

Randomized Control Trial on the Disability Inclusive Poverty Graduation Model Baseline Report

Submitted to



Handicap International - Humanity & Inclusion (HI) Bangladesh Programme

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LIST OF ACRONYMS

BDT	Bangladeshi Taka
BHH	Beneficiary Household
BRAC	Bangladesh Rural Advancement Committee
DFID	Department for International Development
DiD	Difference-in-Difference
DIGM	Disability Inclusive Graduation Model
DPO	Disabled People's Organization
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GPAF	Global Poverty Action Fund
HDDS	Household Dietary Diversity Score
HDRC	Human Development Research Centre
HHs	Households
HI	Handicap International - Humanity & Inclusion
HIES	Household Income & Expenditure Survey
IDI	In-depth Interview
KII	Key Informant Interview
MSC	Most Significant Change
NGO	Non-Governmental Organization
ODK	Open Data Kit
RCT	Randomized Control Trial
RDRS	Rangpur Dinajpur Rural Service
RiH	ResultsinHealth
SDG	Sustainable Development Goal
SHIREE	Stimulating Household Improvements Resulting in Economic Empowerment
TUP	Targeting the Ultra Poor
UK	United Kingdom

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Conducting a scientifically credible and realistic baseline survey to assess the impact and effectiveness of the HI's Disability Inclusive Graduation Model (DIGM) was a challenge; Human Development Research Centre (HDRC) in association of RiH Netherlands successfully conducted the baseline survey with a view to constructing panel dataset after the end of phase 3 of HI's DIGM for its evaluation purpose. We look at the beneficiary selection indicators used in the HI's own baseline in 2019 for measuring the targeting effectiveness of the DIGM of HI Bangladesh project (UKaid direct project). These indicators were also replicated for the selection of the control households. Randomization technique was applied to both groups (beneficiaries and non-beneficiaries) for selection of the sample beneficiary (treatment) and non-beneficiary (control) households.

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Team Leader

EXECUTIVE SUMMARY

OVERVIEW OF BASELINE STUDY

The 2019 Bangladesh Baseline Study is part of a series of Handicap International - Humanity & Inclusion (HI) Bangladesh office under the UK Aid Direct Project, which is a multifaceted graduation program as it has incorporated livelihood protection, promotion and prevention components. UK Aid Direct Project has featured significant innovations in targeting and selecting the beneficiaries with disabilities living in the extreme poor households through introducing a range of 14 indicators (i.e., exclusion and complementary indicators). The sample for the baseline survey was selected using RCT approach to be statistically representative of the UK Aid Direct Project. The RCT approach is the experimental research design, which comprises both treatment and control groups at the baseline. The same approach will be replicated at the endline for applying difference-in-difference (DiD) methods for measuring impacts of the UK Aid Direct Project. The Data Collection Instruments (DCIs) were developed through a series of consultations with HI Bangladesh. Training, pretests, and pilot tests were conducted to test the questionnaire and ensure the preparedness of the data collection team. Fieldwork took place during a four-week period from February, 2019. Interviews were conducted in 686 households, with a treatment household 242 and control 444 HHs. The qualitative study was designed and conducted concurrently with the household survey (i.e., February 2019). Data collection for the qualitative study took place across 2 upazilas (sub-districts) and consisted of 12 IDIs, 16 FGDs and 8 KIIs.

KEY FINDINGS

Key findings are highlighted below for consideration for further improvements of the program.

- The average household sizes in treatment and control area are 4.24 and 3.86 respectively, which coincides with the national estimate of around 4.
- 50% of the members are male in the treatment area whereas it is 48.7% for the control area.
- Proportion of household head by sex shows that the male headed household for the treatment area is 77.7% whereas it is 72.5% for the control area. This implies that the UK Aid Direct Project is focused to the women who are more disadvantaged and vulnerable.
- The proportions of Muslim household range from 88.4% (treatment group) to 81.1% (control group).
- Median age of the members in treatment area stands at 25 years whereas it is 30 years for the control area. However, age of the household head on an average is same for both groups (treatment: 45 years and control: 45 years).
- The percentage of household head having no formal schooling in the treatment and control group is 40.1% and 38.3% respectively. For eligible members, it is 34.5% and 34.8% for the treatment and control group respectively.

- Among the eligible people, nearly 47.5% is currently married in treatment area and 49.1% in the control area. Marital status of the household head shows that 85.5% of the household heads living in the treatment area is currently married and it is 83.8% in the control area. Moreover, prevalence of child marriage among the treatment households (3.0%) is much higher than the control households (0.8%).
- The highest proportion of work is evident for homemakers (i.e., treatment: 27.2% and control: 26.2%) implying that most of women are engaged with household activities. This is followed by incapability of household members aged (≥ 15 years) due to their old ages, disabilities and sicknesses (i.e., treatment: 16.1% and control: 17.4%). But higher proportion of agricultural and non-agricultural day labour is common to both groups.
- Primary occupation of the household heads is agricultural day labour (i.e., treatment: 28.5% and control: 40.5%). But higher proportion of non-agricultural day labour is evident for the control group (24.3%) compared to the treatment group (21.5%).
- Extreme poor lives in the houses constructed with poor materials. Corrugated iron-sheet used in the roof of their houses is very common irrespective of the intervention type (treatment: 100% and control: 99.1%).
- Dried brunches and leaves/Jute stick is the main fuel used for cooking both in treatment (89.7%) as well as control (93.2%) households.
- The proportion of people with disabilities is 26% and 27.7% for the treatment and control groups respectively. The average number of members with disabilities per household stands at 1.10 and 1.07 for the treatment and control group.
- Among the people with disabilities, higher proportion of male with disabilities (i.e., 63.3% and 57.7% for the treatment and control area respectively) is evident.
- Half of the people with disabilities are unmarried (intervention: 51.7%, control: 49.7%). More specifically, one-fourth of the adults with disabilities living in both intervention (24.6%) and control (25.1%) areas is unmarried. Findings also unveil the fact that eligible household members with disabilities for marriage are deprived of getting marriage irrespective of their sex.
- About three-fifth of the people with disabilities are of working age population (treatment: 62.2%, control: 61.9%); about 15% is of under-10 years of age (treatment: 15.3%, control: 14.6%); and about 10% is of older age (treatment: 9.3, control: 10.7%). Average age of the people with disabilities is estimated as 25 and 26 years in the treatment and control area respectively.
- Most of the people with disabilities report a lot of difficulty to perform activities (intervention: 96.6%, control: 94.5%). This is measured using the Washington group of questions. A small percentage of them have moderate difficulties (intervention: 3.4%, control 5.5%).
- As per Washington group of questions, average functional scores among the people with disabilities are 0.36 and 0.34 for intervention and control respectively. The max and min values are 1 and 0. The greater the value the higher the functional limitations of the people with disabilities.

- People with disabilities are prominently deprived of healthcare. A marginal number of people with disabilities receive medical services linked with their problems (intervention: 6.4%, control: 2.9%).
- Findings on disease prevalence among the people with disabilities show that 23.9% and 22.4% of the people with disabilities in the treatment and control groups suffer from diseases.
- People with disabilities are also deprived of education in both intervention and control. About three-fifth of the people with disabilities had no formal education (intervention: 74.8%, control: 77.4%).
- As expected, about half of the working age people with disabilities are unemployed (intervention: 49.7%, control: 52.2%). Those who were working are predominantly agricultural and/or non-agricultural day labour (intervention: 15.7%, control: 15.9%). 12.6 and 15.4 percent in intervention and control are housewives.
- Only one-third of the people with disabilities above 14 years of age are reportedly involved in income-generating activities (intervention: 33.9%, control: 29.1%).
- Half of the people with disabilities (intervention: 51.7%, control: 48.8%) never participate in family life. Regarding household important decision making, participation was much lower. About three-fourth of the people with disabilities in both the areas (intervention: 75.3%, control: 76.6%) never participate in household decision making.
- Participation of people with disabilities in community life is lower than participation in family life. 61.2% and 56.1% of people with disabilities never participate in community life (i.e. social, cultural, religious, political events) while only 2.6 and 1.3 percent always participated.
- More than half of the people with disabilities (intervention: 57.7%, control: 55.2%) are not confident at all to participate in family life and decision making.
- Care-givers are predominantly female (treatment: 91.6%, control: 91.0%). Though in most cases caregivers are the household members, a small number cases are found that they are not (treatment: 1.7% and control: 0.2%). About 9.5% and 11.9% in treatment and control respectively are self-caregivers.
- Age of caregivers ranged from 11 to 85 and their median age are 40 years in both areas. Majority of the caregivers are married (treatment: 80.3%, control: 82.6%). 3.4% and 2.5% of them are unmarried in treatment and control group respectively.
- Though in most cases caregivers are the household members, a small number cases are found that they are not (treatment: 1.7% and control: 0.2%). It is about 9.5% and 11.9% in treatment and control respectively is self-caregivers.
- 43.8% Caregivers in intervention and 50.5% in control groups are involved into income generating activities (IGAs).
- Majority of the caregivers face 'some difficulty' in undertaking educational, productive, and/or social activities due to care-giving (intervention: 48.8%, control: 48.9%).
- Among the caregivers, only a few of them have a membership in female community or '*samittee*' (intervention: 6.2%, control: 2.9%). Their participation in

social, cultural, religious, and/or political events in the community is also very limited.

- Food security indicator results show 69% and 68.3% households of the treatment and control groups are unable to meet three full meals a day in the last one year prior to the survey.
- Occasional food deficit is much higher than that of the chronic food deficit for both treatment and control groups. Persistence of occasional deficit in food is reasonable considering the context of the Kurigram district of Bangladesh (i.e., acute shortage of employment opportunities for day laborers).
- Seasonality is linked with food insecurity. Highest level of food insecurity is evident for the month of *Kartik* (October to November), also known as *monga* month (treatment: 57.9% and control: 60.04). This is followed by *Chaitra* (March to April) (treatment: 52.1% and control: 50.7%).
- Food insecurity is closely associated with no opportunities of work for both treatment and control groups, which is linked with insufficient income of the household. This, in turn, contributes to food insecurity. Moreover, flood and cold waves also create a shortage of food and work.
- HDDS does not vary between the groups. HDDS for the treatment household is 5.27 and it is 5.18 for the control (in the range of 12). This means moderate-to-severe hunger exists in the extreme poor households having people with disabilities.
- A striking finding is that family members with disabilities are often given preferential treatment, being fed before other family.
- Wage is found as the primary source of income for the extreme poor households across study area. Some participants in the FGDs have small livestock, such as ducks or hens, but are unable to secure a significant income from these. The only other income generating asset, mentioned by a few participants, is a rickshaw from which they can earn a paltry amount of money.
- Average number of income sources among treatment households is 1.55 and it is 1.78 for the control households.
- Average income of treatment and control groups are BDT 52,347 and 46,267 and per capita per day income stands at BDT 35.65 and BDT 43.30 respectively.
- Similar findings with income are evident for expenditure of treatment and control households. Average annual expenditure of the treatment and control groups are BDT 47,537 and 42,469 respectively and per capita per day expenditure stands at BDT 31.52 and BDT 30.74 respectively.
- 99.6% treatment households and 100% control households have been living below USD 2 per capita per day income poverty line. Similar findings are also evident in case of using expenditure as a surrogate of income.
- The percentage of treatment households with savings (14%) in the forms of cash, in-kind or both is same as control households (10.6%). Involvement with NGOs is also negligible.
- The lack of ability to navigate their way through potential financial service providers and to secure loans emerged as a significant concern for many participants.

- Homestead landlessness is 14% and 19.4% for the treatment and control extreme poor households having a people with a disability.
- Agriculture landless is worrisome among the extreme poor households in Kurigram district. Only 1.2% of the treatment extreme poor households own agriculture land and it is 1.4% for their counterpart.
- Treatment group households own productive assets same as control households. Treatment households have 3.59 productive assets per household whereas it is 3.72 for the control.
- Average market value of the productive assets owned by treatment households stands at BDT 12,504 and it is slightly lower for the control households (i.e., BDT 9,975). This is much lower than the cut-off points of BDT 40,000 per extreme poor households.
- 76% of the treatment households sought for healthcare services from the government healthcare facilities whereas it is much higher for the control households (95%).
- Over 65% of households have the access to social safety nets though it has the marginal impacts on their livelihoods. It is around 43% treatment households are not receiving any safety net intervention and it is 37.8% for the control households.
- 16.5% of the treatment households sought for financial services treatment whereas it is 10.8% for control households. Very least households have the access to other services like business development services, agricultural services and skill development services.
- In terms of know-how to withstand disasters, it is found that 32.6% of the treatment households is aware of the facts and it is very homogeneous for the control households (30.9%).
- 70% of the extreme poor households have no knowledge regarding the positive measures against disaster. As per graduation criteria, they should know at least three positives measures to withstand disaster. Findings show that over 2% households in both groups know at least three positive measures to withstand disaster.