

Seasonal Survey of Flood Proofing Project, Integrated Food Security Program CARE-Bangladesh

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EXECUTIVE SUMMARY

Introduction and Methodology

Flood in Bangladesh is almost an annual feature and the rural poor are adversely affected. Different types of flood environments of Bangladesh include, among others: Haor and Char. These areas are prone to flood and frequented by the same causing severe disruptions in the lives of the affected.

CARE, LGED along with PNGOs committed itself to implement a flood-proofing project. The purpose of the project is to strengthen the food and economic security of the vulnerable people of selected flood-prone areas. Toward flood proofing, long-term non-structural and minor structural measures were provisioned.

At the end-part of the year 2001, right after the flood season, CARE intended to “assess the changes in every level and extent of food and household livelihood security through the adopted measures” and commissioned a seasonal survey and contracted out the survey to the HDRC.

The HDRC was provided with detailed information, documents, parameters, indicators, structured questionnaire, list of sample households, location of villages, names of upazillas and districts. The sampling technique estimated that a total of 1800 sample households to be surveyed but in reality 1614 households were interviewed.

Trained investigators along with supervisors were deployed in the field with the structured questionnaire to collect necessary information. There was also provision of observation and recording the same. The questionnaire was quite lengthy and contained three sections. Information was collected from the field during the period of Mid October to Mid November 2001. All the field enumerators deployed by HDRC were females. The representatives of CARE were present and/or consulted during the field study.

After necessary cleaning, editing, coding– the data were fed into the computer using the software supplied by CARE. The generated tables have been analyzed bearing in mind the possible differences between FPP Participatory Households (PHH) and Non-Participatory Household (NPHH) on the one hand and Char and Haor on the other.

The analyzed data is summarized below following chronology of chapters.

Economic, Social and Demographic Characteristics

Overwhelming majority of households heads are male and the most prominent age group is 35-59 yrs. Most prominent occupation of household heads are agriculture-day-labor, sharecropping, farming, household work and small business.

Household heads with primary education is 19 percent in Char and 18 percent in Haor.

About 57 percent households in Haor have member with primary education and it is 79 percent in Char. Secondary education and above is more in Haor compared to Char.

In both Haor and Char, son/daughter appear to be the highest educated member. In Char, 84 percent female members have primary education and 16 percent have secondary education.

In both Char and Haor, school-attendance can be considered satisfactory. Among reasons behind absence in school the most cited ones are the occurrence of rain and the transportation problem. In Haor transportation problem is more felt compared to Char.

On the whole, main materials of house construction are tin-roof, earthen floor and jute-stick.

Most widely used drinking water sources are Tube-well/hand pump, deep-set. PHH and NPHH do not differ much in this respect. But for cooking purpose, not all people use Tubewell water in Haor. In Char, mostly tubewell water is used for cooking purpose.

For washing, Haor people mostly use water from river/pond/rainwater while Char people use tubewell for such purpose. Taking all together 65 percent use tubewell for washing utensils.

In Haor, community ownership of tubewell is more pronounced than in Char.

Only 9 percent households in Haor have tubewell in courtyard, and it is 66 percent in Char.

As to the place of defecation during rainy season both male and female use 'open latrine'. Use of 'open latrine' was reported more by NPHH compared to PHH. In Haor high proportion reported open latrine as the option. In Char, 33 to 35 percent reported both 'open field' and 'bush' options for both males and females. 'Water sealed latrine' and 'pit-latrine' was reported by Haor and Char.

Use of 'pit latrine' was observed whether it was functional at the time of survey. In 80 percent cases the latrine were found to be functional and this was higher in Haor than in Char.

Agricultural Activities

NPHH appear to be better-off in terms of amount of production and area under rice cultivation.

In Char average area under wheat production is more than double for NPHH compared to PHH. But, interestingly average production is more for PHH than NPHH.

High cost/lack of irrigation and draught are also mentioned by substantial portion of households in both areas.

There exist high incidence of homestead gardening in both Haor and Char.

NPHH reported dead/lost cattle more compared to PHH. However, loss of goat/ sheep is more in Char than in Haor. Loss of poultry is lot more in Haor than Char. The most cited reason behind loss of livestock/poultry is disease.

Selling agricultural products in the market is quite a common practice in both Haor and Char. In this respect Char appeared better.

Expenditures, Loans and Crisis Coping

As non-food household expenditure, medical treatment ranked first in all areas. The relevant expense was more in Char than Haor and PHH spent more on treatment than NPHH.

PHH appeared to have more plans for structural changes than NPHH. On type of structural changes, 'repairing of house' and 'construction of new house' were mentioned. The need for repairing house was reported more in Char than in Haor, and in PHH than in NPHH. Again, plan for construction of new house has been uniformly stated from Char and Haor and from PHH and NPHH.

'Unstable structures', 'dilapidated roof' and 'lack of space' were some of the reasons for planned change. Last years' spending on structural changes revealed that more was spent by NPHH of Haor on 'construction of new house' while more was spent on 'tin roof' (repair) in Char.

Char households appeared more engaged in tree plantations than Haor. The scenario was almost uniformly observed in the PHH and NPHH of Haor and quite different in the PHH and NPHH of Char. 'Non-availability of land' for planting trees appeared major reason for not planting trees.

Raised households appeared to be more in Haor than in Char. However, within Haor, NPHH appeared more vulnerable to inundation than PHH and within Char PHH appeared more vulnerable than NPHH.

During the last flood, very insignificant number of households took refuge. Whatever refuge was taken, those were taken in 'neighbors place' or 'on the road' or in 'flood shelter'. A large number of respondents appeared ignorant about the institution/organization responsible for creating or raising shelters.

To cope with flood, 70 percent respondents have got plans with more in PHH than in NPHH.

During the last flood, 'transportation' and 'dearth of work' were stated as main problems. These problems appeared more in NPHH of both Haor and Char.

It appeared that in order to face crisis due to flood, more than half of the respondents had incurred high expenses. Crises stemmed mainly from 'sickness' and 'social bindings'. While 'sickness' was more pronounced in Char 'social bindings' were more in Haor.

Distress sale involved land and livestock. PHH of both Haor and Char appeared more distressed than NPHH.

Loss of chicken/duck was reported by households, which appeared to be more in Haor than in Char and PHH of both the areas have lost more than NPHH.

Assets were sold or mortgaged to purchase 'food' or for 'undergoing treatment'. Foodstuff was more needed in Char than Haor.

Incidence of loan laking was more pronounced in Haor than Char, and within Haor more pronounced in PHH than NPHH while the reverse appeared true for Char. Loans were taken mainly from moneylender. Haor have taken more loan than Char. NPHH of Char have taken more loan than PHH.

On repayment of loan, inability was mentioned and the said inability is more in Haor than Char and NPHH of Haor and PHH of Char appeared more unable to repay the loans.

Food, Migration and Transportation

About one-fifth of the respondents reported that their family members had taken unusual food during last flood season. Unusual food-taking situation during the flood is worse in Char compared to Haor.

Majority HH members did not receive any loan to cope with crisis due to flood. Those who have taken loan, the average amount of loan taken was Tk.267. PHH members received more loan (Tk.283) than the NPHH members (Tk.257).

The average number of days of fish, pulse, green vegetable, egg and yellow or orange colored vegetable and fruits consumption during 'the last seven days' were 5 days, 2.3 days, 5.3 days, 2.1 days and 3.8 days, respectively.

The average number of meals during 'the last seven days' taken by the male adults is 19.6, which is 19.3 for the female adults. More females took inadequate/ abnormal/unusual number of meals than the males, and more PHH females took abnormal meals compared to NPHH females.

More PHH members in both Char and Haor took vegetable and spinach regularly compared to NPHH members and more PHH families take protein items than NPHH. Much higher percentage of PHH was found to cook vegetable and spinach having washed with water 'before' slicing compared to NPHH members. More PHH respondents took sanitary measures 'prior to having and serving food' than the NPHH ones.

Knowledge about Sanitation, Personal Hygiene, and Flood Preparedness

Regarding problem in defecations, the respondents of Haor and PHH were found more knowledgeable.

Knowledge of washing with soap was higher in Haor. Regarding specific problems associated with not hand-washing, around 90 percent reported 'diarrhoea' and 'worm infestation/infections'.

Overall, mothers knew 'what colostrum is'. The mothers of Char and PHH were found more knowledgeable.

One-third mothers with higher in NPHH reported that they fed their child with bottle in one time or the other. The tendency of bottle-feeding was higher in Haor.

More than half of the mothers with equal proportion in both PHH and NPHH reported requirement of 'three' doses of immunization within one year of age, and more than one-fifth could not report any number of doses. Tetanus as immunizable disease was more known to them, followed by tuberculosis. Diphtheria was least known.

Regarding immunization of the last child, the mothers of under five, with almost equal proportion in both PHH and NPHH reported that they have immunized their child.

Mothers reported that they have heard of vitamin-A capsule. Higher proportion of mothers in PHH reported of hearing about vitamin-A capsule. Higher proportion from Haor heard of it.

Women reported taking bath once a day. It was reported by higher proportion of respondents from Haor. Regarding need for regular bath, more reported in affirmative with slightly higher in PHH.

Although it was found that 91 percent of the mothers were having short nail, it was clean only in case of 61 percent. The proportion of mothers having clean and short nail was higher in case of Haor and in PHH. Half of the children were having short nail, and only one-fourth of the nails were clean. The proportion of children having clean nail was higher in Haor and in PHH.

Regarding ways of taking care of teeth, wives of household heads and older women reported of using coal or ash for cleaning teeth. Half of them with higher proportion in Haor reported cleaning with powder or tooth powder.

Observing use of cleaner cloth, in 71 percent cases with higher proportion in Haor, the cloths were clean. As reason of keeping bed sheets clean, 63 percent reported less sufferings from disease, no skin disease, less expenditure for treatment with slight higher proportion in PHH and Haor.

Regarding wearing foot-wear regularly, more than 57 percent reported in positive – with higher proportion in PHH and in Haor.

As measures taken in case of diarrhoea, almost all the women - with higher in PHH reported that, they use home-made saline.

Mother and Child Health Issues

The average age of the mothers having children upto five years was 27.6 years: with 27.2 years in Char and 28.3 years in Haor.

More than 80 percent of the mothers had no education and only 14 percent had education upto primary level. The mothers' of Haor area had a relatively higher level of education.

Only 6 percent of the children suffered from some diarrhoeal episodes during the last 24 hours of which 2.2 and 2.3 percent were 'watery' and 'dysentery' type respectively.

Almost two-thirds of the households reported the duration of diarrhoea as 1 to 4 days, and one-fifth of them reported the duration as 5 to 8 days.

In PHH, 42.5 percent of children suffering from diarrhoea were below the age of one year, and 57.6 percent of them were male.

More than half of the mothers reported that their children were suffering from ARI during the survey. In 37 percent cases it was in the form of nasal discharge and mild sore throat, and in 2 percent cases it was 'cough and fast breathing'.

In PHH, two-thirds of the breast-milk-fed children were from the age group of one year and above. Among the children, 15 percent were in the age group of below 6 months, and 20 percent, 6 to 11 months.

Although all the mothers reported intake of rice for last 7 days for self, they reported intake of green vegetables for 5.1 days, and fish for 4.6 days on an average.

For children, on an average, they were given rice for 5.8 days, egg for 0.6 days, fish for 3.4 days and pulses for 0.8 days during the last 7 days.