

**CARE BANGALDESH  
INTEGRATED FOOD SECURITY PROGRAM (IFSP)  
SHAHAR COMPONENT**

**Annual Time Series Survey of Vulnerable  
Households in Urban Areas of Jessore and Tongi  
FY-2003**

**Annual Survey Report**

**Designed and Commissioned by  
Integrated Food Security Program (IFSP)  
CARE-Bangladesh**

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*Conducted by*

**Human Development Research Centre**

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

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## Executive Summary

### Summary of quantitative findings:

Member of household has increased in both IGA and NIGA in both sites. Younger (10-19 yrs.) is more available in IGA and NIGA in both sites than any other groups. Male mainly heads households. More caused by IGA, married people are increasing in both IGA and NIGA while 'never married' are more found in NIGA. 'Separated', 'divorced' and 'abandoned' are more in NIGA than IGA.

Education of 'primary level' at least, is increasing among IGA in Jessore and Tongi. Similarly literacy level of IGAs is increasing. '6-10 years old' of both sexes are more enrolled in schools than any other age group and females are more enrolled—both from IGA and NIGA.

Employment among IGA fell in 2003 though there were rise in 2001. Business related training, however, has more been received by IGA than NIGA, IGA women to be specific.

Working days were more lost by IGA than NIGA and among IGA – males lost more than females, 'sicknesses' being one of the major reasons.

Monthly income of households experienced ups and downs – by both IGA and NIGA. Savers are more in IGA than NIGA. PNGOs are used by IGA for saving money while banks and 'other non-institutions' are used by NIGA. Number of borrowers was more from NIGA than IGA. On borrowing, however IGA are paying less interest than NIGA. Though total assets are less with IGA than NIGA but 'moveable' assets are more with IGA while 'immovable' assets are more with NIGA.

Agricultural activities have more been performed by IGA than NIGA – be it on any land or own land. Similar is equally true for rearing poultry or livestock.

IGA Jessore is better placed as far as ownership of present living place and house is concerned that is not true for IGA Tongi. Interestingly, average number of 'living room' increased among IGA Tongi.

Though better construction materials to build house and part thereof has more been used by NIGA but IGA started using better materials. 'Medium' and 'poor' houses are in decline among IGA while 'good' houses are in rise among NIGA. Better disposal of garbage has more been practised by IGA than NIGA.

Using water from tube-well for drinking and cooking purposes has equally been practised by IGA and NIGA and average distance to the source of water has reduced for IGA.

Using 'sanitary' latrines or in other words avoiding 'open defecation' has more been reported by IGA than NIGA. Using 'ash' in lieu of 'dirt' has been reported more by adult and children of IGA than NIGA.

Daily frequency of food intake and taking variety of food register an increase among IGA.

Pregnant mothers were more in IGA and food consumption patterns of them are impressive.

Illness, by and large, has more been reported by IGA. Under 5 children of IGA suffered from diarrhea though the episodes declined. IGA also reported more sufferings from diseases other than diarrhea.

While different places/persons have been consulted for treatment of diseases – almost equally by IGA and NIGA but government hospital visited more by IGA.

IGA mothers appeared more knowledgeable about health and nutrition issues that are reflected in 'colostrums feeding and weaning practices' and health care seeking pattern.

Institutional affiliation of IGA members is remarkable. Both female and male of IGA register involvement. IGA and NIGA almost equally sought services of different sort but services 'received' were more by IGA. Knowledge about institutions, organizations and their workings and services therefrom are more known to the IGA than NIGA. Awareness about Poursava, CRMC and PNGO is far greater among IGA than NIGA.

### **Summary of qualitative findings**

Qualitative information reaffirmed the data that are available through quantitative survey. General observations of the participants in variety of qualitative interviews reveal that SHAHAR has brought down significant changes that are not reflected in quantitative data. The worldview of the people has undergone a change, people have become more aware about their rights as well as responsibilities, and people have become aware about their potentials. Above all, they found PNGOs as their friend in need and indeed. Needless to say, these NGOs were there but SHAHAR made them capable to do something for their targets.

### **Summary of anthropometric study**

Nutritional study reveals that there was progressive reduction of stunting especially in Jessore. Wasting scenario deteriorated that could have a link with diarrhea situation. Chronic energy deficient women are less particularity in male headed households.

### **Discussion and Conclusion**

The SHAHAR of care was to cause economic, health/hygiene, nutritional and social changes among the target people. Over four years, there were ups and downs in different dimensions. No trend is clearly available but cyclical nature is there in the sense that, in one year there was a rise, which was sometimes sustained and sometimes lost, in the following year. The cyclical character—one should assume—may result from so many factors that were beyond the scope of the project. Therefore it is not possible to draw concrete conclusion. Nonetheless, a few of the things are worth noticing,

- 1) IGA is economically better off than before though lagging slightly behind the NIGA (Statistical tests reinforce the findings).
- 2) Socially and culturally, IGA is far ahead of NIGA, which is specially reflected in nutrition, health, hygiene and social network behaviors and intentions (Qualitative information is far more revealing than quantitative).

There are very many interventions, which takes time to be reflected tangibly. SHAHAR for IGA is no doubt a case of that type of interventions. Given the socio-cultural predisposition of IGA, it is only reasonable to expect that IGA will emerge on all counts, within a short period of time. The needed thing is to sustain the efforts—individually as well as collectively.

## IFSP Results Framework: Indicators of SHAHAR Component

**Program Goal: To promote and protect the food and livelihood security of vulnerable group in underdeveloped high-risk rural and urban areas of Bangladesh.**

To achieve this objective, IFSP will achieve the following three Strategic Objectives:

S01: Promote and protect household resources and assets;

S02: Improve health, hygiene and nutritional practices of vulnerable groups; and

S03: Promote effective and sustainable institutional support systems.

	<i>Category of indicator</i>	<i>S01</i>	<i>S02</i>	<i>S03</i>	<i>Project Site</i>	<i>Baseline</i>	<i>Final Survey</i>	<i>Change</i>
<b>Socioeconomic</b>								
1.	Average value of asset ownership, in taka	x			Jessore	137848	397034	259186
					Tongi	54219	163065	108846
2.	Per capita household income	x			Jessore	9147	11192	2045
					Tongi	9421	12206	2785
3.	Average household savings, in taka	x			Jessore	5987	6475	488
					Tongi	2157	4262	2105
4.	Average number of income earners, disaggregated by gender, per household	x			Jessore	M: 1.27 F: 0.35	1.41 0.49	0.14 0.14
					Tongi	M: 1.21 F: 0.53	1.22 0.55	0.01 0.02
5.	Percentage of households holding savings accounts	x			Jessore	M: 17.4	17.3	-0.1
					Tongi	F: 3.9	5.3	1.4

	<i>Category of indicator</i>	<i>S01</i>	<i>S02</i>	<i>S03</i>	<i>Project Site</i>	<i>Baseline</i>	<i>Final Survey</i>	<i>Change</i>
<b>Health/hygiene</b>								
1.	Percent of household practicing appropriate had washing		x		Jessore	50.7	86.4	35.7
					Tongi	58.4	94.1	35.7
2.	Incidence of diarrhea episodes in children (under five years of age)		x		Jessore	3.8	12.8	9
					Tongi	4.5	13.8	9.3
3.	Percent of households appropriately disposing of garbage		x		Jessore	65.2	85.6	20.4
					Tongi	83.9	92.7	8.8
4.	Percent of households that perceive that their living environment is more hygienic		x		Jessore	38.7	47.2	8.5
					Tongi	15.3	15.3	0

	<b>Category of indicator</b>	<b>S01</b>	<b>S02</b>	<b>S03</b>	<b>Project Site</b>	<b>Baseline</b>	<b>Final Survey</b>	<b>Change</b>
<b>Nutrition/diet</b>								
1.	Stunting rate of children of 6-59 months	x	x	x	Jessore	38.94	30.84	-8.1
					Tongi	46.99	41.50	-5.49
2.	Wasting rate of children 6-59 months	x	x	x	Jessore	15.93	21.90	5.97
					Tongi	20.08	25.10	5.02
3.	Frequency of consumption of local index foods		x		Jessore	13.48	16.49	3.01
					Tongi	14.31	17.99	3.68
4.	Percent of children that are properly weaned		x		Jessore	92.30	97.80	5.5
					Tongi	88.40	98.60	10.2

	<b>Category of indicator</b>	<b>S01</b>	<b>S02</b>	<b>S03</b>	<b>Project Site</b>	<b>Baseline</b>	<b>Final Survey</b>	<b>Change</b>
<b>Infrastructure/Community activities</b>								
1.	HH perceived environment to be improving	x			Jessore	46.4	12.5	-33.9
					Tongi	37.7	3.5	-34.2
2.	Number of households that perceive they received a better quality of service from pourashava			x	Jessore	16.7	35.5	18.8
					Tongi	24.4	22.7	-1.7
3.	Percent of men and women who use services offered by government institutions			x	Jessore	70.7	75.6	4.9
					Tongi	62.8	75.0	12.2
4.	Percent of community members aware of the roles and responsibilities of the CDF, CRMC, Pourashava, and PNGOs			x	Jessore	6.6	28.9	22.3
					Tongi	7.7	11.4	3.7
5.	% of vulnerable HH participating in CRMC activities			x	Jessore	15.6	33.0	17.4
					Tongi	22.1	27.6	5.5
6.	Percent of women participating in PNGO activities			x	Jessore	92.5	94.5	2
					Tongi	71.2	86.2	15