seek Technical Support

Information regarding weak to non-existent agricultural extensions services emerges from earlier analysis as well. The finding has significant implications for the program, as one of the aims of SHOUHARDO is to raise productivity and income by facilitating improvements in the techniques of homestead production, agriculture, fisheries, and fruit cultivation among others. Extension services will be vital to achieve this end. The program will obviously need explore the possibilities of linking communities to service providers. Where service providers are absent, appropriate technical could be achieved by building community capacity and/or that of local NGOs in the area.

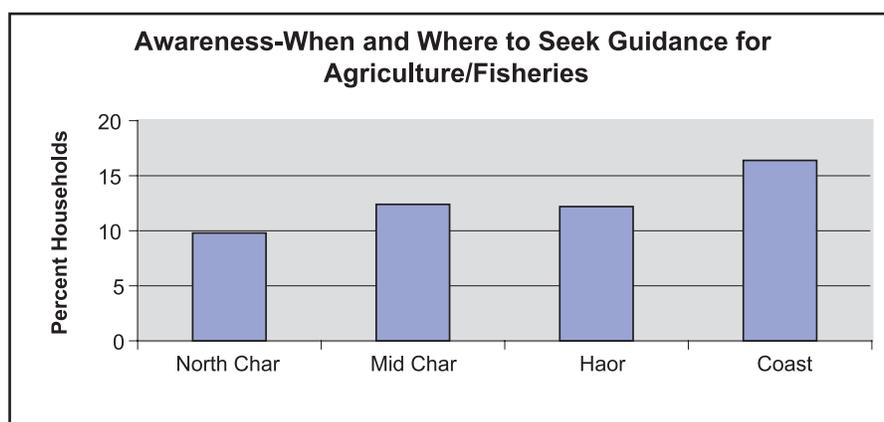


Figure 34: Awareness of Sources of Technical Support

13.5 Agricultural Extension Services

The SES further added to its understanding of the awareness of sources of information related to agriculture etc. by analyzing the prevalence of extension services. The SES listed a number of training/capacity building institutions and asked the respondents if they had received any training from these institutions. The results are presented below.

Type of support	HH received different training		
	% HH reported	#	Mean
Village Model Farm (VMF)	0.30	9	2.89
Other nursery	0.40	12	2.58
Neighbors/relatives/other farmers	14.60	451	2.49
GoB office (DAE, BADC, BARI, <i>Upazila</i> Livestock and Fishery Offices)	1.10	35	3.06
NGO	2.40	73	2.97
Seed/pesticide companies	0.70	22	2.68
Fish/poultry/livestock feed and pharmaceutical companies	0.70	21	2.52
Other	0.40	11	2.45

Table 57: Percentage of Households Reporting Using Different Extension Services

Table 57 clearly shows that important capacity building and extension institutions, including NGOs, are either non-existent or have very limited outreach. The most important source of information and capacity building was reported to be friends, relatives and other farmers. This information has important implications for productivity in the program areas. SHOUHARDO could spread improved techniques of production and relevant technology by identifying lead farmers and linking them to extension services. These farmers could then be used as the focal point for diffusion of innovation. This will help optimize on the limited resources available to the program. Based on survey findings female-headed households and extreme poor households in the North Chars will require special attention.

14.0 STATUS OF WOMEN

Female counterpart of the head of the household (mostly wives) in the case of the male-headed households and female headed in the case of a husbandless households were administered a section of the SES survey in confidence (meaning thereby that men were not present when this section was administered) to ascertain their status in the household. Decision making power vested in women was employed as a proxy to determine the status of women.

Of the 3,081 respondents, 2,633 or close to 85% of the women answered in confidence. Of the remaining, 139 cases were non-applicable and 309 answered the section in the presence of their husbands or other male relatives. Though this is a violation of guidelines, we have included these 309 cases in our analysis as their responses were quite close to the responses of those who answered in confidence⁹. We understood the similarity in responses to imply that violation of guideline had not introduced an element of bias in responses.

⁹ The mean score on authority or freedom to decide was 11.0 for those respondents who answered the section in confidence while it was 11.55 for those who did not answer in confidence

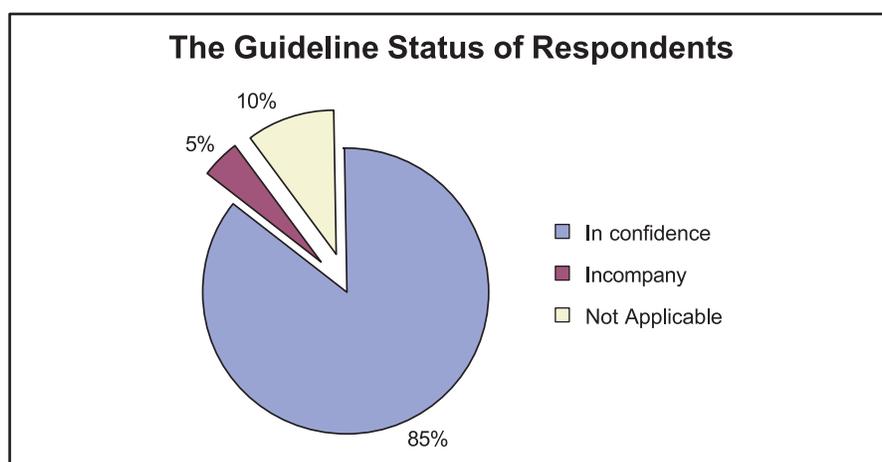


Figure 35: Percentage of Women Who Responded in Confidence

14.1 Index to Assess Decision Making Authority

To assess the status of women, they were asked to assess the freedom they enjoyed to make decisions on twelve categories of decisions. The non-applicable cases were dropped from the analysis. For the remaining cases, independent decision-making was assigned a score of 2.0, joint decision making with husband or other male members of the family was assigned a score of 1.0, while no role in decision-making was assigned a score of 0. Thus, for any respondent, the score could range between 0 (no role in any kind of decision making) to 24 (freedom to take decisions independently for all twelve categories). A score of less than 11 would imply poor status in household, 11-18 would imply moderate status, while anything above 18 would imply a good status. For individual categories of decision making a score of less than 1 implies poor status, 1 to 1.5 implies a moderate status and anything above 1.5 implies good status.

14.2 Decision Making Authority Vested in Women

The summary of this analysis is presented in the table that follows.

Type of decision	Rural		Urban	
	No	Score	No	Score
Buying small food items, groceries, toiletries	2368	1.40	563	1.44
Buying clothing for yourself and your children	2260	0.99	541	1.17
Spending money that you yourself have earned	965	1.37	285	1.58
Buying or selling major household assets (land, livestock, crops)	1805	0.79	371	0.93
Buying or selling jewelry	1505	0.86	370	1.02
Use of loans or savings	1835	0.87	470	1.02
Expenses for your children's education	1353	1.06	313	1.15
Expenses for your children's marriage	807	0.92	167	1.04
Medical expenses for yourself or your children	2256	1.08	540	1.19
Expenses for family planning (contraceptives)	1579	0.93	397	1.05
To move to shelter during time of disaster	1993	1.06	395	1.16
Actively participate and involved in <i>shalish</i> decision making	1369	0.28	271	0.33

Table 58: Mean Score for Categories of Decision Making

	Rural	Urban
Buying small food items, groceries, and toiletries	M	M
Buying clothing for yourself and your children	L	M
Spending money that you yourself have earned	M	M
Buying or selling major household assets (Land, livestock, crops)	L	L
Buying or selling jewelry	L	L
Use of loans or savings	L	L
Expenses for your children's education	L	M
Expenses for your children's marriage	L	L
Medical expenses for yourself or your children	H	H
Expenses for family planning (contraceptives)	M	M
To move to shelter during time of disaster	L	M
Actively participate and involved in <i>Shalish</i> decision making	L	L

An easy generalization that one could arrive at is that wherever money (except in very small amounts) is involved, women have little decision making power. They also have little say in traditional, especially patriarchal institutions and institutions such as *Shalish*. To the extent that these traditional institutions play an important role in rural Bangladesh in laying down social norms and codes of conduct, not having a voice in them could be a great disadvantage for any group. Another interesting finding is that for the decision-making category '*spending money that you yourself have earned*' the number of respondents was 965, which is one-third of the respondents. This suggests that a large number of women are engaged in work that pays some amount of cash. It is also positive finding that respondents in this category in both rural areas and urban slums reported a score of more than 1.0 (medium status).

14.3 Aggregate Decision Making Score- A Proxy for the Status of Women

The mean score for the decision-making (scale 0-24) analysis was examined and disaggregated. The results are presented in the table that follows.

Disaggregate	Total score for decision	
	No	Score
By Type of Area		
North Char	609	8.5
Mid Char	594	8.4
Haor	549	8.0
Coast	626	8.3
Rural	2378	8.3
Urban	564	9.3
Rural +Urban	2942	8.5

Disaggregate	Total score for decision	
	No	Score
By Gender of HH (Rural)		
Male Headed	2112	7.8
Female Headed	266	12.6
By wealth category (Rural)		
Poor	1584	7.9
Extreme Poor	794	9.1

Table 59: Aggregate Score for Decision Making

The only striking feature of the table above is the uniformly low status of women across SHOUHARDO beneficiary households. Only female-headed households report a score in excess of 12.0. This implies that even when women head their families their control on decision-making remains nominal. Male relatives take most decisions. The status of women is low even in urban areas though there are some differences between rural and urban regions. Are the differences significant? The differences are highly significant by wealth categories and gender of the household head. The differences between rural and urban households are also significant. The differences among regions are not significant.

14.4 Membership in Community Groups

Finally, the membership of women in different groups such as NGO credit groups, community gardening groups, community health groups, and parent teachers associations was examined. The only category of groups for which the numbers are worth reporting is the category NGO credit groups. The table below shows disaggregated results for NGO credit groups.

Disaggregate	Membership of NGO credit group	
	No	%
By Type of Area		
North Char	109	16.9
Mid Char	137	22.1
Haor	76	12.9
Coast	134	21.1
Rural	456	19.0
Urban	197	33.3
Rural +Urban	653	23.3
By Gender of HH (Rural)		
Male Headed	424	19.2
Female Headed	32	11.2
By wealth category (Rural)		
Poor	321	19.4
Extreme Poor	135	16.2

Table 60: Membership in NGO Credit Groups

653 women reported being members of NGO credit groups. This is 23.3% of the sample. The percentage was significantly lower for the Haors, for female-headed households and for rural areas. The poor households reported a higher membership of NGO credit groups than the extreme poor households. On the whole the membership of NGO credit groups is quite low. This could be an indicator of low levels of group formation, of capacity to act as groups, and also of limited NGO presence in these remote areas. The beneficiary households and regions could benefit significantly from formation of community-based groups, especially community based savings groups but that will require extensive capacity building, not only of individuals and groups that they form but also of NGOs.

The status of women emerges as an area of concern. It is very low across board and any activity that works on raising it will have to contend with many challenges. Starting with organizing women into groups such as community based savings programs, building their capacity, and training them in life skills may be useful starting points. Once again the Haors emerge as an area that will demand extra attention.

15.0 HEALTH AND NUTRITION

15.1 Maternal and Child Health Care Practices

15.1.1 *Prevalence and Treatment of Diarrhea in Children*

Diarrhea is a major contributing cause of childhood malnutrition and mortality. Children in the six to 23 month age group are particularly susceptible to diarrhea. Increased mobility of children in this age group and unhygienic weaning practices are contributing factors for the high prevalence in this age group. Exclusive breastfeeding for infants from birth to six months, and proper food hygiene and sanitation practices help prevent diarrhea. Continued breastfeeding and feeding appropriate liquids and solids according to the child's age are recommended during episodes of diarrhea. To manage diarrhea and prevent dehydration, a re-hydration solution, homemade or commercial is recommended.

Diarrhea is more common among children in poor households. The most recent Bangladesh Demographic Health Survey (BDHS) reported a diarrhea prevalence of 8.7% for the under five year old age group in the lowest wealth quintile as compared to 6.0% among the highest. The prevalence of diarrhea in SHOUHARDO areas, defined as having three or more loose stools in 24 hours in the two weeks preceding the survey, is provided.

Approximately one quarter of the children in SHOUHARDO households sampled were reported to have had an episode of diarrhea in the two weeks preceding the survey. The prevalence of diarrhea in the combined rural areas (23%) was higher than the urban prevalence of 20%. Regarding the rural areas, the North Char (27%) and Coast (24 percent) regions reported higher prevalence of diarrhea than the Haor (21%) or Mid Char (20%) areas. The high rate among SHOUHARDO children may be attributed to the less hygienic environments and poorer sanitation practices poor children are often exposed to.

Region & Number of children (n)	Children with Diarrhea in The last 2 weeks Percent & (number)	% Of families with an ill child seeking treatment Percent & (number)	% Seeking treatment from a recognized health care provider/facility ¹⁰ Percent & (number)
North Char (N = 658)	27.4 (180)	57.8 (104)	7.8 (14)
Mid Char (N = 627)	19.9 (125)	56.0 (70)	4.8 (6)
Haor (N = 601)	21.0 (126)	77.8 (98)	6.3 (8)
Coast (N = 648)	23.8 (154)	72.7 (112)	23.4 (36)
Rural N = 2,534	22.6 (585)	67.7 (384)	10.4 (64)
Urban (N = 608)	19.6 (119)	78.2 (93)	33.6 (40)
Rural + Urban (N = 3,142)	22.5 (704)	68.1 (477)	11.4 (104)

Table 61: Prevalence and Treatment of Diarrhea Amongst Children 6-24 Months

Nearly 70% of children with diarrhea received treatment. However, only 11% obtained treatment from a recognized health care facility. Children from the Haor (78%) and Coast (73%) regions were more likely to receive treatment for diarrhea than the children in the Char (North- 58 and Mid- 56%). Children from the Coast region (23%) and Urban areas (34%) were more likely to receive treatment from a recognized provider, than children from the chars and the haors. The NGO sector health facilities were scarcely used. Families sought treatment for diarrhea most often from the village doctor (26%) and the pharmacy (15.3%).

In rural areas, 97% and in urban areas 92% of children with diarrhea were breastfed. A very small percentage of mothers (two percent in urban areas and one percent in rural areas) reported discontinued breastfeeding during an episode of diarrhea.

Overall children were more likely to receive the same or more amount of liquids (69%) than to receive the same or more amount of food when they suffer from diarrhea (31%). In the Mid Chars, a higher percentage of children received same amount/more liquids (86%) and food (50%), as compared to the urban and other rural regions. The Coast (54%) has the lowest percentage for providing more liquids and the Haor (18%) the lowest for giving more food.

¹⁰Defined as the public and NGO sector facilities along with the private clinic/hospital or MBBs doctor. It excludes village doctor, homeopathic doctor, pharmacy, kabiraj, friends and relatives, neighbors and quacks.

Region & Number of children with diarrhea (n)	Liquid given during diarrhea episode compared to before % of children and (n)		Food given during the diarrhea episode compared to before % of children and (n)	
	Same Amount or More	Less	Same Amount or More	Less
North Char (N = 180)	68.3 (123)	31.7 (57)	40.6 (73)	59.4 (107)
Mid Char (N =125)	85.6 (107)	14.4 (18)	50.4 (63)	49.6 (62)
Haor (N = 126)	69.0 (87)	31.0 (39)	18.3 (23)	81.8 (103)
Coast (N = 154)	53.6 (81)	46.4 (70)	24.7 (37)	75.3 (113)
Rural (N = 585)	69.0	31.0	31.5	68.5
Urban (N = 119)	67.2	32.8	29.4	70.6
Rural + Urban (N = 704)	69.0	31.0	31.4	68.6

Table 62: Regional variations in feeding practices during a diarrheal episode.

The following table depicts regional variations in the type of therapy children received during a diarrheal episode. Close to two thirds of the children in the urban areas received oral rehydration solution as a treatment for diarrhea. This included homemade and commercial ORS. In comparison, in rural areas only 44% of children received oral rehydration therapy. Home remedies were more popular in the rural areas as compared to urban areas.

Type of treatment	North char	Mid char	Haor	Coast	Rural	Urban	Rural & urban
Labon-gur saline	10.6	18.4	15.1	25.4	17.6	36.4	18.3
ORS Packet	-	42.2	28.0	25.4	25.5	26.0	25.5
Rice poser	-	-	0.8	3.2	1.0	1.3	1.1
Pill/Capsule/Syrup	10.6	10.6	17.6	24.6	16.3	16.2	16.3
Injection	-	-	0.8	0.8	0.5	-	0.4
Intravenous	-	-	-	0.8	0.2	0.7	0.2
Home remedies/ Herbal	6.1	6.1	8.0	2.4	5.8	0.7	5.6
Water	0.6	0.6	8.0	6.4	4.5	2.0	4.4
Do not give anything	20.0	20.0	21.6	7.9	17.6	15.6	17.5
Other	2.2	2.2	-	3.2	1.7	1.3	1.7

Table 63: Regional variations in the Type of Treatment Provided to Children with Diarrhea

15.1.2 Childhood vaccination

Universal immunization of children under one year of age against the six vaccine preventable diseases is one of the most cost effective programs in reducing infant and child illness and death. The Expanded Program on Immunization (EPI) of the Government of Bangladesh (GOB) follows the international guidelines recommended by the WHO provided below.

The WHO/GOB Guidelines recommend that all children receive the following vaccinations **before their first birthday** and that the vaccinations be recorded on a health card:

- A BCG vaccination against Tuberculosis

- 3 doses of DPT vaccine for the prevention of diphtheria, pertussis (whooping cough) and tetanus
- 3 doses of polio
- A vaccination against measles

Age appropriate immunization coverage has been improving in all areas of Bangladesh. Between 1999-2000 and 2004, child immunization full coverage improved from 60 to 73%.¹¹ As expected vaccination coverage is higher in urban areas as compared to rural areas, and among children from households in the highest wealth quintiles (87%) compared to the lowest (57%)¹².

An important component of the program is the provision of health cards to mothers where the child’s immunizations are recorded. Among mothers in the SHOUHARDO program areas, 69% of mothers in rural areas and 75% in urban showed a vaccination card for their under two year old child. Another 15 percent reported that they had a card, but they could not locate it. In the 2004 BDHS, 49% of mothers showed vaccination cards for their children born in the last 5 years. The higher rate from the SHOUHARDO survey may support the trend of increasing immunization coverage. It also may indicate that mothers’ more readily retain cards of younger children.

15.1.3 Breastfeeding and the Introduction of Complementary Foods

Appropriate infant feeding practices are critical to the optimal growth and development of infants and young children. Conversely poor breast and infant feeding practices have adverse effects on the survival, health and nutritional status of children. Breastfeeding, particularly exclusive breastfeeding, has positive benefits for the mother including the suppression of fertility, which increases the length between pregnancies.

UNICEF and WHO recommend that children be exclusively breastfed (no other complementary liquid or solid food or plain water) for the first 6 months of life and start to receive complementary foods beginning with the 7th month of life.

A consistently high percentage of mothers continue to breastfeed their infants until age two in SHOUHARDO program areas, although this does fall off some between 18 to 24 months (see Table below). According to the BDHS, 96% of women breastfed their infants aged 12-15 months and 90% of women breastfed infants aged between 20-23 months.

Region	% Of young children < 2 years currently breastfed	% of young children 6-11 months breastfed	% of young children 12-17 months breastfed	% of young children 18-24 months breastfed
North Char	97.4	97.9	99.5	95.2
Mid Char	97.4	99.6	98.3	94.1
Haor	95.3	97.1	98.0	91.0
Coast	94.9	98.7	96.8	88.7
Urban	96.6	99.5	98.5	91.4

Table 64: Current and Continued Breastfeeding of Children under the age of 2 years

¹¹ Bangladesh Demographic Health Survey, 2004.

¹² Ibid, 4.

Timely introduction of appropriate complementary foods is critical for optimal growth in infants, that is, it shouldn't be introduced too early, before 6 months and shouldn't be introduced later than six months. The following table shows the practice of complementary feeding of children under the age of two years in the SHOUHARDO areas.

Region	% of 6-9 month infants Breastfed and receiving complementary foods	% of 9-12 month infants and receiving 3 or more types of complementary foods	% of 12-24 month infants and receiving 4 or more types of complementary foods
North Char	93.6	75.2	52.4
Mid Char	95.9	65.5	41.0
Haor	95.4	65.5	48.6
Coast	85.4	46.4	45.6
Urban	96.0	80.3	66.2

Table 65: Complementary Feeding in Infants and Young Children

More than 94% of children in the age group 6-9 months receive complementary foods in addition to breastmilk. In the urban areas more children in the 9-12 month age group are likely to receive more than three types of complementary foods.

15.1.4 Pregnancy Status

The current pregnancy status of mothers of the 6 to 24 months old children was queried. About five percent of the mothers reported they were currently pregnant; less than 0.4% reported not knowing their pregnancy status. Although the total number of pregnant women is small (120), the percentage of mothers reporting current pregnancies was higher in the Haor (7.6%) and Coast (6.5%) regions compared to the other rural areas (2.8/2.9%) and the urban region (3.9%) as well.

The average length of pregnancy reported was nearly 5 months. This may indicate women either do not know or do not report being pregnant during their first trimester of pregnancy. Thus actually more of the women surveyed may have been pregnant at the time of the survey. This may be worthy of further investigation, as late acknowledgement or verification of pregnancy may contribute to delays in seeking prenatal care.

Region	PREGNANCY STATUS OF MOTHER (% OF MOTHERS)			
	Currently pregnant	Currently not pregnant	Do not know pregnancy status	Average number of months pregnant, for mothers currently pregnant
North Char	2.8	96.9	0.3	5.9
Mid Char	2.9	96.6	0.5	5.1
Haor	7.6	92.4	0.3	4.3
Coast	6.5	93.4	0.3	4.8
Rural	5.3	94.5	0.4	4.9
Urban	3.9	96.0	0.2	4.8
Rural + Urban	5.3	94.5	0.4	4.9

Table 66: Pregnancy Status of Mothers of Children 6 to 24 Months

5.1.5 Use of Contraceptives

Non-pregnant women respondents were queried about their or their husband’s use of permanent or temporary contraceptives. Approximately 44% of all SHOUHARDO couples utilize contraceptives compared to 58% as reported in the BDHS 2004. Fifty-four percent of the lowest quintile households, 57% of rural and 63% of urban households report using contraceptives according to the BDHS (2004). SHOUHARDO results are lower for rural households (43%), but slightly higher (66%) for urban ones.

The Haor and Coast regions are lower than either of the Chars (North- 50% and Mid- 61%) with 26 and 44% utilizing contraceptives respectively. In urban areas, the use of contraceptives is higher with 66 percent of the mothers reporting contraceptive use (see the chart below). The areas with the higher contraceptive use (North and Mid Chars) as expected have the lower percentage of women currently pregnant.

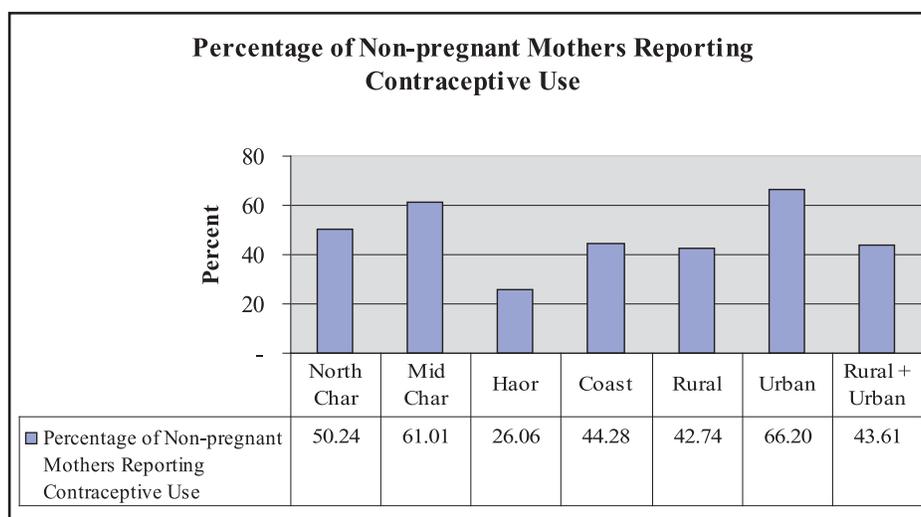


Figure 36: Contraceptive Use Among Non-Pregnant Mothers

15.1.6 Antenatal Care Visits

The reproductive health care a woman receives during her pregnancy and at the time of delivery are important for the survival and well-being of both the mother and the infant. In addition, early detection of complications during pregnancy can improve timely and appropriate use of delivery care services. Thus to improve pregnancy outcomes, the Bangladesh Maternal Health Strategy recommends at least three ANC visits. As improved pregnancy outcomes are linked with improving nutrition and health status, one of the SHOUHARDO’s Intermediate Result (IRs) tracks the average number of ANC visits of mothers of young children during their last pregnancy.

Forty-five percent of women reported at least 1 ANC visit during their last pregnancy in SHOUHARDO areas compared to 56% reported in the BDHS (2004). Among the lowest income quintile only 34% of woman received any ANC (BDHS 2004). The higher percentage of women in SHOUHARDO areas receiving any ANC compared to the DHS result for the lowest quintile women may be due to the data collection methodology. In the DHS women provide information for the

most recent pregnancy in the last 5 years, whereas, SHOUHARDO collected information from 2 years only. The 2 year time lag between the 2 surveys may have contributed to the difference. Between the 1999 and 2004 DHS there was a sharp increase from one-third to one-half in the percentage of women receiving ANC from a medically trained provider (BDHS 2004).

As expected when comparing the DHS data for rural women, a higher percentage received at least one ANC visit (51%) compared to SHOUHARDO's 44%. The trend was the same when comparing DHS and SHOUHARDO urban women, that is, 75 percent attended ANC visits compared to SHOUHARDO's 69%. For the percentage of women attending at least 3 ANC visits as recommended in the Maternal Health Strategy, the BDHS reported only 27% and SHOUHARDO even less at 16%. Twice as many urban women compared to rural women received 3 ANC visits in the BDHS survey. Similarly, for SHOUHARDO 16% rural compared to 28% of urban women reported attending 3 ANC visits.

15.1.7 Facilities and Providers of ANC Services

Mothers participating in antenatal care did so in a variety of facilities—government, NGO or private (see chart below). There are also trained (or untrained) traditional birth assistants who offer care to mothers, but currently untrained birth attendants do not appear to have much of a role (less than 1%). Thirty percent of mothers in rural areas (44% in urban) have utilized government facilities. Such facilities are least utilized in the haor region with only 18% of mothers reporting ANC visits at government facilities.

Only approximately 14% of the mothers in rural areas (24% in urban) have used NGO, private sector or traditional facilities. The availability of NGO facilities are very limited, particularly in the mid-char, haor and coastal regions. NGO health care facilities are used by only 7% of the mothers in rural areas, and 15 percent in urban areas. This may be due to lack of available services and cost considerations as NGOs charge a small fee for services.

Private facilities are not widely utilized due to their relatively high cost. Despite this, mothers in the haor and coastal regions frequent private facilities more than women in the other regions. The limited availability of government and NGO facilities in the haor and coast regions may explain this.

Regarding use of government facilities, satellite/EPI outreach centers are more utilized in rural areas and Maternal and Child Welfare Centers (MCWC) in urban centers (see Table). In rural areas, upazila health complexes are often far away from most of the more remote SHOUHARDO villages, which limits their use to serious health problems. Similar to government services, NGO satellite clinics and NGO field workers are more utilized than static facilities. However, availability of satellite clinics seems to be extremely limited except in the North Char region.

Overall, 62% of mothers in the North Char region obtain check-ups from a health facility or medically trained provider, while only 26% of mothers do so in the Haor region. And in the other regions, it is about 40 to 45%.

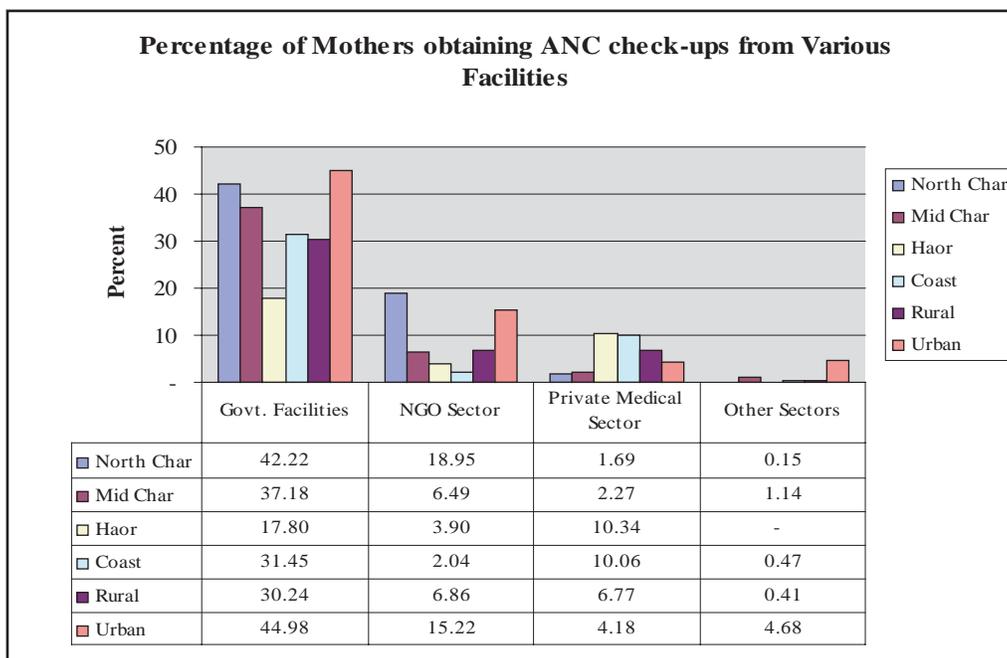


Figure 37: Percentage of Mothers Receiving ANC Check-ups

15.1.8 Food Intake and Daytime Rest During Pregnancy

The survey shows that only seven percent of mothers in rural areas (11% in urban) reported more food intake than usual during their current/last pregnancy. In the recent baseline survey for the National Nutrition Program, for the comparison group the results for ‘eating more than before during pregnancy’ ranged from 11.4 to 34.7 from the 6 Divisions.¹³ Thus, it appears that in SHOUHARDO program areas that pregnant women are less apt to eat appropriately during pregnancy than in other rural areas of Bangladesh. This may be explained by the remoteness of program areas, which is associated with less access to health/nutrition information, as well as, the higher level of food insecurity in SHOUHARDO areas.

Nevertheless, what is even more worrying is that 55 percent of mothers in SHOUHARDO areas (40% urban) reported less food intake than usual. Further, women from poor households usually eat less than other adult male members; and the overall family food intake can be low particularly during seasonal lean times. This infers that for the 39% of rural mothers (49% of urban) who eat the same amount of food as they usually eat when pregnant are consuming even less than other adult family members.

In the Haor and Coast regions a lower percentage of pregnant women eat more food than usual and a higher percentage consume less food than usual in the Haor area when compared to the Char regions. When the urban region is compared with the combined rural regions, a higher percentage of women eat more food than usual (11 vs. 7%) and a lower percentage (40 compared to 55 percent) consume less food than usual.

Taking more rest during pregnancy is associated with better birth outcomes. However, this does not seem to be a common practice among women in SHOUHARDO areas. Approximately one-

¹³ National Nutrition Program Baseline Survey 2004 Report, ICDDR-B, Institute of Public Health Nutrition, National Institute of Population Research and Training, December 2005.

fifth of the pregnant mothers interviewed had less rest than usual during their last pregnancy. Only approximately a quarter took more rest than usual. The overall results did not vary much from rural to urban areas, although among the rural areas they did. In the Haor and Coast regions a lower percentage of women, 22.7 and 18.4% respectively, took more rest compared to the North (33.4%) and Mid Char (30.2%).

Region	Food intake during pregnancy compared to food intake before pregnancy(% of mothers)			Daytime rest during pregnancy compared to rest before pregnancy(% of mothers)		
	More food than usual	Less food than usual	Same amount of food as usual	More rest than usual	Less rest than usual	Same amount of rest as usual
North Char	7.4	53.9	38.7	33.4	21.1	45.5
Mid Char	12.3	43.7	43.8	30.2	14.6	55.0
Haor	3.2	63.4	33.4	22.7	18.1	59.0
Coast	4.6	53.8	41.8	18.4	31.6	50.2
Rural	6.5	54.6	38.9	25.4	21.2	53.4
Urban	10.9	40.1	49.0	23.8	20.9	55.4
Rural + Urban	6.7	54.0	39.3	25.3	21.1	53.5

Table 67: Food Intake and Rest Taking Behavior During Pregnancy

15.1.9 Pregnant Women Intake of Iron/Folate Supplements

Anemia is associated with low birth weight and maternal mortality. Given the high percentage of child bearing age women in Bangladesh with iron-deficiency anemia and low iron status, iron/folate tablets are provided to all pregnant women at ANC visits.

Iron/folate supplements intake among pregnant women in SHOUHARDO program areas is low at approximately 27%. The difference in urban and rural areas in consumption of iron supplements (27% of the mothers in rural areas and 45 percent in urban) may be associated with the lower attendance at ANC visits of rural women (44.3 percent) compared to 69.1 in urban areas since iron/folate supplements are promoted and provided at ANC visits when a supply is available. Further, the availability of iron tablets in rural areas is an identified problem, which may partially explain the findings.

On the other hand, pregnant women in the North Char area have significantly higher consumption of iron/folate tablets (44.2%) compared to the other rural regions (20-28%). The percentage of women taking iron in North Char (44.2%) is similar to urban areas (44.7%). This may be explained by the work of NGOs in the North Char area in providing iron tablets to pregnant women and promoting their consistent intake.

Taking iron/folate supplements daily throughout pregnancy is recommended for all pregnant women in Bangladesh. A minimum of 100 iron/folate tablets taken over the course of pregnancy is used as a cut-off to gage intake. Only 7.4% of women rural areas (and 12.2 in the urban region) took a minimum of 100 iron tablets during their last pregnancy. This is lower than what was recently estimated, that is, 15% of Bangladeshi women consume a minimum of 100 iron/folate tablets in pregnancy.¹⁴

¹⁴ *The Burden of Anaemia in Rural Bangladesh: An Urgent Need for Action*. NSP Bull. No. 16, April 2006. HKI/IPHN, Dhaka

Region	Took Iron Folate Tablets During Pregnancy (% of Mothers)	Took 100 or more Iron Folate Tablets During Pregnancy (% of Mothers)
North Char	44.2	17.0
Mid Char	20.1	4.1
Haor	21.2	5.6
Coast	28.0	5.8
Rural	26.9	7.4
Urban	44.7	12.2
Rural + Urban	27.6	7.6

Table 68: Percent of Pregnant Women Taking Iron Tablets During Pregnancy

15.1.10 Postpartum Women Intake of Vitamin A Supplements

Vitamin A is essential for the immune system and plays a role in maintaining the immune system. Vitamin A deficiency can cause eye damage leading to blindness. Postpartum vitamin A supplementation is important as it helps to rebuild stores used in pregnancy. In addition, it is transferred to infants through breast milk.

Only 9% of rural mothers (17% of urban) had any vitamin A supplements within 45 days of birth of the child. Again a similar pattern of higher intake among urban women compared to rural was found. However, although intake was low among all rural regions, interestingly the Coast region (12.7%) was higher than the others. The 2004 BDHS report supports this finding in that Chittagong was one of the top divisions (Sylhet was the other) with approximately 20% of postpartum women reporting taking vitamin A.

Low intake of vitamin A may indicate lower numbers of postpartum visits compared to ANC visits which is supported by BDHS data (only 18 percent receive postpartum visits, whereas nearly half attend at least 1 ANC visit).¹⁵ It may also point out supply chain problems, particularly in rural areas with vitamin A supplements.

Region	Took Vitamin A supplement % of Postpartum Mothers)
North Char	9.9
Mid Char	5.8
Haor	9.0
Coast	12.7
Rural	9.3
Urban	17.4
Rural + Urban	9.7

Table 69: Percent of Postpartum Women Taking Vitamin A Supplements within 45 Days of Delivery

¹⁵ BDHS

15.1.11 Mothers' Hand Washing Behavior

Mothers' hand washing habits are often indicative of the hygiene knowledge and practices of families. Further, given women's roles in food preparation and child care, their hygienic practices significantly affect the health and hygiene of other family members.

The following Table demonstrates that women are more likely to wash their hands before eating and after defecating when compared to women washing before food preparation or feeding children. Approximately 40 percent of rural women (23 percent of urban) do not wash their hands before cooking food. Further, approximately a quarter of the rural mothers do not wash their hands before feeding children.

Hand washing practice	North Char	Mid char	Haor	Coast	rural	urban	rural & urban
<i>Critical times for hand washing</i>							
Before food preparation	37.7	55.0	67.6	71.7	60.1	76.6	60.8
Before eating	93.4	95.4	92.1	94.3	93.7	98.7	93.9
Before feeding children	54.4	72.9	76.0	85.2	73.5	79.3	73.7
After defecation	95.8	97.9	96.8	98.1	97.2	98.7	97.3
After cleaning babies bottom	56.4	78.6	82.1	95.0	79.6	90.8	80.1
Other	17.1	13.0	20.3	10.7	15.6	8.7	15.3

Table 70: Percentages of Mothers of Under-2 Children Washing Hands at Critical Times

15.2 Anthropometric Status of Children

Children between 6 months and 2 years were weighed and measured to compare young children in SHOUHARDO areas to the standard indices of height-for-age (stunting), weight-for-age (underweight) and weight-for-height (wasting). These standard indices are used to assess the nutritional status of individuals or population groups.

Anthropometric status, particularly stunting has been correlated to poverty and is often used to measure the impact of development programs.

Malnutrition is affected by food insecurity as well as other factors, such as, incidence of infections, feeding and care practices, sanitation and access to and utilization of health services.

- **Explanation and Definition of Indices**

Height-for-age (stunting): Height-for-age, or length-for-age in under 2 years olds, is a measurement of linear growth and thus identifies children who are short for their age. Stunting reflects the effect of past under-nutrition or chronic malnutrition and is associated with long-term factors, such as insufficient protein and energy intake, frequent infection, sustained inappropriate feeding and care practices and poverty. Thus, height-for-age represents a measure of the longer effects of malnutrition and does not vary much with the season of data collection. Stunted children are not always obvious, as a stunted 2 year old often looks like a healthy 1 and a half year old child.

Weight-for-height (wasting): This index identifies children who are underweight for their height, that is, children suffering from current or acute malnutrition or wasting. Weight-for-height is used to gauge shorter term effects, such as seasonal changes in the food supply or short-term nutritional stress from illness.

Weight-for-age (underweight): This index identifies children who are underweight for their age. Weight-for-age is a composite index of height-for-age and weight-for-height, therefore, it reflects both past (chronic) and current (acute) malnutrition and is a useful indicator of the magnitude of malnutrition over time. However, it can not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). Thus, a child can be underweight for his/her age due to stunting, wasting or both.

- **Explanation of Z scores**

The three nutritional indicators are expressed in standard deviations (Z-scores) from the mean of the reference population used as the standard by the US National Center for Health Statistics (NCHS) for the study of anthropometric status in populations. This reference population and the use of Z-scores as indicators are recommended for international use by WHO. Deviations of the nutrition indicators between below -2 and -3 standard deviations (SD) indicate that the children are moderately malnourished, while deviation below -3SD indicate that the children are severely malnourished.

- **Measurement of Children**

Height and weight of children age 6 to 23.9 months were measured using weighing scales and measuring boards. The Measuring boards were constructed locally according to guidelines provided by Helen Keller International and two recommended light weight digital bathroom scales were utilized.

All children were weighed lying down as recommended for children under age 2. Enumerators and team leaders participated in theoretical and practical training in weighing and measuring children. During the training their measuring techniques and results were tested. In addition, supervisors conducted field visits throughout the survey to observe measuring and interviewing. They also randomly measured children to double check results.

15.3 Assessed levels of Malnutrition

Low height-for-age (stunting)

The proportions of children stunted are shown in the Figure below. In the total sample more than 50% of the children were found to be short for their age (< -2 SD), with 21 percent being severely stunted (< -3 SD). The highest prevalence of stunting was found in the Haor region (58.9 percent) and the lowest in the Coast region with a prevalence of 47%. The combined rural region (50%) had a similar prevalence of height-for-age as the urban area (52.3%). However, the combined rural region had a higher prevalence of severely stunted children (21%) when compared to the urban area with 15.8%.

The SHOUHARDO overall level of stunting (52.2%) is significantly higher than the most recent BDHS survey (43.0%).¹⁶ It is also higher than the level of stunting reported by SC-US *Jibon-o-Jibika* baseline (35.6%). SHOUHARDO's extensive targeting process to identify communities with the highest levels of food insecurity and poverty, and the most vulnerable within these communities, may explain the significantly higher level of stunting. As mentioned, stunting reflects the effect of chronic malnutrition and is associated with long-term deprivation, such as, chronic food and nutrition insecurity and poverty.

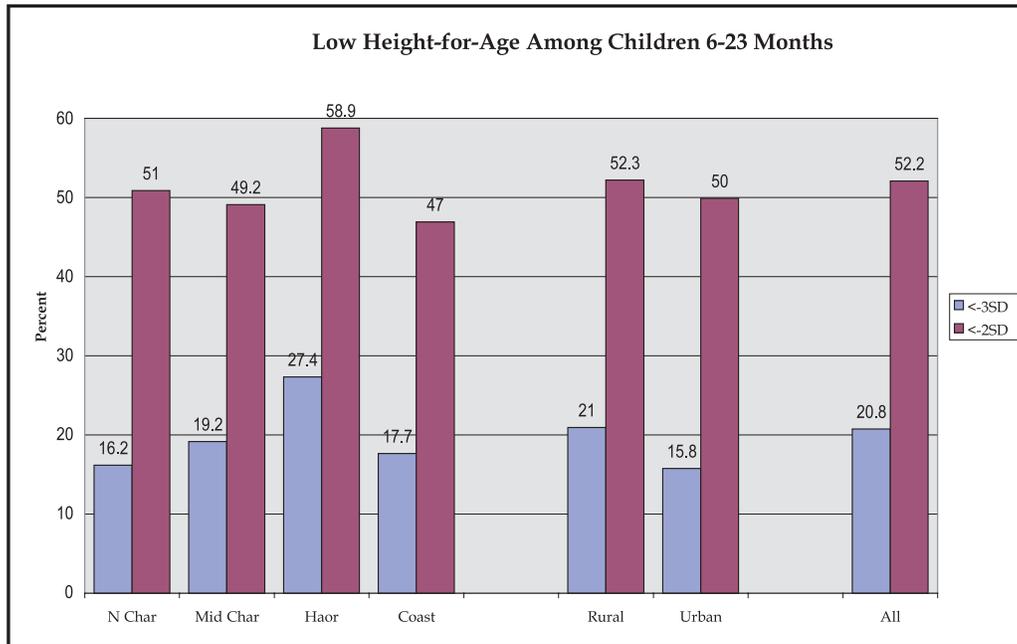


Figure 38: Low Height-for-Age Among Children 6-23 Months

15.3.1 Low weight-for-height (wasting)

The proportions of under 2 year old children found to be underweight for their height or acutely malnourished (or wasted) is shown in the following Figure. In the total sample 16% were acutely malnourished (< 2SD) and 2.3% were severely wasted (< 3SD). The highest prevalence of acute malnutrition was found in Chittagong (22%) and the lowest in the North Char and Haor (14.5%).

Comparing SHOUHARDO rural data for acute malnutrition (16.3%) to the recent BDHS rural of (19.4), or to SC-US *Jibon-o-Jibika* data for acute malnutrition (25.1%), SHOUHARDO data is lower, significantly lower than J-o-J data.¹⁷ Seasonality and the timing of the three surveys may explain the lower levels of wasting among SHOUHARDO children. The SHOUHARDO baseline nutrition survey was conducted in February, when locally harvested foods are more plentiful and market food prices lower. Increased food security and as a result, less acute malnutrition is found during these times.

¹⁶ *Bangladesh Demographic Health Survey 2004*, National Institute of Population and Research Training, Bangladesh and Mitra and Associates, Bangladesh, ORC Macro, Calverton, Maryland, May 2005.

¹⁷ The BDHS 2004 data for acute malnutrition in children aged 6-23 month old children was taken in the SC-US Baseline Survey report, as it was not provided in the BDHS 2004 report.

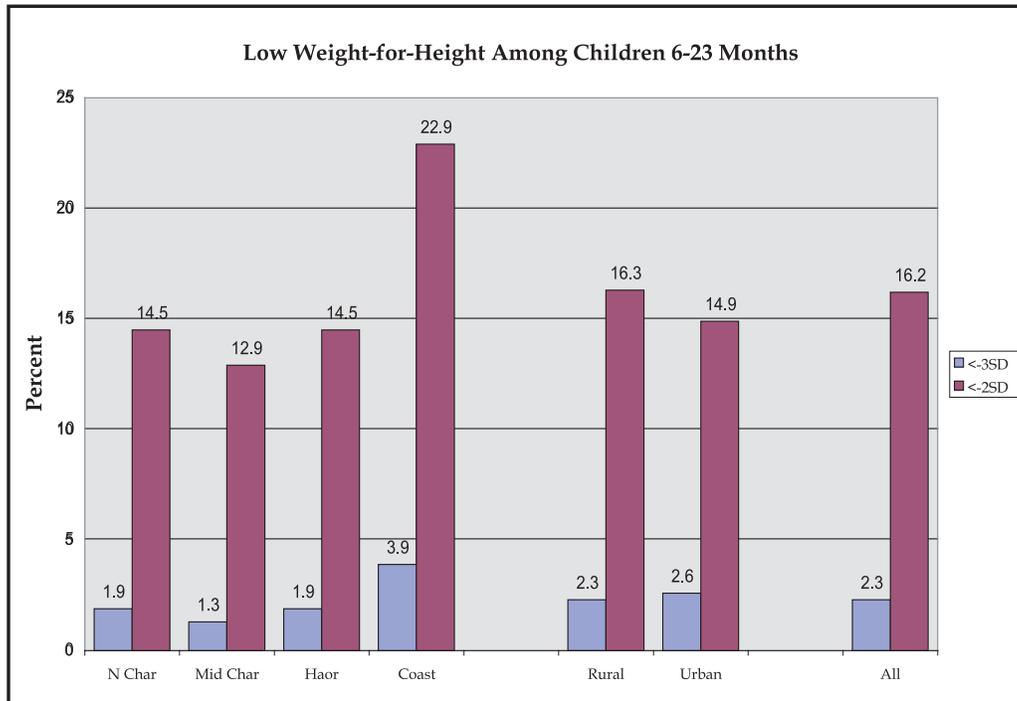


Figure 39: Low Weight-for-Height Among Children 6-23 Months

15.3.2 Low weight-for-age (underweight)

The proportions of children determined to be underweight for their age are depicted in the following Figure. For the total sample nearly 60% (56.8) of the children were underweight for their age. Among the regions, the Haors had the highest prevalence of underweight with 60% and the North Chars the lowest with 54.9%. A similar pattern was noted for the severely underweight, with the Haor region highest with a prevalence of 22% and the North Char lowest with 13.6%. The prevalence of underweight in the urban areas (54.5%) was similar to the prevalence in the combined rural areas of 57%, although the combined rural areas has a higher proportion of severely underweight children.

When comparing SHOUARDO’s underweight data for the combined rural regions (57 percent) with the BDHS 2004 rural data (50.2) and with SC-US J-o-J (52.3), SHOUHARDO children have the highest prevalence of underweight. This may be attributed to the higher levels of stunting among children in SHOUHARDO areas as wasting levels were lower and underweight reflects both stunting and wasting.

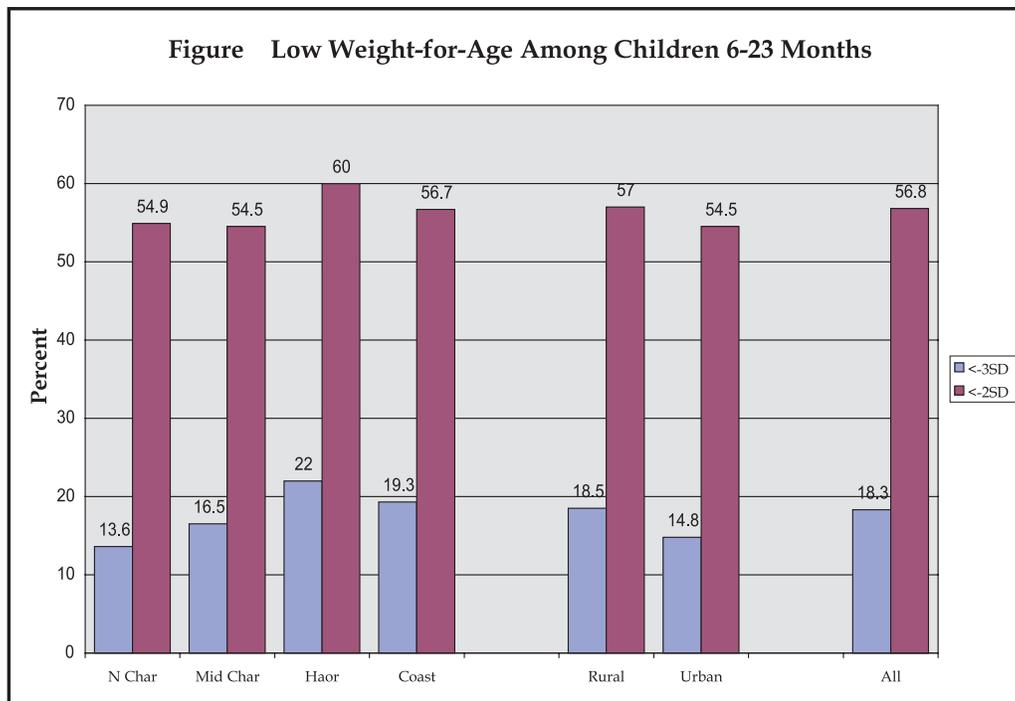


Figure 40: Low Weight-for-Age Among Children 6-23 months

15.3.3 Levels of Malnutrition by Gender

Although the levels of stunting and underweight are similar, male children are more likely to be wasted than female children, 17.8% and 14.1% respectively.

Gender	Height-for-Age (Stunting)		Weight-for-Age (Underweight)		Weight-for-Height (Wasting)	
	(-3SD)	(-2SD)	(-3SD)	(-2SD)	(-3SD)	(-2SD)
Male	21.1	52.0	18.7	56.8	2.1	17.8
Female	20.1	53.0	18.1	57.8	2.4	14.1
All	20.8	52.2	18.3	56.8	2.3	16.2

Table 71 : Prevalence of Underweight and Short Stature Among Mothers of Children Ages 6 Months to 2 Years

The mothers of the children between 6 and 24 months were weighed and measured. Body Mass Index (BMI) derived from height and weight can be used to determine moderate and severe underweight. Tracking underweight in women is important, as underweight women have an increased risk for delivering LWB infants. A woman's height is also important as short stature can predict the risk of pregnancy complications, given the relationship between height and pelvic size. It also increases the risk of giving birth to a LBW infant. The following table shows the prevalence of malnutrition amongst mothers of children 6-24 months of age.

Region	% of Mothers who are thin or acutely underweight (BMI < 18.5 criterion)	% of Mothers who are severely underweight (BMI < 16)	% of Mothers with Short Stature (height < 145 cm)
North Char	46.5	3.9	22.3
Mid Char	41.9	4.7	20.8
Haor	40.8	5.4	19.8
Coast	36.6	4.1	12.9
Urban	44.8	3.5	20.4

Table 72: Prevalence of Moderate and Severe Underweight and Short Stature Among Mothers (of Children 6 to 24 Months Old)

15.4 Household Use of Iodized Salt

In areas of the world where soils do not contain adequate amounts of iodine, the locally grown foods are low in iodine. Bangladesh is one of these areas. Not consuming adequate levels of iodine leads to iodine deficiency, which is responsible for endemic goiter, cretinism, retarded physical growth, intellectual development and other problems.

Women and children in particular suffer the consequences of iodine deficiency. Fortunately, efforts to address iodine deficiency through salt iodization and promotion have been successful in Bangladesh. The prevalence of total goiter has decreased from approximately 50% to 6% in children and 56% to 12% in women between 1993 and 2004.¹⁸ Urban households (90 percent) utilize iodized salt more readily when compared to rural ones (62 percent).¹⁹ However, only 45.2% of rural and 71% of urban households consume adequately iodized salt, i.e. salt with iodine levels more than 15 ppm.²⁰

Similar findings were recently documented in the National Nutrition Program Baseline Survey Report. Approximately 60 percent of the pregnant and adolescent women households consumed salt with adequate iodine levels.²¹ Further, 37-40% of adolescents and women had sub-clinical iodine deficiencies.²² Although iodized salt is more readily available and widely utilized and the prevalence of iodine disorders has decreased, salt iodization is not adequate, thus sub-clinical deficiencies are widespread.

The baseline survey results indicate that households in the coastal region have the lowest utilization of iodized salt (45%). This may be explained by the availability of salt from the sea, which is not iodized and less expensive. However, results from all regions (45-84%) indicate the need for improvement.

¹⁸ Results of the third Iodine Deficiency Disorder Survey (2004-5) published in the IDD Newsletter, Volume-9, October 2005, International Council for Control of Iodine Deficiency Disorders Office in Bangladesh.

¹⁹ Ibid, 13.

²⁰ Results of the third Iodine Deficiency Disorder Survey (2004-5) published in the IDD Newsletter, Volume-9, October 2005, International Council for Control of Iodine Deficiency Disorders Office in Bangladesh.

²¹ *National Nutrition Program Baseline Survey 2004 Report*, ICDDR-B, Institute of Public Health Nutrition, National Institute of Population Research and Training, December 2005.

²² *National Nutrition Program Baseline Survey 2004 Report*, ICDDR-B, Institute of Public Health Nutrition, National Institute of Population Research and Training, December 2005.

Compared to the third IDD Survey (2004/5), SHOUHARDO households are less apt to utilize iodized salt in urban areas (90 vs. 76%), but not in rural ones (62 vs. 71%). The lower utilization of iodized salt among SHOUHARDO urban households may indicate lack of information; the higher cost of iodized salt may also be an issue. Surprisingly, SHOUHARDO households in rural areas more readily utilize iodized salt than the participants in the rural IDD Survey.

The iodine test kit utilized in the SHOUHARDO survey identified the presence of iodine in the salt, but could not quantify the adequacy. Thus the actual percentage of households with adequately iodized salt may be significantly less as found in the NNP baseline and IDD surveys.

Region	% of Households Utilizing Iodized Salt
North Char	83.8
Mid Char	73.4
Haor	82.1
Coast	45.1
Rural	71.3
Urban	76.4
Rural + Urban	71.5

Table 73: Percent of Households Utilizing Iodized Salt According to Region

15.5 Health Services²³: Availability, Use and Quality

Only a low percentage of households (0 to 1.3%) reported not knowing if health services were available. However, a high percentage, (0.3 urban to 14.3 rural) particularly in rural areas, lack access to health services. The Mid Chars (nearly 17 percent) and Hoar (20.6%) have the highest percentage of households without access to health services.

Rate of utilization also varies. In both rural and urban areas, about only about one quarter of the households utilize the services frequently (see Table below). Households are more apt to utilize health services sometimes, approximately 50 percent of rural and nearly 75% of urban households utilize health services infrequently.

Respondents who knew about the availability of health services were asked to report on the quality of the services. About 56% of the households in rural areas (72% in urban areas) rated their health services as average, and nearly 20% in rural areas rated the services as very good (23% in urban areas). At the same time, only 5% of households in rural areas (3% in urban) rated services as poor.

²³ Health Services are defined as vaccination and family planning services

Region	% of HHs without access to health services	% of HHs not knowing if health services are available	Use of health services among Households with access:			Quality of health services assessed by Households with access:			
			Utilized frequently	Utilized sometimes	Never utilized	Very good	Average	Poor	No opinion
North Char	10.2	-	14.9	72.1	2.9	13.7	67.5	6.1	2.6
Mid Char	16.9	0.3	23.9	56.4	2.6	17.5	55.7	7.8	1.8
Haor	20.6	0.7	23.1	46.4	9.3	17.5	51.3	2.8	7.1
Coast	1.4	1.3	45.2	45.2	7.0	28.4	58.6	5.9	4.5
Rural	14.3	0.6	26.5	52.2	6.5	19.1	56.2	4.9	4.8
Urban	0.3	-	23.4	74.3	2.0	23.4	71.7	3.1	1.5
Rural + Urban	13.7	0.6	26.4	53.0	6.3	19.3	56.8	4.9	4.7

Table 74: Household Report of the Availability, Utilization and Quality of Health Services (Vaccination and Family Planning)

16.0 Conclusion

The analysis of the baseline data suggests that the targeting of SHOUHARDO, aimed at working with the poorest and the most vulnerable households in some of the most neglected regions of Bangladesh has been largely successful. SHOUHARDO beneficiaries report very low outcomes on socio-economic, health, and nutrition indicators.

Overall, the beneficiary households report low asset base, low human and social capital, poor marketing linkages and weak institutional arrangements. The households are food insecure and susceptible to multiple crises. There are prolonged periods of insufficient food availability, attributable to failure of access to food and its availability. This can, in turn be attributed to low productivity, seasonal nature of employment, low levels of occupational diversification, and poor governance.

Poor and vulnerable as these households are, the beneficiary households are not homogenous. The deprivation of female-headed households and their vulnerability are different from and greater than male-headed households. There are regional differences in the nature of deprivation. All regions suffer certain generic issues pertaining to underdevelopment and yet each region has problems that are unique to it. Thus, while flooding is not a major source of crisis in the Coastal Areas, it is a serious problem in the Haors, North Chars and Mid Chars. Similarly, the extreme poor households report a far more acute deprivation than the poor households. They report a lower incidence of landholdings (when they do report possessing land) as compared to the poor households. By comparison, urban households face many problems that are different from the problems faced by rural households. Insecurity of tenure, lack of recognition as bonafide citizens, stigma and social exclusion, lack of access to services, and having to live in an environment where monetary transactions are the norm are some of these unique problems.

These differences have implications for the program. For one, this implies that a “one size fits all” approach will not yield optimal results. The program will have to design interventions that cater to

the unique needs of regions and logical sub-groups of beneficiaries. This will not be an easy task. It will entail using the baseline information in conjunction with the findings of community consultations to prioritize the needs of different regions and sub-groups. The effectiveness of resource allocation will be contingent on such a prioritization.

Having said this, the aggregate picture does lead to some broad conclusions. These are:

- Female-headed households, which comprise approximately 13% of the total households, are economically and socially the most vulnerable. Unless their unique situation is kept in mind and they are given a preferential treatment, it will be difficult to make a meaningful difference in their condition.
- Extreme poor households, not surprisingly, will need greater attention than the poor households.
- While the North Chars and the Mid Chars are economically the most vulnerable, the Haors will require greater focus in the fields of human development such as education, health, hygiene, and sanitation.
- The status of women and general social conservatism may be areas of concern in the Coastal regions.
- Provision of facilities, such as toilets, alone will not suffice. It appears that the level of understanding around health and hygiene is rather low. The program will have to build awareness and knowledge to the importance of proper hygiene.
- Capacity building programs will have to be made relevant to the needs of the beneficiary households and will have to be flexible in both content and the manner in which they are administered.
- The low income and asset base of the beneficiary households could be attributed to engagement in activities that have low productivity. Other issues that impinge on low income are limited livelihoods opportunities and seasonality of employment. The former also makes households more vulnerable to a crisis situation. Occupational diversification will require capacity building of beneficiaries as well as of governing institutions. A greater engagement of the private sector, market development and marketing linkages, and linkages with services providers are also important.
- Related to the above, the near absence of extension services also places limitations on the productivity of the households. The techniques of production are often outdated. Households do not know where to receive guidance. This also reflects on a poor institutional structure. Capacity building of institutions will be central to any meaningful change in the lives of the beneficiaries.
- Limited capacity of institutions also becomes evident in the ability to respond to a natural disaster. Very few households receive early warning of an impending disaster or subsequently relief supplies in the wake of a disaster. Absence of any safety net or social protection increases the vulnerability of these households and makes it difficult for them to rebound from any form of crisis or catastrophe.

Annex 1

Baseline Survey Questionnaire

**CARE Bangladesh
SHOUHARDO Program
BASELINE HOUSHOLD SURVEY**

Ques. SL				
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Start Time: _____
End Time: _____

A. Identification

Survey Team's ID

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A1	Date of interview	:																	
			<i>dd</i>	<i>mm</i>	<i>yy</i>														
A2	Name of Interviewer	1																	
A3	Name of Interviewer	2																	
A4	Reviewed by (Supervisor/ Name & Code)																		
A5	Reviewed by (Team Leader/Name & Code)																		
A6	Reviewed by others (Name & Code)																		
A7	Data Entry by (Name/Code)																		
A8	Entry Date																		
A9	Data entry checked by (Name/Code)																		
A10	Data entry checked Date																		

Area Identification

	Area	Name	Code
A11	District		
A12	Upazila		
A13	Union		
A14	Village		
A15	Pourashava/ City Corporation		
A16	Slum		
A17	Area Type: <i>Code: 1=North Char, 2=Mid Char, 3=Haor, 4=Coast</i>		

Respondent's Identification

A18	Name of HH head: _____		
A19	Sex of HH head: Code: 1=Male, 2=Female	Code	
A20	Father's/Husband's Name of HH head : _____		
A21	Respondent's Name: 1. _____	ID	
A22	Relationship with HH Head Code: 1= HH head self, 2=Wife, 3= Husband, 4= Son, 5=Daughter, 6=Father, 7=Mother, 8= Daughter in law/son in law, 9= Brother, 10=Sister, 11=Father in law, 12=Mother in law, 13= Nephew/niece, 14= Grandfather, 15= Grandmother, 16= Grandson/daughter, 17 =Sister -in-law/ Brother-in-law, 18= Brother's wife 19= Others (e.g. servant - specify)	Code	
A23	Respondent's Name: 2. _____	ID	
A24	Relationship with HH Head (Please use code same as variable A22)	Code	
A25	Religion: Code: 1=Muslim, 2=Hindu, 3=Christian, 4=Buddhist, 5=Other	Code	
A26	Ethnicity: Code: 1=Bengali 2=Adhivashi, 3=Non-Bengali, 4=Others	Code	
A27	Household well-being category ¹ : Code: 1= Extreme Poor, 2=Poor	Code	

¹ Information on Households well-being category should be extracted from WBA record sheet

B. Household Members

MI D	Name of HH Member (Start with the name of HH head)	Sex	Age (months/ years)		Marital Status	Education (completed class)	Currently continuing school	Attending or attended madrasa	Attending or completed adult literacy	Primary Occupation
			Month (for < 2 year's old)	Year						
		B1		B2	B3	B4	B5	B6	B7	B8
1										
2										
3										
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14										
15										

B1 1=Male 2=Female

B3 1= Married 2= Unmarried 3=Divorced 4=Widow 5=Separated 6=Abandoned

B4 0=No class, 1=Class 1, 2=Class 2, 3=Class 3, 4=Class 4, 5=Class 5, 6=Class 6, 7=Class 7, 8=Class 8, 9=Class 9, 10=SSC pass, 12=HSC pass, 14=Graduate,

16=Masters, 17=Pre primary school (e. g., BRAC school), 18= Did not attend school but can read/write

B5-B7 1=Yes 2=No

B8 1=Farming: on own land only; 2=Farming: as sharecropper or on rented in/mortgaged in land only; 3=Farming: on own land and rented in/mortgaged in/sharecropped land; 4=Agri. day labor; 5=Agri. Contract labor; 6=Fishing; 7=Poultry and livestock rearing; 8=Non-agricultural day labor; 9=non-agricultural contract labor; 10= Casual labor, 11=Regular salaried employment in Government, NGO or other institutions; 12=Regular salaried employment in some fixed business establishment (shop, factory, hotel, etc.) or in transport sector (bus, truck, etc.); 13=Self employed in business/service provision; 14=Petty business, 15=Business owner using hired labor; 16=Paid "volunteers"; 17=Rickshaw/rickshaw van puller; 18=Boatman; 19=Unpaid household work; 20=Servant/ Maid; 21=Student; 22=Beggar; 23=Old/ Disabled/child; 24=Unemployed; 25=Other (specify) ; 26= Unpaid household Labor

B9. If any School-age children (Age: 6-15 years) that are not currently attending school, ask why they are not attending (record up to the three most important reasons.)	Code	B9a	B9b	B9c

Code: 1=sick/disabled; 2=no school nearby; 3= unsafe to go to school/ guardian/parent feels risk; 4=too expensive; 5=child works; 6=Child not interested in going to school, 7=parent/guardian not motivated to send child to school, 8=other

C. Water and Sanitation

C1. What are the major sources of water for your household? How far are the water sources from your dwelling? (km enter 0 if less than 1km)

		1 st source		2 nd source	
		Source	Distance	Source	Distance
		S1	D1	S2	D2
C1a	Drinking				
C1b	Cooking				
C1c	Washing				

Code: 1=Hand tube well, 2=Tara pump, 3= Deep tube well, 4=Shallow tube well, 5=Ring well/ indara, 6=Pond, 7=River/canal, 8=Supply water (piped), 9=Pond sand filter, 10=Rainwater harvesting system, 11=Other (specify)

C2	If source is tube well/Tara pump, has the tube-well/Tara pump been tested for arsenic? Code: 1=Yes, 2=No, 77=Do not know, 88=N/A ->If answer is Yes then ask C3	Code	
C3	If tested, does the tube well/Tara pump have arsenic? Code: 1=Yes, 2=No	Code	

(Interviewer: If yes, ask whether the well is marked red or green, personally check)

C4	Does the HH have access to a latrine? Code: 1=Yes, 2=No - Skip up to C7	Code	
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C5. What type of latrine do your household members use?

Adult Men
Adult Women
Boys 5-15Yrs
Girls 5-15Yrs

Code: 1=Ring-slab/offset latrine (water seal), 2=Pit latrine (covered), 3=Ring-slab/offset latrine (water seal broken), 4=latrine (uncovered), 5=Septic latrine, 6=Hanging/open latrine, 7=Local adopted hygienic latrine, 8=Open defecation 88=N/A

C6. Condition of latrine (interviewer observe directly, see guidelines for more information)

	Condition	Code: 1= yes; 2=no
C6a	1. Is the latrine functioning?	
C6b	2. Does the latrine show signs of use?	
C6c	3. Is the latrine itself clean? For example, is the pan and slab (or place to sit while defecating) clean?	
C6d	4. Is the surrounding area of the latrine clean?	
C6e	5. Does the latrine have an unbroken water seal? If this is not applicable, write 88=N/A	

C7	Where do you dispose of your <5 child's feces? Code: 1= Latrine, 2=Outside, 88=NA	Code	
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D. Household Food Consumption

D1. Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day or at night. Did you or anyone else from your household eat food from any of the following groups?

(Code: 1=Yes, 2=No)

			Code			Code
D1a	1	Any cereals , e.g. rice, bread, wheat, wheat bread, rice flakes, puffed rice, barley, wheat grain, popcorn?		D1h	8	Any meat , such as, liver, beef, poultry, lamb, pork, etc.?
D1b	2	Any pumpkin, carrots, squash, or sweet potatoes or vegetables that are yellow or orange inside?		D1i	9	Any eggs?
D1c	3	Any white potatoes, white yams or other foods made from roots and tubers?		D1j	10	Any fresh or dried fish or shellfish?
D1d	4	Any dark green, leafy vegetables , e.g., ipomoea, amaranth, spinach, parwar sag, and drumstickleaves?		D1k	11	Any legumes/pulses , e.g. Bengal gram, black gram dal, lentil, Khesari?
D1e	5	Any other vegetables , e.g. cucumber, radish, pepper, string beans, cabbage, cauliflower, radish, onion?		D1l	12	Any Milk or Milk products , e.g. cow milk, buffalo milk, goat milk, yogurt, curd, cheese?
D1f	6	Any ripe papaya, mangoes or other fruits that are yellow or orange inside?		D1m	13	Any foods prepared using fat , e.g., oil, butter, dalda or ghee?
D1g	7	Any other fruits , e.g. banana, papaya, sithphal, grapefruit, apple, orange, jackfruit, jambu fruit, plums, melon, tomato, date, lemon, etc. ?		D1n	14	Any sugar or honey?
				D1o	15	Others (Specify)

Economic Activities

Activities	HH member ID number, number of months and (net) income for last 12 months														
	Person 1			Person 2			Person 3			Person 4			Person 5		
	ID ^a	# of months	Monthly Income (Taka)	ID ^a	# of months	Monthly Income (Taka)	ID ^a	# of months	Monthly Income (Taka)	ID ^a	# of months	Monthly Income (Taka)	ID ^a	# of months	Monthly Income (Taka)
E1	H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12	H13	H14	H15
E2															
E3															
E4															
E5															
E6															
E7															
E8															
E9															
E10															
E11															
E12															
E13															
E14															
E15															
E16															
E17															
E18															

^a Individual ID number from table B. # mos: number of months each person is engaged in the given activity.

		Code: 1=Yes, 2=No
E20	Did any resident household member migrate out of the village for part of last 12 months to find employment?	
E21	Did any resident household member sell labor in advance for part of last 12 months?	
E22	Did any resident household member take an interest-bearing loan from non-formal sources in the last 12 months?	
E23a	Was any household member engaged in food-for-work or cash-for-work activities in last 12 months?	

E23b. If yes (E23a), which months of the year?

Code: 1=Yes, 2=No

	Months	Code
E23b1	1. January (Poush)	
E23b2	2. February (Magh)	
E23b3	3. March (Falgun)	
E23b4	4. April (Chaitra)	
E23b5	5. May (Baishakh)	
E23b6	6. June (Jyeshtha)	

	Months	Code
E23b7	7. July (Ashar)	
E23b8	8. August (Sravan)	
E23b9	9. September (Bhadra)	
E23b10	10. October (Ashyain)	
E23b11	11. November (Kartik)	
E23b12	12. December (Agnahayan)	

F. Homestead Production Activities

Code: 1=Yes, 2=No

	<i>If the responses to F1 and F2 are both 'No' skip to G</i>	Code
F1	Did you cultivate vegetables in your homestead garden in the last 12 months?	
F2	Did you cultivate vegetables on roof top, trees or cattle-shed during the last 12 months?	

F3. Which vegetables did you harvest during the last 2 growing seasons ?**F3a. Last winter season (November 2004 – March 2005)**

	Vegetables (Name)	Production of last season harvest (Qty HH received)		Sales over last season		Sales Revenue (Taka)
		Quantity	Unit code	Quantity	Unit code	
F3a1	1					
F3a2	2					
F3a3	3					
F3a4	4					
F3a5	5					
F3a6	6					

Unit codes: 1=kg, 2=quintal, 3=seer; 4= maund, 5= number of vegetables; 6=other – specify

F3b. Last summer season (April 2005- October 2005)

	Vegetables (Name)	Production of last season harvest (Qty HH produced)		Sales over last season		Sales Revenue (Taka)
		Quantity	Unit code	Quantity	Unit code	
F3b1	1					
F3b2	2					
F3b3	3					
F3b4	4					
F3b5	5					
F3b6	6					

Unit codes: 1=kg, 2=quintal, 3=seer 4= maund, 5= number of vegetables, 6=other – specify

F4	Who in the HH primarily maintains the garden? Code: 1= adult male; 2= adult female; girls=3, boys=4	Code	
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F5. What gardening practices do you apply for homestead vegetable gardening?

[Please make sure the respondent's answer fits with the definition given in the guidelines. Probe to understand this.]

Code: 1=Yes, 2=No

	Gardening practices	Code
F5a	1.Improved bed system	
F5b	2.Improved pit/heap systems	
F5c	3.Quality seed	
F5d	4.Organic fertilizer	
F5e	5.Multi storied cropping	
F5f	6.Relay cropping	
F5g	7.Multiple cropping	

	Gardening practices	Code
F5h	8.Thinning	
F5i	9.Pruning	
F5j	10.Mulching	
F5k	11.Bagging	
F5l	12.Stalking/sticking/trellis	
F5m	13.Non-chemical pesticides	
F5n	14.Artificial pollination	

G. Fruits

G1	Did you grow fruit during the last 12 months? (Code: 1=Yes, 2=No) If 'No' skip to H	Code	
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G2. If yes, what fruits did you harvest in the last 12 months?

	Fruits (Name)	Production of last year (Qty HH produced)		Sales from last year		Sales Revenue (Taka)
		Quantity	Unit code	Quantity	Unit code	
G2a	1					
G2b	2					
G2c	3					
G2d	4					
G2e	5					
G2f	6					

Unit codes:1=kg; 2=quintal; 3=seer; 4= maund; 5= number of fruits; 6=other (specify)

G3. What practices do you apply for fruits trees?

[Please make sure the respondent's answer fits with the definition given in the guidelines. Probe to understand this.]

Code: 1=Yes, 2=No

	Fruit raising practices	Code
G3a	1.Chemical Fertilizer	
G3b	2.Organic Fertilizer	
G3c	3.Pruning	
G3d	4.Pollarding	
G3e	5.Air layering	

	Fruit raising practices	Code
G2f	6.Budding	
G2g	7.Grafting	
G2h	8.Inarching	
G2i	9.Watering	
G2j	10.Space planning	

H. Fish Cultivation

H1	Did you cultivate fish in a pond/ditch in the last 12 month? (Code: 1=Yes, 2=No) If 'No' skip to 'I'	Code	
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H2. If yes, how much fish did you harvest last 12 month?

	Fish species (Name)	Production of last year (Qty HH caught)		Sales from last year		Sales Revenue (Taka)
		Quantity	Unit code	Quantity	Unit code	
H2a	Common Carp					
H2b						
H2c						
H2d						
H2e						
H2f						

Unit codes: 1=kg, 2=quintal, 3=æer 4= maund, 5= number of fishes, 6=other (specify)

H3. What practices do you apply for fish cultivation?

[Please make sure the respondent's answer fits with the definition given in the guidelines. Probe to understand this.]

Code: 1=Yes, 2=No

	Fish raising practices	Code		Fish raising practices	Code
H3a	1.Water color-Brownish-green Greenish		H3f	6.Supplementary feed	
H3b	2.Maintained stocking density		H3g	7.Fish disease management	
H3c	3.Species selection		H3h	8.Polyculture	
H3d	4.Pond cleaning		H3i	9.Fish seed	
H3e	5.Liming				

I. Livestock Rearing

I1	During the last 12 months, did you own any poultry/livestock? (Code: 1=Yes, 2=No) If 'No' skip to J	Code	
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I2. If yes, what type of animal or animal products you own, consumed or sold?

	Product	Type of animal owned/animal product consumed 1=yes, 2=No	Quantity sold last year		Sales Revenue (Taka)
			Quantity	Unit	
I2a	1.Cow				
I2b	2.Goat				
I2c	3.Broiler/chicken				
I2d	4.Duck				
I2e	5.Milk				
I2f	6.Eggs				
I2g	7.Hides				
I2h	8.Honey				
I2i	9.Others				

Unit codes: 1=kg, 2=quintal, 3=æer 4= maund, 5= numbers; 6=other (specify)

I3. What practices do you apply to raising poultry and rearing livestock?

[Please make sure the respondent's answer fits with the definition given in the guidelines. Probe to understand this.]

Code: 1=Yes, 2=No

	Poultry raising practices	Code		Livestock raising practices	Code
I3a	1.Improved breeding		I3d	1.Improved breeding	
I3b	2.Vaccination		I3e	2.Vaccination	
I3c	3. Supplementary poultry feed		I3f	3.Fattening	
			I3g	4.Artificial insemination	
			I3h	5. Supplementary poultry feed	

J. Crop production

J1	Do you cultivate cereals, food or non-food crops? (Code; 1=yes, 2=No)	Code	
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*If No, skip to K***J2. If yes, ask the respondent to name the food and non-food crops harvested during the last two crop seasons (Boro and Amon).**

	Crop	Area cultivated (decimal)	Production of last year harvest (Quantity HH produced)		For Share Croppers: Amount given to land owner from last year harvest		Sales from last year harvest		Sales Revenue (Taka)
			Quantity	Unit code	Quantity	Unit code	Quantity	Unit code	
J2a	Rice (HYV)								
J2b	Rice (LIV)								
J2c	Rice (Local)								
J2d	Vegetables (commercial)								
J2e	Fruits (commercial)								
J2f	Wheat								
J2g	Ground nut								
J2h	Maize								
J2i	Pulses								
J2j	Oilseeds								
J2k	Spices								
J2l	Jute								
J2m	Tobacco								
J2n	Other (specify)								
J2o	Other (specify)								
J2p	Other (specify)								

Unit codes: 1=kg, 2=quintal, 3=seer 4= maund, 5= numbers, 6=other (specify)

J3. What practices do you apply for rice cultivation?*[Please make sure the respondent's answer fits with the definition given in the guidelines. Probe to understand this.]*

Code: 1=Yes, 2=No

	Rice cultivation practices	Code
J3a	1.Use quality seed	
J3b	2.Use 2-3 seedling per hill	
J3c	3.Maintained spacing	
J3d	4.Balanced fertilizer use	

	Rice cultivation practices	Code
J3e	5.Green manuring	
J3f	6. Irrigation	
J3g	7.Weeds management	
J3h	8.Organic Pesticides/Use of nets, pest traps and similar pest deterrents	

(If F,G,H,I & J are all 'NO' , skip to M)

K. Expenditure on Agricultural and Livestock Inputs for the last 2 crop seasons

	Name	Inputs cost (Taka spent on purchase last year)								
		Seed/ seedling	Poultry, livestock or fish feed	Fertilizer (Organic/ Inorganic)	Pesticides/ Weedicide (chemical/ organic)	Irrigation	Hired labor	Land/ Pond preparation	Hired machinery/ equipment	Other
K1	Vegetables (Homestead)									
K2	Fruit trees (Homestead)									
K3	Vegetables (Commercial)									
K4	Fruit trees (Commercial)									
K5	Rice									
K6	Wheat									
K7	Ground nut									
K8	Maize									
K9	Pulses									
K10	Oilseeds									
K11	Spices									
K12	Jute									
K13	Tobacco									
K14	Other (specify)									
K15	Other (specify)									
K16	Other (specify)									
K17	Fish cultivation									
K18	Poultry									
K19	Livestock									

L1	Do you know when and where to go to get technical guidance for agriculture, gardening, or pond management? (Code: 1=Yes, 2=No)	Code	
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L2. Have you received any training or technical support for agriculture, homestead gardening, fish cultivation or livestock rearing from any of the following sources?

	Type of support	Code: 1=Yes, 2=No	Level of satisfaction (Code: 1=poor, 2=adequate, 3=good, 4=very good, 8=N/A)
L2a	1.Village Model Farm (VMF)		
L2b	2.Other nursery		
L2c	3.Neighbors/relatives/other farmers		
L2d	4.GoB office (DAE, BADC, BARI, Upzila Livestock and Fishery offices)		
L2e	5.NGO		
L2f	6.Seed/pesticide companies		
L2g	7.Fish/poultry/livestock feed and pharmaceutical companies		
L2h	8. Other		

M. Household Asset**M1. House**

M1a	Ownership of House? <i>arrangement (specify)</i>	Code:1=Self,2=Rented, 3=Parents' house, 4=Other	Code	
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M1b	What is the main construction material of the walls of your main house?	Code	
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Code: 1 = Brick; 2 = C.I. Sheet / wood; 3 = Mud wall; 4 = Bamboo; 5 = Straw/jute stick/leaves; 6 = Thatched bamboo/polythene; 7 = Other

M1c	What is the main construction material of the roof of your main house?	Code	
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Code: 1 = Concrete; 2 = C.I. Sheet / wood; 3 = Tiles; 4 = Bamboo; 5 = Straw/jute stick/leaves; 6 = Thatched bamboo/polythene; 7 = Other

M1d	How many rooms do you have for your family to live in your house?	Code	
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M2. Land Profile (fixed asset)

	Types of Land	In Decimals	Approx. value if sold now (Tk.)
M2a	1.Household land		
M2b	2.Homestead garden		
M2c	3. Other homestead land		
M2d	4.Pond		
M2e	5.Agricultural land (Own operation)		
M2f	6.Agricultural land (Share out/rent out/leased out)		
M2g	7.Land mortgage out		
M2h	8.Other land owned		

M3. Other fixed or moveable Assets

	Description of Asset	Unit (number, kg, md., etc.)	Quantity	Approx. value if sold now (Tk)
M3_1	1. Shop			
M3_2	2. Industrial enterprise			
M3_3	3. House (structures)			
M3_4	4. Furniture (bed, Table, Chair, Cupboard)			
M3_5	5. Stove, lantern, flashlight			
M3_6	6. Household kitchen utensils			
M3_7	7. Bicycle/Rickshaw/Van			
M3_8	8. Boat			
M3_9	9. Motorcycle			
M3_10	10. Wagon			
M3_11	11. Watch or clock			
M3_12	12. Radio / Cassette player			
M3_13	13. TV / VCP / VCR / VCD			
M3_14	14. Mobile Phone set			
M3_15	15.Jewellery			
M3_16	16. Sewing machine			
M3_17	17. Hoe			
M3_18	18. Ax			
M3_19	19. Shovel			
M3_20	20.Spader			
M3_21	21.Hand tubewell			
M3_22	22. Shallow tubewell			
M3_23	23. Deep tubewell			
M3_24	24.Tractor/power tiller			
M3_25	25. Plow			
M3_26	26. Pump			
M3_27	27. Other agricultural equipment			
M3_28	28.Fishing Gear			
M3_29	29. Paddy (current stock)			
M3_30	30. Rice (current stock)			
M3_31	31. Wheat (current stock)			

	Description of Asset	Unit (number, kg, md., etc.)	Quantity	Approx. value if sold now (Tk)
M3_32	32. Other crops (current stock)			
M3_33	33. Livestock: cows (current stock)			
M3_34	34. Livestock: goat, sheep (current stock)			
M3_35	35. Poultry (current stock)			
M3_36	36. Fish (current stock)			
M3_37	37. Fodder (current stock)			
M3_38	38. Fuel (current stock)			
M3_39	39. Trees			
M3_40	40. Bamboo bush			
M3_41	41. Other (specify)			
M3_42	42. Other (specify)			
M3_43	43. All other			

N. Household Financial Assets and Liabilities

N1. Financial Assets (If not applicable, keep space blank)

	Description of Assets	Amount in Taka
N1a	1. Cash in hand	
N1b	2. All types of savings certificates/shares/bonds	
N1c	3. Savings in Post Office/Bank	
N1d	4. Savings in NGO samity	
N1e	5. Savings in other samity	
N1f	6. Insurance (premium paid)	
N1g	7. Provident fund, gratuity etc. due now from employer/office	
N1h	8. Investment in other persons' business	
N1i	9. Other	

N2. Financial Liabilities

[On all loans, please state the amount outstanding (with interest, if any) at the time of interview]

	Description of Liabilities	Amount in Taka
N2a	1. Bank loan	
N2b	2. NGO Samity loan	
N2c	3. Other Samity loan	
N2d	4. Loans from friends and relatives	
N2e	5. Loans from moneylenders	
N2f	6. Money borrowed against land or other assets	
N2g	7. Credit purchase	
N2h	8. Others	

N3. Selective Household Expenditures

How much did your household spend on the following categories in the last 12 months?

(Interviewer: ask about each category in the list)

	Category	Taka
N3a	1. Health (Medicines and medical fees)	
N3b	2. Education (School supplies and fees)	

O. Food Security

O1. In which months of the year did your family not have enough food to eat?
 (Depending on the response, fill the box with the appropriate code) Code: 1=Yes or 2=No

	Month	Code
O1a	1.January (Poush)	
O1b	2.February (Magh)	
O1c	3.March (Falgun)	
O1d	4.April (Chaitra)	
O1e	5.May (Baishakh)	
O1f	6.June (Jiashta)	

	Month	Code
O1g	7.July (Ashar)	
O1h	8.August (Sravan)	
O1i	9.September (Bhadra)	
O1j	10.October (Ashyin)	
O1k	11.November (Kartik)	
O1l	12.December (Augrahasan)	

What is your average monthly food expenditure in months in which you have enough to eat? Tk_____

What is your average monthly food expenditure in months in which you do not have enough to eat? Tk_____

QUESTIONS AND FILTERS	CODING CATEGORIES
O2. How often did you eat three 'square meals' (full stomach meals) a day in the past 12 months (not a festival day)?	Mostly (3 meals each day for most of the year)..... 1 Often (at least 3 times a week) 2 Sometimes (7-12 times within the last 12 months)..... 3 Rarely (only 1-6 times within the last 12 months)..... 4 Never 5
O3. In the last 12 months, how often did you or any of your family have to eat potato, wheat, or another grain although you wanted to eat rice (not including when you were sick)?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (most days/weeks) 5
O4. In the last 12 months how often did you yourself skip entire meals due to scarcity of food?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (most days/weeks) 5
O5. In the last 12 months how often did you personally eat less food in a meal due to scarcity of food?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (most days/weeks) 5
O6. In the past 12 months how often did food stored in your home run out and there was no money to buy more that day?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (most days/weeks) 5
O7. In the past 12 months how often did you worry about where food would come from? (Mathar bhitre koto chinta from food or money worries).	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (most days/weeks) 5
O8. In the past 12 months, how often did your family purchase rice?	Never 1 Rarely (once every few months).... 2 Sometimes (a few times each month) 3 Often (every week) 4 Mostly (every day)..... 5
O9. In the past 12 months how often did your family purchase food (rice, lentils etc.) on credit (or loan) from a local shop?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (this happens a lot) 5
O10. In the past 12 months how often did your family have to borrow /take food from relatives or neighbors to make a meal?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month)..... 4 Mostly (this happens a lot) 5
O11. Based on answers to the above questions, in the enumerator's opinion, this household should be classified as:	Food secure 1 Food insecure without hunger 2 Food insecure with hunger 3

P. Crisis and coping strategies

P1	Did your household experience a crisis event in the last 12 months? (Code: 1=Yes, 2=No) If No, Skip to Q	Code	
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Ask the question actively. If No, Skip to Q

P2. If yes, what was the crisis?

Definition of CRISIS: An unexpected event leading to unforeseen expenditures and/or interruptions in the income flows and earning capacity of the household. Where the crisis can take various forms (e.g. Natural disaster), CIRCLE or TICK the relevant option given in the column headed Type of Crisis Event

	Type of Crisis Event	Code: 1=Yes, 2=No	If yes use 'Coping Strategy' code provided below
P2a	1.Flood: Flash/monsoon		
P2b	2.Drought		
P2c	3.Tidal surge/ Cyclone/ landslide/ river bank/mound erosion		
P2d	4. Salinity		
P2e	5.Poor harvest		
P2f	6.Food shortage		
P2g	7.Illness		
P2h	8.Death of household member/ income earner		
P2i	9.Divorce/ separation/ abandonment		
P2j	10.Victim of crime: theft/ torture/ trafficking/ other		
P2k	11.Loss of assets: land/ livestock/ other		
P2l	12.Dowry / Wedding costs		
P2m	13.Involvement in lawsuit/ arbitration		
P2n	14.Irregular remittance/ loss of job		
P2o	15. Other (specify):		

Code: 1=Whole family migrated temporarily, 2=Men migrated temporarily, 3=Women migrated temporarily, 4=Boys migrated temporarily, 5=Girls migrated temporarily, 6=Family member(s) migrated temporarily to find work, 7=Household members migrated permanently, 8=Sold labor services in advance, 9=Borrowed from family or friends, 10=Borrowed from NGO, 11=Borrowed from moneylender, 12=Sold crop in advance of harvest, 13=Used household savings, 14=Sold animals, 15=Pledged land, 16=Sold land, 17=Sold any household items, 18=Temporary job, 19=Received assistance from government or NGO.

Complete Table P3 below ONLY if the response for P1 was 'Yes' for either 1(P2a), 2(P2b) or 3(P2c).

P3	Did you lose or sell any of your household's assets or livestock during last year as a result of crisis? Code: 1=Yes, 2=No. If yes, please complete the matrix below and if no go to next module.	Code	
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	Asset/Livestock	Sale			Loss/ Damage	
		Quantity in Number	What was the selling value? (Tk.)	What was the market value before the disaster? (Tk.)	Quantity in Number.	What was the market value before the disaster (Tk.)
P3a	1.Cow					
P3b	2.Buffalo					
P3c	3.Goat /sheep					
P3d	4.Duck /chicken					
P3e	5.Furniture					
P3f	6.Utensils					
P3g	7.Clothing					
P3h	8.Door					
P3i	9.Food grain					
P3j	10.Other (please specify below)					
P3k	11.					
P3l	12.					

Q. Humanitarian assistance/ Disaster Response

		Code
Q1	Did your household experience a disaster (e.g. cyclone/flash flood/tornado) during the last 5 year? Code: 1=Yes, 2=No If no, skip to the next module	
Q2	Did you receive any early warning message before the cyclone/flash flood/tornado? Code: 1=Yes, 2=No	
Q3	From which source did you get the early warning message during last disaster? Code: 1=CPP volunteers; 2=friends and neighbors; 3=radio; 4=television; 5=Union Parishad; 6=NGOs; 7=mosque miking; 8=other (specify)	
Q4	Did you have to move outside your home during last disaster? Code: 1=Yes, 2=No	
Q5	If yes, where did you move to during the last disaster? Code: 1=pucca house; 2=kacha house; 3=cyclone or flood shelter; 4=UP building; 5=school building; 6=boat; 7=road/embankment; 8=raised hillock; 9=mosque; 10=other (specify)	
Q6	Did you receive any assistance after the disaster? Code1=Yes, 2=No	

R. Assessment of Social Services

Accessibility = it is available in the village/union. For primary school and shalish, accessibility means these are available in the village.

Utilization = the household's use of the service

	Type of Service	Accessibility (Code: 1=Yes, 2=No), 3=Don't know	Utilization (Code: 1= frequently; 2=sometimes; 3=never/not applicable)	Quality of Service (Code: 1 = excellent; 2=average; 3=poor; 0=not applicable)
1	Health service			
2	Primary school (village)			
3	Social welfare			
4	Union Parishad	1		
5	Grammo Shalish (village)			
6	Services provided by the Department of Women's Affairs			
7	Other (specify)			

S. Position of Women in Household

(Questions should be asked to the wife of the household head or female household head directly, without men present)

S1. To what extent are you (female) able to make the following kinds of decisions?

(Interviewer: ask about each item in the list)

	Type of decision	Code
S1a	1.Buying small food items, groceries, toiletries	
S1b	2.Buying clothing for yourself and your children	
S1c	3.Spending money that you yourself have earned	
S1d	4.Buying or selling major household assets (land, livestock, crops)	
S1e	5.Buying or selling jewelry	
S1f	6.Use of loans or savings	
S1g	7.Expenses for your children's education	
S1h	8.Expenses for your children's marriage	
S1i	9.Medical expenses for yourself or your children	
S1j	10.Expenses for family planning (contraceptives)	
S1k	11.To move to shelter during time of disaster	
S1l	12.Actively participate and involved in salish decision making	

Code: 1=can decide alone; 2=can decide with husband or other adult male family members; 3= Husband makes decision after discussion with wife, 4=not involved in decision; 88= not applicable

S2. Are you a member of any of the following kinds of groups?

	Type of Group	Code: 1=Yes, 2=No
S2a	1.NGO credit group	
S2b	2.Other credit group	
S2c	3.Community garden	
S2d	4.Community health group	
S2e	5.Parents Teachers Association (PTA)	
S2f	6.Other	

S3	Was it possible for the interviewer to ask the above questions, S1 and S2, to women without their husband or any man present? (Code: 1=Yes, 2=No)	Code	
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Respondent's Identification

A18	Name of HH head: _____		
A19	Sex of HH head: <i>Code: 1=Male, 2=Female</i>	Code	
A20	Father's/Husband's Name of HH head: _____		
A21	Respondent's Name: 1. _____	ID	
A22	Relationship with HH Head <i>Code: 1=HH head self, 2=Wife, 3=Husband, 4=Son, 5=Daughter, 6=Father, 7=Mother, 8=Daughter in law/son in law, 9=Brother, 10=Sister, 11=Father in law, 12=Mother in law, 13=Nephew/niece, 14=Grandfather, 15=Grandmother, 16=Grandson/daughter, 17=Sister-in-law/Brother-in-law, 18=Brother's wife, 19=Others (e.g. servant - specify)</i>	Code	
A23	Respondent's Name: 2. _____	ID	
A24	Relationship with HH Head <i>(Please use code same as variable A22)</i>	Code	
A25	Religion: <i>Code: 1=Muslim, 2=Hindu, 3=Christian, 4=Buddhist, 5=Other</i>	Code	
A26	Ethnicity: <i>Code: 1=Bengali, 2=Adhivashi, 3=Non-Bengali, 4=Others</i>	Code	
A27	Household well-being category ¹ : <i>Code: 1=Extreme Poor, 2=Poor</i>	Code	

B. Household Members

MI D	Name of HH Member (Start with the name of HH head)	Sex	Age (months/ years)		Marital Status	Education (Completed class)	Currently continuing school	Attending or attended madr-asa	Attending or completed adult literacy	Primary Occupation
			Month (for < 2 year olds)	Year						
		B1	B2		B3	B4	B5	B6	B7	B8
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

B1 1=Male 2=Female

B3 1= Married 2= Unmarried 3=Divorced 4=Widow 5=Separated 6=Abandoned

B4 00=No class, 01=Class 1, 02=Class 2, 03=Class 3, 04=Class 4, 05=Class 5, 06=Class 6, 07=Class 7, 08=Class 8, 09=Class 9, 10=SSC pass, 12=HSC pass, 14=Graduate, 16=Masters, 17=Pre primary school (e. g., BRAC school), 18= Did not attend school but can read/write

B5-B7 1=Yes 2=No

01=Farming: on own land only; 02=Farming: as sharecropper or on rented in/mortgaged in land only; 03=Farming: on own land and rented in/mortgaged in/sharecropped land; 04=Agri. day labor; 05=Agri. Contract labor; 06=Fishing; 07=Poultry and livestock rearing;

08=Non-agricultural day labor; 09=non-agricultural contract labor; 10=Casual labor, 11=Regular salaried employment in Government, NGO or other institutions; 12=Regular salaried employment in some fixed business establishment (shop, factory, hotel, etc.) or in transport sector (bus, truck, etc.); 13=Self employed in business/service provision; 14=Petty business, 15=Business owner using hired labor; 16=Paid "volunteers"; 17=Rickshaw/rickshaw van puller; 18=Boatman; 19=Unpaid household work; 20=Servant/ Maid; 21=Student; 22=Beggar; 23=Old/ Disabled/Child; 24=Unemployed; 25=Other (specify) 26 = Unpaid household Labor

C. Water and Sanitation

C1. What are the major sources of water for your household? How far are the water sources from your dwelling? (km enter 0 if less than 1km)

	1 st source		2 nd source		
	Source	Distance	Source	Distance	
Drinking					Code: 1=Hand tube well, 2=Tara pump, 3= Deep tube well, 4=Shallow tube well, 5=Ring well/indara, 6=Pond, 7=River/canal, 8=Supply water (piped), 9=Pond sand filter, 10=Rainwater harvesting system, 11=Other (specify)
Cooking					
Washing					

C2. If source is tube well/Tara pump, has the tube-well/Tara pump been tested for arsenic?		Code: 1=Yes, 2=No, 77=Do not know, 88=N/A ->If answer is Yes then ask C3
C3. If tested, does the tube well/Tara pump have arsenic?		Code: 1=Yes, 2=No

(Interviewer: If yes, ask whether the well is marked red or green, personally check)

C4. Does the HH have access to a latrine?		Code: 1=Yes 2=No - Skip to C7
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C5. What type of latrine do your household members use? (Ask and observe and then fill the code for type of latrine)

Adult Men Adult Women Boys 5-15Yrs Girls 5-15Yrs

Code: 1=Ring-slab/offset latrine (water seal), 2=Pit latrine (covered), 3=Ring-slab/offset latrine (water seal broken), 4=Pit latrine (uncovered), 5=Septic latrine, 6=Hanging/open latrine, 7=Local adopted hygienic latrine, 8=Open defecation

C6. Condition of latrine (interviewer observe directly; see guidelines for more information)

	Condition	Code: 1= yes; 2=no
1	Is the latrine functioning?	
2	Does the latrine show signs of use?	
3	Is the latrine itself clean? For example, is the pan and slab (or place to sit while defecating) clean?	
4	Is the surrounding area of the latrine clean?	
5	Does the latrine have an unbroken water seal? If this is not applicable, write 88=N/A	

C7.	Where do you dispose of your <5 child's feces ? Code: 1= Latrine, 2=Outside, 88=N/A	
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D. Household Food Consumption

D1. Now I would like to ask you about the types of foods that you or anyone else in your household ate yesterday during the day or at night.

Code: 1=Yes, 2=No

1	Any cereal , e.g. rice, bread, wheat, wheat bread, rice flakes, puffed rice, barley, wheat grain, popcorn		9	Any eggs	
2	Any pumpkin, carrots, squash, or sweet potatoes or vegetables that are yellow or orange inside		10	Any fresh or dried fish or shellfish	
3	Any white potatoes, white yams or other similar roots and tubers		11	Any legumes/pulses , e.g. Bengal gram, black gram dal, lentil, Khesarl	
4	Any dark green, leafy vegetables , e.g., ipomoea, amaranth, spinach, parwar sag, and drumstick leaves		12	Any Milk or Milk products , e.g. cow milk, buffalo milk, goat milk, yogurt, curd, cheese?	
5	Any other vegetables , e.g. cucumber, radish, string beans, cabbage, cauliflower,		13	Any foods prepared using fat , e.g., oil, butter, dalda, or ghee?	
6	Any ripe papaya, mangoes or other fruits that are yellow or orange inside		14	Any sugar, molasses or honey?	
7	Any other fruits , e.g. banana, papaya, sithphal, grapefruit, apple, orange, jackfruit, jambu fruit, plums, melon, tomato, date, lemon, etc.		15	Any spices such as onion, and pepper	
8	Any meat , such as, liver, beef, poultry, lamb, pork, etc.		15	Others (Specify)	

E. Food Security

QUESTIONS AND FILTERS	CODING CATEGORIES
E1. How often did you eat three 'square meals' (full stomach meals) a day in the past 12 months (not a festival day)?	Mostly (3 meals each day for most of the year)..... 1 Often (at least 3 times a week) 2 Sometimes (7-12 times within the last 12 months)..... 3 Rarely (only 1-6 times within the last 12 months)..... 4 Never 5
E2. In the last 12 months, how often did you or any of your family have to eat potato, wheat, or another grain although you wanted to eat rice (not including when you were sick)?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month) 4 Mostly (most days/weeks)..... 5
E3. In the last 12 months how often did you yourself skip entire meals due to scarcity of food?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months) 3 Often (a few times each month) 4 Mostly (most days/weeks)..... 5
E4. In the last 12 months how often did you personally eat less food in a meal due to scarcity of food?	Never 1 Rarely (only 1-6 times within the last 12 months) 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month) 4 Mostly (most days/weeks)..... 5

E5. In the past 12 months how often did food stored in your home run out and there was no money to buy more that day?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month) 4 Mostly (most days/weeks)..... 5
E6. In the past 12 months how often did you worry about where food would come from? (Mathar bhitre koto chinta from food or money worries).	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month) 4 Mostly (most days/weeks)..... 5
E7. In the past 12 months, how often did your family purchase rice?	Never 1 Rarely (once every few months) 2 Sometimes (a few times each month) 3 Often (every week) 4 Mostly (every day) 5
E8. In the past 12 months how often did your family purchase food (rice, lentils etc.) on credit (or loan) from a local shop?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month) 4 Mostly (this happens a lot) 5
E9. In the past 12 months how often did your family have to borrow /take food from relatives or neighbors to make a meal?	Never 1 Rarely (only 1-6 times within the last 12 months)..... 2 Sometimes (7-12 times within the last 12 months)..... 3 Often (a few times each month) 4 Mostly (this happens a lot) 5
E10. Based on answers to the above questions, in the enumerator's opinion, this household should be classified as:	Food secure..... 1 Food insecure without hunger..... 2 Food insecure with hunger..... 3

E11. In which months of the year did your family not have enough food to eat? (Depending on the response, fill the box with the appropriate code) Code: 1=Yes or 2=No

1. January (Poush)	
2. February (Magh)	
3. March (Falgun)	
4. April (Chaitra)	
5. May (Baishakh)	
6. June (Jyeshtha)	

7. July (Ashar)	
8. August (Sravan)	
9. September (Bhadra)	
10. October (Ashyain)	
11. November (Kartik)	
12. December (Aagrahayan)	

What is your average monthly food expenditure in months in which you have enough to eat? Tk _____

What is your average monthly food expenditure in months in which you do not have enough to eat? Tk _____

Section E. Access and Utilization of Health Services

Accessibility = it is available in the union.
 Utilization = the household’s use of the service

	Type of Service	Accessibility (Code: 1=Yes, 2=No), 3=Don’t know	Utilization (Code: 1=frequently; 2=sometimes; 3=never/not applicable)	Quality of Service (Code: 1 = excellent; 2=average; 3=poor; 0=not applicable)
1	Health Services (primary health care)			

F. Identifying Children from 6 months to 2 years old

Interviewer: Now I would like to know the date of birth of the children ages 6 months to 2 years and their exact ages in months. List the names of the children between the ages of 6 months and 2 years in Table 2, (refer to Table B. Household Members, page 2 of this questionnaire). If there are young children close to these ages verify their ages as well.

Request a vaccination card or birth certificate from the mother to verify the age of the children aged between 6 months and 2 years. **If a vaccination or birth card is not available, use the local calendar of events provided in the training to approximate the month and year of birth. In this case, fill-in the year and month of birth only, i.e. leave the day of birth blank, and record the age of the child in months.**

If there is more than 1 child aged between 6 months and 2 years in the household, write the name of each child on separate pieces of paper, place them in a hat, cup or other container. With eyes closed, put 1 hand in the container, mix the papers and select one. The name of the child on the piece of paper drawn is the randomly selected child. And his/her mother is the respondent.

Table 2: Children aged 6 months to 2 years

Line#	Name of children aged 2 years or less	In what month and year was (NAME) born? WRITE THE DATE IN ENGLISH USE CODES AT BOTTOM OF PAGE FOR MONTHS ENGLISH	Record age of (NAME) in months (Use chart provided to determine age in months from birth dates and months)	Identify the eligible respondent (mother of the randomly selected child) and write her name in this column on the same line as the randomly selected child
1	2	3	4	5
SOURCE OF DOB INFORMATION (EPI/ NNP)				
01		DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR 200 <input type="checkbox"/>		
02		DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR 200 <input type="checkbox"/>		
03		DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR 200 <input type="checkbox"/>		

Months in Bengali and English

MONTH	CODE
January (Poush)	01
February (Magh)	02
March (Falgun)	03
April (Chaitra)	04
May (Baishakh)	05
June (Jiashta)	06

MONTH	CODE
July (Ashar)	07
August (Sravan)	08
September (Bhadra)	09
October (Ashyin)	10
November (Kartik)	11
December (Augrahasan)	12

G. Antenatal Care

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G01	Are you currently pregnant?	Currently pregnant..... 1 Not currently pregnant 2 Don't know..... 3	→ G03a
G02	For how many months have you been pregnant?	Month(s) <input type="text"/> <input type="text"/>	
G03a	Now I would like to ask you some questions about your current/last pregnancy.		
G03b	Did you have any antenatal check-ups during your (current/ last) pregnancy?	Yes 1 No..... 2	→ G08
G04	How many check-ups did you have during your (current/last) pregnancy?	Number of visits..... <input type="text"/> <input type="text"/>	
G05	Do you have an antenatal card or a prescription sheet for your (current/last) pregnancy? IF Yes: May I see it please?	Yes, Seen..... 1 Yes, Not Seen 2 No Card 3	→ G07
G06	Interviewer: Verify Number of Antenatal Visits Is the number of documented visits on the card different than the stated number of visits in Q204	Same as stated..... 1 Different than stated 2 Note number of documented visits <input type="text"/> <input type="text"/>	
G07	Where did/do you go for ANC check-ups (Multiple responses possible) Definitions: <ul style="list-style-type: none"> ▪ District Hospital is often called as Sador Hospital or General hospital ▪ Upazila Health Complex : Is often called as Thana Hospital OR Thana Shasthaya Complex ▪ MCWC : Maternal and Child Welfare Centre is located usually in District town, Very few located in Upazila and union level. They are traditionally called " MATRE SADON" in Bangla ▪ FWC : It is the Union Family Welfare Centre known as Union Hospital or Union Paribar Kollan Kendra FWV Family Welfare Visitor	Public Sector: Hospital/Medical college 11 Upazila Health Complex 12 Satellite/EPI outreach centre 13 MCWC 14 FWC 15 FWV 16 NGO Sector: Static clinic 21 Satellite clinic 22 Field worker 23 Hospital 24 Private medical sector: Clinic/Hospital..... 31 MBBS Doctor..... 32 Village doctor 33 Homeopath..... 34 Pharmacy 35 Other Sector: Trained Traditional Birth Assistant (TTBA) 41 Untrained Traditional Birth Assistant (UTBA) 42 Others (specify) 43	

G08	During your (current/last) pregnancy, do/did you take the same amount of food as you usually take or do/did you take more or less food than you usually take?	More food 1 Less food 2 Same as usual 3	
G09	During your (current/last) pregnancy, do/did you take as much daytime rest as you usually take?	More rest 1 Less rest 2 Same as usual 3	
G10	In your (current /last) pregnancy, did you take any iron and folic acid tablets like this? (Interviewer: shows her the iron tablet)	Yes 1 No 2	→ G13
G11	For how many months during your last pregnancy did you take iron and folic acid tablets? How many days a week do/did you take iron/folate tablets in your (current/ last) pregnancy?	1-21 3-42 5-63 > 64	→ G13
G12		6-7 days/week 1 4-5 days/week 2 2-3 days/week 3 Occasionally 4	
G13	Did you receive Vitamin A <i>within one and half month of delivery</i> ” of the child? (Interviewer: shows her the red Vitamin A capsule)	Yes 1 No 2	→ G15
G14	After your delivery how many days/week passed before you received Vitamin A?	<input type="checkbox"/> <input type="checkbox"/> Days <input type="checkbox"/> <input type="checkbox"/> Weeks	
G15	Do you or your husband presently use any method of contraceptive (permanent or temporary) (If the women is currently pregnant, do not ask this question and complete with code # 3.)	Yes 1 No 2 Not applicable88	

H. Food Consumption of the Mother of the Child

H1. Now I would like to ask you (**mother**) about the types of foods that you (**mother**) ate yesterday during the day or at night. Did you (**mother**) eat food from any of the following groups?

ASK EACH QUESTION FROM H1-H14 ACTIVELY, E.G., DID YOU EAT ANY CEREALS YESTERDAY?

Code: 1=Yes, 2=No

H1a	1	Any cereal, e.g. rice, bread, wheat, wheat bread, rice flakes, puffed rice, barley, wheat grain, popcorn?	H1i	9	Any eggs?
H1b	2	Any pumpkin, carrots, squash, or sweet potatoes or vegetables that are yellow or orange inside?	H1j	10	Any fresh or dried fish or shellfish?
H1c	3	Any white potatoes, white yams or other similar roots and tubers?	H1k	11	Any legumes/pulses, e.g. Bengal gram, black gram dal, lentil, Khesar!?
H1d	4	Any dark green, leafy vegetables, e.g., ipomoea, amaranth, spinach, parwar sag, drumstick leaves?	H1l	12	Any Milk or Milk products, e.g. cow milk, buffalo milk, goat milk, yogurt, curd, cheese?
H1e	5	Any other vegetables, e.g. cucumber, radish, string beans, cabbage, cauliflower,	H1m	13	Any foods prepared using fat, e.g., oil, butter, dalda, or ghee?

H1f	6	Any ripe papaya, mangoes or other fruits that are yellow or orange inside?		H1n	14	Any sugar, molasses or honey?	
H1g	7	Any other fruits, e.g. banana, papaya, sithphal, grapefruit, apple, orange, jackfruit, jambu fruit, plums, melon, tomato, date, lemon, etc.?		H1o	15	Any spices such as onion, and pepper?	
H1h	8	Any meat, such as, liver, beef, poultry, lamb, pork, etc.?		H1p	16	Others (Specify)	

I. Child Immunization

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
I01	Do you have a card where (NAME'S) vaccinations are written down? If yes: May I see it, please?	Yes, Seen..... 1 Yes, Not Seen 2 No Card 3	→ I03 → I05																																													
I02	Did you ever have a vaccination card for (NAME)?	Yes 1 No..... 2	→ I05																																													
I03	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED BCG POLIO1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES " Not Applicable for Child age below 9 Completed Months and Write 88 in Day Box for MEASLES"	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MON</td> <td style="text-align: center;">YEAR</td> <td></td> </tr> <tr> <td>BCG</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>P1.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>P2.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>P3.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>D1.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>D2.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>D3.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> <tr> <td>MEA.....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> 200 <input type="text"/></td> </tr> </table>		DAY	MON	YEAR		BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	P1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	P2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	P3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	D1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	D2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	D3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	MEA.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 200 <input type="text"/>	Skip to I11 If all vaccines given and recorded in card
	DAY	MON	YEAR																																													
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I04	Has (NAME) received any vaccinations that were not recorded on this card? RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE (S)	YES 1 (PROBE FOR VACCINATIONS..... AND WRITE "66" IN THE CORRESPONDING DAY COLUMN IN Question 218) NO 2 DON'T KNOW 8	→ I11																																													
I05	Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES 1 NO 2																																														
I06	Polio vaccine that is, drops in the mouth?	YES 1 NO 2 DON'T KNOW 8	→ I09																																													
I07	How many times did (NAME) receive polio vaccine:	TIMES <input type="text"/>																																														
I08	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ I11																																													

I09	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	
I10	An injection given to prevent measles after 9 months of age?	YES 1 NO 2 DON'T KNOW 8 NOT APPLICABLE 88 (child < 9 months old)	
I 11	When was the first (Zero) polio vaccine received, just after birth or later?	Just after birth (within 14 days)-----1 14days -42 days after birth --- 2 Not Given --- 3	
I12	Has (NAME) received a vitamin A capsule like this in the last 6 months? CHECK IMMUNIZATION CARD IF AVAILABLE Interviewer: Show Blue and Red Vitamin A Capsule as either may have been given depending on child's age	Yes 1 No..... 2 Don't know..... 8	

J. Breastfeeding, Supplementary Feeding Practices and Food Habits

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
J01	Did you ever breastfeed (NAME)?	Yes 1 No..... 2	J05																																																
J02	Are you still breastfeeding (NAME)?	Yes 1 No..... 2	<u>J04</u>																																																
J03	For how many months did you breastfeed (NAME)?	Months breastfed..... <input type="checkbox"/> <input type="checkbox"/> Don't know 98	<u>J05</u>																																																
J04	Do you feed any liquid or solid food with breastfeeding?	Yes 1 No..... 2																																																	
J05	At any time yesterday or last night, was (NAME) given any of the following: ASK EACH QUESTION ACTIVELY, E.G. AT ANY TIME YESTERDAY OR LAST NIGHT, WAS (NAME) GIVEN ANY WATER, ANY BABY FORMULA? Definitions and examples of young child foods: Baby formula , i.e. commercially produced "milk" specially processed for infants, fortified with iron and other micronutrients Any other liquid , e.g. tea or juice Rice/Porridge/wheat foods , e.g. gruel, Suzi, Sagu Fruits , e.g. banana, papaya, etc. Green leafy vegetables , e.g., ipomoea, amaranth, spinach, parwar sag, drumstick leaves Fresh or dried fish or shellfish? Meat, beef, pork, lamb, liver Pulse , e.g. Khichuri.	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Plain water</td><td>1</td><td>2</td></tr> <tr><td>Sugar/honey water</td><td>1</td><td>2</td></tr> <tr><td>Baby formula</td><td>1</td><td>2</td></tr> <tr><td>Fresh milk.....</td><td>1</td><td>2</td></tr> <tr><td>Any other liquid.....</td><td>1</td><td>2</td></tr> <tr><td>Tinned or powdered milk</td><td>1</td><td>2</td></tr> <tr><td>Rice/Porridge/wheat</td><td>1</td><td>2</td></tr> <tr><td>Fruits</td><td>1</td><td>2</td></tr> <tr><td>Green leafy vegetables</td><td>1</td><td>2</td></tr> <tr><td>Egg</td><td>1</td><td>2</td></tr> <tr><td>Fish</td><td>1</td><td>2</td></tr> <tr><td>Poultry</td><td>1</td><td>2</td></tr> <tr><td>Meat</td><td>1</td><td>2</td></tr> <tr><td>Pulse</td><td>1</td><td>2</td></tr> <tr><td>Others (specify).....</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	Plain water	1	2	Sugar/honey water	1	2	Baby formula	1	2	Fresh milk.....	1	2	Any other liquid.....	1	2	Tinned or powdered milk	1	2	Rice/Porridge/wheat	1	2	Fruits	1	2	Green leafy vegetables	1	2	Egg	1	2	Fish	1	2	Poultry	1	2	Meat	1	2	Pulse	1	2	Others (specify).....	1	2	
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Others (specify).....	1	2																																																	

K. Childhood Diarrhea

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K01	Has (NAME) had diarrhea (<u>having 3 or more loose stools in 24 hours</u>) in the last 2 weeks?	Yes 1 No..... 2	L01
K02	Was (NAME) given the same amount to drink as before the diarrhea, or more, or less?	Same 1 More 2 Less..... 3 Don't know..... 8	
K03	Was (NAME) given the same amount of food to eat as before the diarrhea, or more, or less?	Same 1 More 2 Less..... 3 Don't know..... 8	
K04	Check 303 and tick: Whether (NAME) is still breastfed or not.	Still breastfed..... 1 Other 2	K06
K05	Did you continue to breastfeed (NAME) during diarrhea?	Continued 1 Did not continue 2	
K06	What did you do to treat his/her diarrhea? (Multiple responses possible)	Home made (sugar/salt) saline..... 1 Home made (Labon-gur) saline..... 2 Packet saline 3 Rice Poser 4 Pill/capsule/syrup 5 Injection 6 Intravenous..... 7 Home remedies/Herbal medicine/plants 8 Plain Drinking Water 9 Did not give anything 10 Others _____ 11 (Specify)	
K07	Did you seek advice or treatment of (NAME) for diarrhea?	Yes 1 No..... 2	L01
K08	Where did you first seek advice or treatment for your child's diarrhea? Defintions: <ul style="list-style-type: none"> ▪ District Hospital is often called as Sador Hospital or General hospital ▪ Upazila Health Complex : Is often called as Thana Hospital OR Thana Shasthaya Complex ▪ MCWC : Maternal and Child Welfare Centre is located usually in District town, Very few located in Upazila and union level. They are traditionally called " MATRE SADON" in Bangla ▪ FWC : It is the Union Family Welfare Centre known as Union Hospital or Union Paribar Kollan Kendra FWV Family Welfare Visitor	Public Sector: Hospital/Medical college 11 Upazila Health Complex 12 Satellite/EPI outreach centre 13 MCWC 14 FWC 15 FWV 16 FWA 17 NGO Sector: Static clinic 21 Satellite clinic 22 Field worker 23 Hospital 24 Private medical sector: Clinic/Hospital..... 31 MBBS Doctor..... 32 Village doctor 33 Homeopath..... 34 Pharmacy 35 Other Sector: Friend/Relative 41 Neighbor 42 Traditional Healer.....43 Others (Specify) 44	

L. Iodized Salt Consumption

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
L01	May we have a pinch of salt that you add to your food at the table?	Yes.....1 No (refused to provide).....2 No salt available.....3	M01
L02	Enumerator: test the salt with the testing solution and record whether Iodine is present in the salt sample.	Yes.....1 No2	
L03	Do you use separate salt for cooking?	Yes.....1 No2	M01
L04	May we have a pinch of the salt that you use in cooking?	Yes.....1 No (refused to provide)2	M01
L05	Enumerator: test the salt with the testing solution and record whether iodine is present in the salt sample?	Yes.....1 No2	

M. Mothers' Hand Washing Habits

601. When do mothers' wash their hands?	Code	Definition of Codes
Before food preparation		Code: 0 = no, 1 = water only, 2 = with ashes or clay, 3 = with soap
Before eating		
Before Feeding Children		
After defecation		
After cleaning babies bottoms		
Other (please specify and record)		

N. Height and weight (Children 6-23.9 months and their Mother)

Interviewer: Request permission of the respondent to measure the height and weight of the randomly selected child ages 6-23.9 months and their Mother.

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N01	Write the NAME and Line # of the randomly selected child ages 6-23.9 months from Table 2 in household section.	Name _____ Line # _____	
N02	Age of NAME from Table 2 in Household section (If the birth date was estimated with the local events calendar, only record the month and the year)	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR200 <input type="text"/>	
N03	Length of child measured lying down (in centimeters)	<input type="text"/> <input type="text"/> . <input type="text"/>	
N04	Height of the mother (in centimeters) (record the number as shown on the measuring tape attached to the height measuring board extension)	Upper part <input type="text"/> <input type="text"/> . <input type="text"/> Lower part <input type="text"/> <input type="text"/> . <input type="text"/>	
N05	SPECIFICATION OF HEIGHT BOARD		
N06	Date measured	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR200 <input type="text"/>	

N07	Result	CHILD MEASURED 1 CHILD SICK.....2 CHILD NOT PRESENT3 CHILD REFUSED4 MOTHER REFUSED5 OTHER6 _____ (SPECIFY)	
N08	Write the name of the mother of the randomly selected child	Name _____	
N09	Child and mother weighed together (in kilograms)	_____ . _____	
N10	Weight of the mother only (in kilograms)	_____ . _____	
N11	SPECIFICATION OF WEIGHNING SCALE	Brand: _____ Model: _____	
N12	Result (Please circle both 1 & 2 if the mother is pregnant; all pregnant women should be weighed)	MOTHER MEASURED 1 MOTHER PREGNANT.....2 MOTHER NOT PRESENT3 MOTHER SICK.....4 MOTHER REFUSED5 OTHER6 _____ (SPECIFY)	
	RECORD THE TIME THE INTERVIEW ENDED.	HOUR..... _____ MINUTES _____	

Annex 2

List of the sampled survey
villages and slums

List of the surveyed villages:

Region	District	Upazilla	Union	Village	
Coast	Chittagong	Anowara	Barakhain	Hazigaon	
			Burumchara	Badar Mazi School	
			Haildhar	Dakhin Isakhali	
			Paroikora	Shilalia	
		Banshkhali	Baharchara	Daskin Ratanpur Jele Para	
			Chanua	Khateb Para	
			Khankhanabad	Uttar Premashya (Moulovi Para)	
			Puichari	Maizpara & Gorgania	
		Chandanaish	Bailtoli	Jele Para (Ward # 8)	
			Dopachari	Pachim Dopachari (Ward #4)	
		Mirsharai	Ichakhali	Char Sarat	
			Mithanala	Rahamatabad	
			Saherkhali	Domkhali	
		Patiya	Juldha	Uttar Dangar Char	
		Sandwip	Amanullah	Nurul Afsar & Chairman Para	
			Harishpur	Salam Bazar para	
			Maitbanga	Karim Go Para	
			Santoshpur	Balayet Master Para	
			Urir Char	Bangla Bazar Uttar Para	
		Satkania	Charati	Dakhin Charati Muslim & Hindu Para	
			Purangor	Daskin Moneyabad	
		Shitakundo	Barabkundo	Natun Para	
			Muradpur	Hasnabad	
		Cox's Bazar	Chakaria	Badarkhali	Uttar Natun Gona
				Konakhali	Natun Gona
			Cox's Sadar	Chowfaldandi	Daskin Para Uttar
				Jhilawngja	Shamiti Para
			Kutubdia	Ali Akbar Dail	Pachim Ali Akber Dail
				Kawarbill	Miyajir Para, Moulovi Azizur Rahman Para
			Moheshkhali	Boro Moheshkhali	Baro Dail
				Hoanak	Dailer Gona
				Saflapur	Monipuri para & Napit para
	Pekua		Razakhali	Sobey Para	
			Ujantia	Fakir Para	
	Ramu		Khunia Palong	Purba Gualiapalong	
	Teknaf		Sabrang	Major Para	

Region	District	Upazilla	Union	Village	
	Noakhali	Companygonj	Char Elahi	Char Nangta (Ward # 5)	
			Char Fakira	Diara Balua	
			Musapur	Musapur (Ward # 3)	
		Hatiya	Char King	Uttar Gamsa Khali	
			Sonadia	Purba Char Changa	
		Noakhali Sadar	Char Motua	Purba Maizchara	
			Ghoshbag	Alipur	
		Subarna Char	Char Bata (East)	East Char Mojid	
			Char Jabbar	Char Panaullah (Ward # 7)	
		Haor	Hobigonj	Ajmirigonj	Kakaiseo
Baniachong	Baniachong-1			Vadauri	
	Kagapasha			Batakandi*	
	Sujatpur			Mehedipur*	
Hobigonj	Teghoria			Shikarpur*	
Lakhai	Bamoi			Noagaon (Hindu Para)	
	Murakuri			Jirunda (Aglabari Hati)	
Nabigonj	Purbo Borobakur			Rampur (Aktapara+Deepchar)	
Kishoregonj	Austagram			Kalma	Sapanto
				Purba Austagram	Khashalpara*
	Bajitpur		Dilalpur	Borokatula	
			Maizchar	Perkachoa (Purba-Dakkhin)*	
	Itna		Baraibari	N Sohila (Dakkhin Para)	
			Itna Sadar	Udiarpar (Barahati & Noykosha)*	
			Raituti	Raituti (Uttar Para)*	
	Karimgonj		Niamatpur	Murikandi	
	Katiadi		Korgaon	Dangergaon (Dakkhin)	
	Mitamoin		Mitamoin	Nababpur	
	Nikhil		Jaraituli	Sajanpur (Bagpara)	
			Nikli Sadar	Moharkona (Pashchim Hati)*	
Tarail	Damiha		Gazaria (Pashchim Para)*		
Netrakona	Durgapur		Durgapur Sadar	Chandrakona	
	Kalmakanda		Kalmakanda	Horindhora	
	Khaliajuri		Gazipur	Boira (Khaler Dakkhin Para)	
			Mehendipur	Ichapur (Dakkhin Para)	
	Modon		Maghan	Ruhuli	
	Mohongonj		Maghan Seadhar	Rampasha	
	Netrakona Sadar		Kaliara Gabragati	Koroi Kandi	

List of the surveyed villages

Region	District	Upazilla	Union	Village		
	Sunamgonj	Biswambarpur	Sulokabad	Badertek (Dakkhin Para)		
			Char Moholla	Kamrangi (Maddhya Para)		
		Chhatak	Dakkhin Kurma	Madakpur		
			Charner Char	Kartikpur (Dakkhin Hati)		
		Derai	Kulanja	Uttar Suriarpar (Maij Hati, Gajaria Hati)		
			Paikorati	Rajapur		
		Dharmapasha	Sukair Rajapur Uttar	Naogaon Jararkona (Dakkhin Hati)		
			Dohalia	Hazinagar		
		Duarabazar	Norsingpur	Nasar Nagar		
			Jamalganj	Jamalganj Sadar	Mominpur	
		Sulla	Habibpur	Fajullapur (Dakkhin Para)		
		Sunamgonj Sadar	Jahangir Nagar	Puraton Gudigaon (Uttar Pash)		
			Mohonpur	Noagaon Kandagaon (Kandagaon)		
			Purba Pagla	Kararai (Dakkhin)		
			Rangar Char	Harinapati		
		Tahirpur	Balijuri	Dakkhin Kul (Purba)		
			Dakkhin Sreepur	Durlovpur		
		Mid Char	Bogra	Dunat	Vandar bari	Shiumul Bari
				Sariakandi	Bohail	Dharaborsha
					Kamalpur	Ichamara
Jamalpur	Bokshigonj		Merur Char	Ujal Kolkihara		
	Dewangonj		Char Amkhaoa	Sylhety Nobinabad		
			Chikajanl	Dakatia Para Adarsha Gram		
			Para Ram Rampu	Moddher Char		
	Islampur		Char Goalini	Degreeer Char Poschimpara (Natun Para)		
			Chinaduli	Debrar Patch		
			Gaibandha	Batchar		
			Kulkandi	Zigatola		
	Jamalpur Sadar		Ranagacha	Char Gobinda Bari		
			Tulsir Char	Tebir Char (Poschim)		
	Madargonj		Char Pakerdaha	Ruknai		
			Karoi Chora	Nolsia		
	Melahdha		Ghoser Para	Bir Ghoser Para		
			Mahmudpur	Noyapara		
	Sarishabari		Satpoa	Chhoto Adra		

Region	District	Upazilla	Union	Village	
	Pabna	Bera	Jatshakhini	Shinghason Vatipara	
			Satbaria	Nischintapur	
		Pabna Sadar	Char Tarapur	Dighi Gohalbari	
	Sherpur	Nalitabari	Kalaspur	Pipolessor	
			Marispuran	Fakir Para	
			Noyabil	Hatipagar	
		Sherpur Sadar	Betmair Ghugra Kandi	Betmari Paschim Para	
			Charmochariya	Munsirchar Morakandi	
		Shreebordi	Kakila Kura	Chalk Para Kakra Para	
			Rani Shimul	Balijuri	
	Sirajganj	Belkuchi	Baradhul	Charbell	
		Chowhali	Baghutia	Char Binani	
		Chowhali	Ghorjan	Khash Dholai	
		Kazipur	Khas Rajbari	Sanbandha Dakshin Para	
			Tekani	Parkhuksia	
		Shahajatpur	Jalalpur	Dadosh portty	
	Sirajgong Sadar	Kalia Horipur	Satiantoli		
	Tangail	Bhuanpu	Aurjuna	Gobindapur	
		Delduar	Elashin	Baropakhia	
		Kalihati	Solla	Hatia	
		Mirzapur	Fotepur	Chakleswar Pantapara	
			Owrshi	Nabagram (Naogo)	
		Nagarpur	Pakutia	Pukhuria	
			Salimabad	Salimabad Paschim	
		Tangail Sadar	Hugra	Degree Hugra	
			Kakua	Char Pouli	
			Katuli	Nayergacha	
	North Char	Gaibandha	Fulchhari	Fazlupur	Kawa Bandha
				Fulchhari	Paschim Gabgachhi
				Uria	Kalasona
			Gaibandha Sadar	Gidari	South Gidari
				Mollar Char	Chithuliadigor South Para
Saghata			Haldia	Patilbari	
Sundarganj		Kapasias	Bhatiburail Karanir char		
Kurigram		Bhurungamari	Boldia	Uttar Boldia	
			Tilai	Boizullar Char (Dakkin Chota Gopalpur)	
		Chilmari	Nayarhat	Bazradiar Khata	
		Fulbari	Barobhita	Char Baro Bhita	

List of the surveyed villages

Region	District	Upazilla	Union	Village	
		Kurigram Sadar	Bhogdanga	Char Barai Bari	
			Holokhana	Himer Kuti	
		Nageswari	Ballaver Khash	Balarampur Char	
			Berubari	Char Rahmaner Kuti (New)	
			Narayanpur	Pakhi Ura	
			Nunkhaoa	Pat Tala	
		Rajarhat	Gharialdanga	Gatiasham	
		Rajibpur	Kodalkati	Kodalkati	
			Mohangonj	Barober	
		Rowmari	Dantbhanga	Kaowar Char	
			Roumari Sadar	Naoda Para	
		Ulipur	Bozra	Char Bozra (Purba Par)	
			Hatiya	Anantapur	
			Thetrai	Juan Satra	
		Lalmonirhat	Aditmari	Mohishkhocha	Gobardhan-8
			Hatibandha	Daoabari	Uttar Daoabari
				Goddimari	Doani Pittikati
				Sindurna	Dakkhin Sindurna
			Kaligonj	Bhotmari	Shalhati Nohali
			Lalmonirhat Sadar	Khuniagachh	Nama Khuniagachh
	Kulaghat			Char Shiberkuthi	
	Mogalhat			Char Kharua	
	Patgram		Dahagram	Dahagram	
			Jongra	Dhabalgori	
	Nilphamary	Dimla	Jhunagach Chapani	East Portion of Satunama Band	
			Purba Chhatnai	Purba Chhatnai both par of Band	
			Tepa Kharibari	Purba Kharibari (Purba Para)	
		Jaldhaka	Shoulmari	Gopal Jhar (West part of Band)	
	Rangpur	Gangachara	Gazghanta	Kalir Char	
			Laxmitari	Purba Isli	
		Kaunia	Balapara	Gopidanga	
			Haragachh	Thakurdas	
		Pirgacha	Chhaola	Gabura	

List of the surveyed slums:

Region	District	Upazilla	Pourashava/ City Corporation	Name of Slum
Coast	Chittagong	Chittagong Sadar	Chittagong City Corp	Bogar Bil Didarmarket, Santinagar
				Bou Bazar Kacha Bazar Colony
				Jautala Pahartoli Chinnamol Basti
				Manohar Khali, Firingi Bazar, Patharghata
				Middle Moto Jhorna North Side
				Tulatoli Basti, Sholo Shahar
	Cox's Bazar	Cox's Sadar	Cox's Bazar Pourasova	Dakhin Baharchara Kabarstan Para
				Mahajer Para
Pachim Pahartaly (Khal Para)				
Uttar Gonar Para/Zadi Pahad/Baida Gona				
Haor	Kishoregonj	Kishoregonj Sadar	Bhairab Pourasova	Amlapara Sweeper Colony*
				Bhairabpur Gashtala
				Dakkhin Wrishi Para
	Netrakona	Netrakona Sadar	Durgapur Pourasova	Mujib Nagar
			Mohangonj Pourasova	Rail Station Kulipara
			Netrakona Pourasova	Islampur (Pashchimpara)
	Sunamgonj	Sunamgonj Sadar	Sunamgonj Pourasova	Waisekhali
Mid Char	Jamalpur	Jamalpur Sadar	Jamalpur Pourasova	Chala Para
			Jamalpur Pourasova	Char Naw Bhanga
				Poschim Bonpara
	Pabna	Pabna Sadar	Ishwardi Pourasova	Fote Mohammadpur (Bihari Colony-1)
				Mahatab Colony 13
			Pabna Pourasova	Purbanur Mohalla (Nur Bazar)
				Mathpara (Chak Poilanpur)
	Sirajganj	Sirajgong Sadar	Sirajganj Pourasova	Satiani (West)
				Dhanbandhi Chowdhory Para
				Ghurka
				Goyla
				Kol Goyla
				Kubdash Para (Purbo Para)
Tangail	Tangail Sadar	Tangail Pourasova	Sweeper Colony	
			Dakkhin College Para Rotary Polly	

List of the surveyed villages

Region	District	Upazilla	Pourashava/ City Corporation	Name of Slum
North Char	Gaibandha	Gaibandha Sadar	Gaibandha Pourasova	Shabuj Para
				Kurigram
	Power House para , Word # 5			
	Lalmonirhat	Lalmonirhat Sadar	Lalmonirhat Pourasova	BNP Colony, Word # 01
				Dalportti, Word # 04 14
				Sayed Shajahan Colony, Word # 04
				Shashan/Refugey Colony
	Nilphamary	Saidpur Sadar	Saidpur Pourasova	Hatikhana camp, Word # 08
				Koya Bashbari, Word # 13
				Mistry Para (Nabi Nagar), Word # 15
	Rangpur	Rangpur Sadar	Rangpur Pourasova	Ershad Nagar, Word # 13
				Helal Press, Word # 12
				Patbari, & Tajhat Ansari Camp

We seek a world of hope, tolerance & social justice, where poverty has been overcome, and people live in dignity and security.



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