Report on Baseline Survey of SWAPNO (2nd Cycle)



Prepared for:

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

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Executive Summary

Introduction

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

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

Methodology

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

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

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

Demographic and Socio-Economic Characteristics of the Target Population

The findings revealed that most of the respondents were widowed, separated, divorced, or abandoned as expected according to the project design. Almost all respondents had poor educational background with about 70 per cent never attending any school. The surveyed women had small family size of average 2.8 in intervention households. The estimated dependency ratio was close to 40 per cent in both intervention and control households.

Educational poverty is much more pronounced among the target households. Nearly 40 per cent members in the intervention households had no formal education but literate. Proportion of dropout before primary and secondary completion was also high. Only 18.3 per cent respondent can read and write while 64.0 per cent can sign their name. Still, only two-third of the 5-16 years old children are attending school.

Household members above 10 years belonging to intervention group were mostly engaged in two income earning occupations: agricultural labor (20.3%) and non-agriculture labor (20.6%). More than three-fourth female members of intervention households were engaged as non-agricultural labor compared to less than two-third of them in control household. Non-agricultural labor are basically engaged in cooking along with sewing kantha, small business, different handicrafts making, begging etc. Though, main earner of the households, a significant portion of women, could earn low wages only.

Ownership of Household Asset

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

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

Household Income, Expenditure, Savings and Credit

The average number of income earner per households in intervention and control households was 1.3 and 1.4 respectively. In 95.6 per cent intervention households, main income earners were women (the beneficiaries), while it was 82.5 per cent in control households. The most reported income sources were agriculture labor (intervention: 75.9% and control: 91.7%) and non-agriculture labor (intervention: 61.8% and control: 73. 2%). A significant number of households reported 'petty businesses' and 'poultry' as income sources in both households across districts. It is explicit that income sources of the households, in most cases, were *unstable* and *petty* in nature. Average monthly income in intervention households was Tk. 2,664, whereas it was Tk. 2,733 in control households. Average monthly per capita income was Tk. 1,052 in intervention households and Tk. 1,016 in control households. More than 95 per cent of the households earned less than 1US\$ per day.

Average monthly household expenditure in the intervention households was only Tk. 3,016 which was Tk. 3,004. The households spent bulk amount of their consumption on food (intervention: 73.2% and control: 75.1%). These highlight the hardship of the poor

households to spend expenditure on other goods (even on the basic needs such as education, health, clothing, and housing).

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

Around one-fourth households (27.6% in intervention and 22.0% in control) took credit in 12 months preceding baseline survey. Among household who took credit, 39.8 per cent of the credit amount came from the NGOs in intervention households; which was 50.1 per cent in control households. Another 30.6 per cent credit in intervention households came from the relatives/neighbors which is 16.1 per cent among control households. Average amount of credit taken by the intervention and control households was Tk. 652 and Tk. 744 respectively.

Poverty and Vulnerability

Almost all the households under the survey were poor, and naturally, the poverty rates were significantly higher than the respective divisional averages. Using the upper poverty line, 96.5 per cent of the intervention households were poor in Kurigram; while that was 98.3 per cent in control households. Estimates for Satkhira, using the upper poverty line, shows that 95.8 per cent intervention and 99.1 per cent control households were poor. The estimated poverty gap for intervention households was 64.4 per cent and for control, it was 64.6 per cent. The square poverty gaps were 46.0 per cent and 44.7 per cent respectively for intervention and control households.

The Multidimensional Poverty Index (MPI) reveals that 59.9 per cent intervention households are multidimensional poor (MPI poor); while poor are deprived of 49.1 per cent the weighted indicators. Nationally, they were 49.5 per cent and 47.8 per cent respectively; which indicates that intensity of poverty is higher among the intervention households compared to the national average. The MPI value estimated for the intervention households was 0.294, which was, nationally 0.253.

Surveyed households in Kurigram were more exposed to crises and shocks, compared to households in Satkhira. In 12 months preceding survey, around 90 per cent of the surveyed households (intervention: 89.5% and control: 87.8% in) in Kurigram were exposed to natural calamities; while only 16 per cent households in Satkhira (intervention: 18.1% and control:14.1%) faced such occurrence. Around 90 per cent of the surveyed households (intervention: 89.5% and control: 87.8%) in Kurigram had to go through 'food deficit'; while such crisis affected only 20 per cent of the households in Satkhira (intervention: 19.9% and control: 15.7%). However, 'unemployment' was a major problem among households in both districts.

Morbidity and Treatment

Beneficiary women and other household members in Kurigram and Satkhira suffered from various diseases a number of times in the last 12 months prior to the survey. In terms of health seeking behavior, majority of the respondents and household members in both intervention (74.8%) and control (78.9%) households sought health care and/or treatments from the available homeopathic, village doctor, and MBBS doctors. However, more than onethird also sought services from quacks and pharmacies as well.

Tube well was reported as the common source of drinking water among both intervention as well as control households. However, only one-third households reported drinking water as 'arsenic-free'. More than 70 per cent respondents reported about the existence of latrines under household possession. Most of such latrines were 'slab latrines' and 'pit latrines'. Use of hanging latrines and open space for defecation were also reported in small proportions.

Overall, about 15 per cent households in the intervention and 9 per cent in the control responded that one person had died in last 5 years in their households. Most frequently reported reason for death is cancer among treatment households (28.0%) followed Stroke (16.0%) and accidental deaths (13.3%) as well as natural causes (13.3%). Among control households most deaths is caused by Stroke (34.0%) followed by natural causes (13.3%) and Cancer (12.8%).

Food Security and Nutritional Status

Food consumption of the target households is focused on carbohydrate and vegetables. There is a great lack of protein and fruit consumption which proves that their dietary diversity is not satisfactory and requires improvement. The most common food item is rice (almost 7 days in a week) and vegetables (almost 5 days in a week). Oil is frequently consumed since cooking any food requires its use. Consumption of dairy products, meat and fish are rare. The combined average weekly consumption of dairy products, meat and fish is 1.9 days per week in intervention as well as in control households.

More than half (intervention: 52.1% and control: 53.0%) of target households faced food shortage for more than one month. Only 2.2 per cent household in intervention and 3.8 per cent household in control did not face any food deficiency. Food deficit in target households slowly begun from Bengali month Chaitra (this is the last month of Bengali calendar usually March-April of Gregorian calendar) and continued up to kartik (October-November). Kartik (October-November) is reported as the month of most severe food deficit. An 87.1 per cent intervention and 86.7 per cent control households faced occasional food deficit.

According to food consumption score (FCS) about 44.9 per cent intervention households and 43.7 per cent control households had poor consumption and another 43.1 per cent intervention and 47.0 per cent control households had borderline food consumption. Very few intervention (8.2%) and control (8.5%) households were food secured according to Household Food Insecurity Access Scale (HFIAS). On average 9 out of 20 households is severely food insecure among intervention as well as control households.

A 56.9 per cent of the respondents in intervention households were not malnourished (BMI>18.5), while it is 63.2 per cent in control households. Among under-5 children, 34.9 per cent were stunted (severely or moderately) with 15.7 per cent being severely stunted in intervention households while in control households such proportion are 39.7 per cent and 16.2 per cent respectively. A 47 per cent of the children aged under-5 years were underweight with 15.7 per cent being severely underweight among intervention households. Among control households, 36.8 per cent of under-5 children were underweight. Finally, 22.9 per cent of under-5 children were wasted with 7.2 per cent being severely wasted in intervention households. In control households, such estimates were 22.1 per cent and 8.8 per cent respectively.

Violence, Harassment, Empowerment and Decision Making

In terms of violence, psychological oppressions were much pronounced than the physical abuse. Psychological oppressions were reported by more than 70 per cent respondents in intervention as well as control households. Physical abuse was reported by one-fifth of them in the intervention areas, which was more than one-third in proportions in the control areas. Sexual oppression was also reported (intervention: 2.1% and control: 5.6%).

About 80 per cent of the women were aware of the place to visit to get redress in case of any violence. 'Union Parishad' was most commonly reported place of making such complaints in both areas, followed by 'police, and personnel of law enforcing agencies'. However, about 80 per cent of them in both intervention and control areas did not report on any violence.

Regarding Incidences of harassment, false cheating was much evident than misbehavior. However, there was no litigation reported. As to the places of harassments, 'government institutes' were the most pronounced responses and representatives of local government were highly involved in the incidences of harassments.

Women had more control over own assets than the household assets. In intervention households, in terms of own assets, 73.4 per cent women had control over own income, 85.7 per cent on own savings, and 47.7 per cent on immovable assets or property. Such estimates were 69.3 percent, 81.3 percent and 47 per cent respectively among control households. However, proportion of women with control on household assets are significantly lower.

On the issue of women's mobility, most of the women could move outside the neighborhood or community, within union, to upazila service offices and banks, and to district or division level. Mobility of women according to this survey is high. However, this does not necessarily mean female empowerment is very high among these respondents (they still are the major sufferers of violence). Most of these women are widowed/ divorces/separated/deserted and most of them are household heads as well as the key earner for the households. These issues combined, makes their mobility much greater than the regular females of same age or social condition.

Most of the women could take decisions alone on their own issues (i.e., involvement in new income generating activities, obtaining services, undergoing education or training), despite an exception on the issues of taking decisions on participation in meeting. However, a significant proportion of them in both areas had no participation in decision making activities even on their own issues. Similar trend of responses was also identified in terms of participation in decision making on household issues. Women had less participation in social issues except for voting practices.

About half of the women did know about property rights, while awareness on basic citizen rights seemed even lower. Half of the respondents were also aware of their right about control over own body. In addition, half of the respondents knew information on health care services and family planning; and one-fourth knew about legal support and livelihood related government services. More than one-third respondents, however, knew about laws regarding child marriage. But the respondents had lacking in knowledge and information on different life skill management issues, (i.e., future plan, marriage of minor child, acceptance of husband after his returning back, marriage in future, and acceptance of dowry etc.). However, they seemed to be clearer about their perception on what to do in case of returning back of their husbands despite their husbands' act of deserting them (wives), and future marriage.