

***Towards a profile of the
ultra poor in Bangladesh:
Findings from CFPR/TUP
baseline survey***



Published by:
Research and Evaluation Division, BRAC

and



Aga Khan Foundation Canada
under the BRAC-AKFC Learning Partnership Project for CFPR/TUP

Funded by:



Canadian International Development Agency



This report is published under the BRAC-AKFC Learning Partnership Project for CFPR/TUP with funding support from the Canadian International Development Agency (CIDA). The goal of the project is to contribute to improved poverty reduction and poverty targeting policies and practices. This partnership project supports the generation and dissemination of lessons, models, methodologies and best practices from CFPR/TUP to other organizations and practitioners around the world with an interest in reaching and serving the needs of the ultra poor.

Editing: Hasan Shareef Ahmed

Typesetting and layout: Md. Abdur Razzaque

Cover design: Shajedur Rahman

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September 2004

Publisher:

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BRAC/RED publishes research reports, scientific papers, monographs, working papers, research compendium in Bangla (*Nirjash*), proceedings, manuals, and other publications on subjects relating to poverty, social development, health, nutrition, education, gender, and environment.

Printed by BRAC Printers, 87-88 (old) 41 (new), Block C, Tongi Industrial area, Gazipur, Bangladesh

In fond memory of

Late Md. Ghulam Sattar

former Manager, Administration and Projects
of the Research and Evaluation Division of BRAC



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FOREWORD

Over a quarter of Bangladesh's people live in extreme poverty, not being able to meet even the barest of the basic needs. They spend most of their meagre, unreliable earnings on food and yet fail to fulfil the minimum calorie intake needed to stave off malnutrition. They are consequently in frequent poor health causing further drain on their resources due to loss of income and health expenses. More often than not, the extreme poor are invisible even in their own communities, living on other peoples' land, having no one to speak up for them or assist them in ensuring their rights. Extreme poverty also has a clear gendered face — they are mostly women who are dispossessed widows, and abandoned.

The extreme poor are thus caught in a vicious trap and the story of denial and injustices tend to continue over generations for a large majority of them. A vast majority of the extreme poor in Bangladesh are chronically so. The constraints they face in escaping extreme poverty are interlocked in ways that are different from those who are moderately poor. This challenges us to rethink our existing development strategies and interventions for the extreme poor, and come up with better ones that work for them. This is the challenge that drove BRAC to initiate an experimental programme since 2002 called, 'Challenging the Frontiers of Poverty Reduction: Targeting the Ultra Poor' programme. The idea is to address the constraints that they face in asset building, in improving their health, in educating their children, in getting their voices heard, in a comprehensive manner so that they too can aspire, plan, and inch their way out of poverty.

The extreme poor have not only been bypassed by most development programmes, but also by mainstream development research. We need to know much more about their lives, struggles, and lived experiences. We need to understand better why such extreme poverty persists for so many of them for so long, often over generations. Without such knowledge, we cannot stand by their side and help in their struggles to overcome their state.

I am pleased that BRAC's Research and Evaluation Division has taken up the challenge of beginning to address some of these knowledge gaps through serious research and reflection. This baseline study is a part of that broader initiative. It draws a comprehensive profile of the extreme poor in Bangladesh living in some of the poorest districts of the country where BRAC's CFPR/TUP programme is working. The publication of this report is being funded by CIDA through the 'BRAC-Aga Khan Foundation Canada Learning Partnership for CFPR/TUP' project. I thank CIDA and AKFC for supporting the dissemination of our research on extreme poverty.

I hope this report will benefit development academics, researchers, and practitioners in not only gaining more knowledge but also in inspiring actions against extreme poverty in Bangladesh and elsewhere.

Fazle Hasan Abed
Chairperson, BRAC

ACKNOWLEDGEMENT

We would like to express our heartiest gratitude to BRAC Economic Development Programme for giving us the opportunity to be part of the CFPR/TUP programme through research. We thank the programme people for giving us all out cooperation; especially to the CFPR/TUP field staff without whose support and assistance it would not have been possible for us to conduct this baseline survey. We would particularly like to thank Mr. Aminul Alam, Deputy Executive Director, BRAC and Ms. Rabeya Yasmin, Programme Manager, CFPR/TUP programme for their support and encouragement. We acknowledge the generous support of CFPR/TUP donors including Canadian International Development Agency (CIDA), Department for International Development (DFID), European Commission, NOVIB, and World Food Programme. Finally, we are also indebted to the ultra poor people who have given us their time and provided us with valuable information.

Introduction

Imran Matin, Abdullahel Hadi and Syed Masud Ahmed

The two principles of justice are as follows—each person has an equal claim to a fully adequate scheme of basic rights and liberties...Social and economic equalities are to satisfy two conditions: first, they are to be attached to positions and offices open to all under conditions of fair equality of opportunity; and second, they are to be the greatest benefit to the least advantaged members of society.

– John Rawls (1993): Political Liberalism

THE EXTREME POOR IN BANGLADESH: A QUICK SUMMARY REPORT

Depending on methods used, recent estimates suggest that as much as 20 to 34% of the population of Bangladesh live in extreme poverty (Table 1). This is a significant number of people requiring immediate and special attention, if Bangladesh is to fulfill its commitment towards attaining the Millennium Development Goals (MDG) which underpins its Poverty Reduction Strategy Paper (PRSP).

Focusing policy attention towards the extreme poor is important, because existing opportunities may not work very well for them. This can be due to mismatches of structure of opportunities available and the complex structure of

constraints faced by the extreme poor. For instance, it is by now fairly well accepted that mainstream development approaches, especially microfinance, largely bypasses the extreme poor. However, evidence also suggests that this has been an important opportunity that moderate poor households have been able to use to overcome poverty and reduce vulnerability (Khandker 1998, Morduch 1998). Thus, policies and programmes that work for the moderate poor may not work for the extreme poor. The market mediated opportunities may also bypass the extreme poor due to their lack of the human and social capital needed to participate and benefit from such opportunities and/or because they live in areas or belong to ethnicities that are themselves bypassed.

Table 1. The progress in income-consumption poverty reduction: the record in brief

Variables	HIES 2000			HIES 1995-96		
	National	Rural	Urban	National	Rural	Urban
Less than 2122 kcal/person/day	44%	42%	53%	48%	47%	50%
Less than 1805 kcal/person/day	20%	19%	25%	25%	25%	27%
Upper poverty line head count (CBN method)	50%	53%	37%	53%	57%	35%
Lower poverty line head count (CBN method)	34%	37%	19%	34%	39%	14%

Source: Report of the household income & expenditure survey, 2000 (BBS 2003)

It is, thus, of great urgency that we focus our attention to obtain a better picture of the profile of the extreme poor to arrive at an analytical understanding of the structure of constraints they face. Such an understanding could help us develop appropriate interventions for the extreme poor.

BRAC AND THE EXTREME POOR: CFPR/TUP PROGRAMME AS A CONTINUUM

Since January 2002, BRAC has started a new programme for the extreme poor called Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP) programme. It is important to take a historical perspective on BRAC's development programmes and the extreme poor.

BRAC has been concerned with developing programmes for the extreme poor since its beginning in 1972. Its work began with addressing the immediate needs of the refugees who returned home after the liberation of Bangladesh in 1971. Gradually, BRAC moved beyond relief work to building sustainable livelihoods of the poor with a particular focus on women through an incrementally wide range of development programmes in the areas of microfinance, income and

employment generating programmes, education, health, nutrition, and social development.

The concern with the extreme poor in BRAC's microfinance programme, for instance, can be seen in its official definition of eligibility. In addition to the more popular, 'less than 50 decimals of owned cultivable land' used by most microfinance institutions of Bangladesh, BRAC uses 'household selling at least 100 days of manual labour' as an official statement of its commitment to include the very poor.

However, very soon BRAC realized that microfinance on its own is not as suitable an entry point and intervention for the extreme poor as it is for the moderate poor. Severe malnutrition and hunger typically characterizes the situation of the extreme poor, and without immediate attention to addressing these constraints, microfinance would fail them. Yet, mere food aid creates short-term relief without building any foundations for sustainable change. This was the driving motivation for BRAC in approaching the World Food Programme (WFP) in 1985 to pilot a 'laddered strategic linkage' approach that would transform WFP's feeding programme for the extreme poor then called Vulnerable Group Feeding programme into the nationwide Income Generation for Vulnerable Group Development (IGVGD) programme¹. The basic idea is to leverage the 2-year food aid period supported by WFP through appropriate income generation and social development training, developing a regular savings habit, providing small amounts of microcredit, and offering an opportunity of eventual inclusion into BRAC's mainstream development programmes (i.e. village organizations or VO).

What started off as a BRAC pilot to bring the extreme poor within microfinance and other development programmes is today a nationwide programme working with over 1.2 million extreme poor and vulnerable women in 268 *upazilas*. WFP's own monitoring studies show that almost 70% of the women who join BRAC's VOs through the IGVGD programme manage to continue as active microfinance members (WFP 1999).

However, those who do not manage to continue as stable microfinance members are also among the poorest and the most vulnerable (Webb *et al.* 2001, Chowdhury 2000). Moreover, many extreme poor women do not have the social network and voice to obtain a Vulnerable Group Development membership, which is decided by the local government representatives of the *Union Parishad*, the lowest administrative unit of the government of Bangladesh.

¹ For reviews of the IGVGD programme please see Hashemi (2001), Matin and Hulme (2003), and Matin and Yasmin (2004).

The IGVGD experiences of BRAC have been central to the development of the new programme for extreme poor. The basic idea of staged/laddered strategic linkage of IGVGD is also used in the new CFPR/TUP programme. However, the approach is more systematic, intensive, and comprehensive covering economic, social, and health aspects. Table 2 shows the main components of the CFPR/TUP programme.

Table 2. The CFPR/TUP programme components and their purpose

Component	Purpose
Integrated targeting methodologies	Effective targeting of the extreme poor
Income generating asset transfer	Build economic asset base
Income generation training and regular refreshers	Ensure good return from asset transferred
Technical follow-up of enterprise operations	Ensure good return from asset transferred
Provision of all support inputs for the enterprise	Ensure good return from asset transferred
Monthly stipends	Reduce opportunity cost of asset operations
Health support	Reduce costly morbidity
Social development	Knowledge and awareness of rights and justice
Mobilization of local elite for support	Create an enabling environment

CFPR/TUP programme aims to build a more sustainable livelihood for the extreme poor, i.e. a solid economic, social and human foundation in the lives of the extreme poor which would allow them to overcome extreme poverty in a sustainable manner. Participating in microfinance programmes is considered an important route that the TUP members may choose to take to attain better livelihoods. Moreover, the possibility that the microfinance option itself may have to be more flexible and customized to the needs of the TUP members is also greatly appreciated as a programme strategy. For instance, it is considered that TUP members can choose to invest their accumulated savings into further enterprise expansion, or they can choose to maintain their existing level of business operation and simply accrue savings with BRAC.

TARGETING IN CFPR/TUP

As CFPR/TUP is mainly an asset transfer programme, good targeting becomes extremely important. For this, the programme uses an integrated targeting approach, which combines a range of targeting methodologies. Based on a review of poverty literature and BRAC's own programmatic experiences, a composite indicator list has been developed to define the eligible group. These are summarized in Table 3.

The first operational step in targeting is selection of area. There are several levels of area selection. The district is selected based on various poverty maps and

BRAC's own programmatic experiences and knowledge. The *upazilas* and the villages are then selected based on BRAC's local knowledge of the areas. Once the villages are selected, several participatory wealth ranking (PWR) exercises are conducted to cover all possible locations of a village where the extreme poor live. These sub-village level locations are known as 'spots' and typically constitute of 100-150 households. The households ranked in the bottom two wealth categories are then surveyed using a simple questionnaire that basically collects information on the various targeting indicators discussed above. The TUP programme organizers then prepare a preliminary selection list, which is then verified by senior level programme staff by physically visiting each and every preliminarily selected households. They then prepare a final selection list.

Such an elaborate targeting approach not only ensures effective targeting of the extreme poor, but is also instrumental in developing initial rapport with the villagers and other community members, which is essential for the overall success of the programme (Matin and Halder 2004, Zaman *et al.* 2004).

Table 3. Targeting indicators used in CFPR/TUP and their rationale

Targeting indicators	Rationale
Exclusion indicators (needs to dissatisfy all)	
Any member of the household has current NGO participation	Targeting those extreme poor who do not/can not participate in existing NGO programmes
Any member of the household receives benefit from GoB programmes (e.g. VGD)	Targeting those extreme poor who do not/can not participate in existing GoB programmes
No physically able adult woman in household	This is a women-targeted enterprise programme
Inclusion indicators (needs to satisfy any two)	
Owned land of household including homestead less than 10 decimals	Landlessness and extreme poverty highly correlated, though not all landless are extreme poor
No adult working man in household	Absence of able bodied male labour power is an important characteristic of extreme poor households
School-going aged children working	Child labour is predominant in extreme poor households
Adult woman selling labour	Adult woman selling labour is more prevalent in extreme poor households. This also signals the desperation and motivation of the household
No productive assets	Extreme poor households tend not to own any productive assets

THE BASELINE SURVEY

As the CFPR/TUP uses an elaborate and integrated targeting approach, it provides a unique opportunity to collect detailed data on the extreme poor. This means that costly steps in identifying the extreme poor by research could be avoided. This is a significant advantage enjoyed by the present baseline profile research, as most existing profile studies on the extreme poor rely on a far less restricted approach in identifying the poorest usually using a few indicators, such as landlessness or poverty self perception. Here, we could exploit the integrated and comprehensive targeting methodologies used in CFPR/TUP programme.

We could thus administer various instruments on the two groups of the ultra poor that emerged out of the programme targeting – those who were finally selected by the programme (the selected ultra poor, or SUP, hereafter) and those who were ranked as ultra poor by the community in the participatory wealth ranking exercises (i.e. those households falling in the bottom two ranks) but not selected by the programme (the not selected ultra poor, or NSUP, hereafter).

This report is based on two baseline surveys carried out by BRAC's Research and Evaluation Division during 2002 and 2003.

The first one is a comprehensive baseline survey (2002 baseline survey, hereafter) carried out on both the SUP and NSUP households during July – September 2002 in the three districts where the CFPR/TUP programme began its operations in 2002 (Nilphamari, Kurigram, and Rangpur) (Figure 1). Preliminary analysis of the 2002 baseline survey revealed the extremely poor nutritional status of the ultra poor population. We wanted to better understand the underlying factors contributing towards such poor nutritional status, in addition to the general socioeconomic status and the environment, issues that were already covered in the 2002 baseline survey. In the 2002 baseline survey, we used 3-day recall to collect food consumption data, which is contested as a method by the nutritionists. We were also interested in carrying out food consumption survey using 24-hour recall method to obtain a better picture of food consumption status of the ultra poor.

Thus, to gain a better understanding of the poor nutritional status and food consumption, we carried out a second baseline survey (2003 baseline survey, hereafter). Here, we focussed on collecting detailed household and individual food consumption data using 24 hour recall method, and data to get a better sense of two leading underlying causes of poor nutrition not covered in our first baseline survey, anaemia and intestinal parasites infestation². This survey was carried out only on the SUP households during July – September 2003 in the four

² Data on access to safe water and use of sanitary latrine were collected in the first baseline survey.

new districts where the CFPR/TUP programme began its operations in 2003 (Kishoreganj, Netrokona, Gopalganj, and Madaripur) (Figure 2).

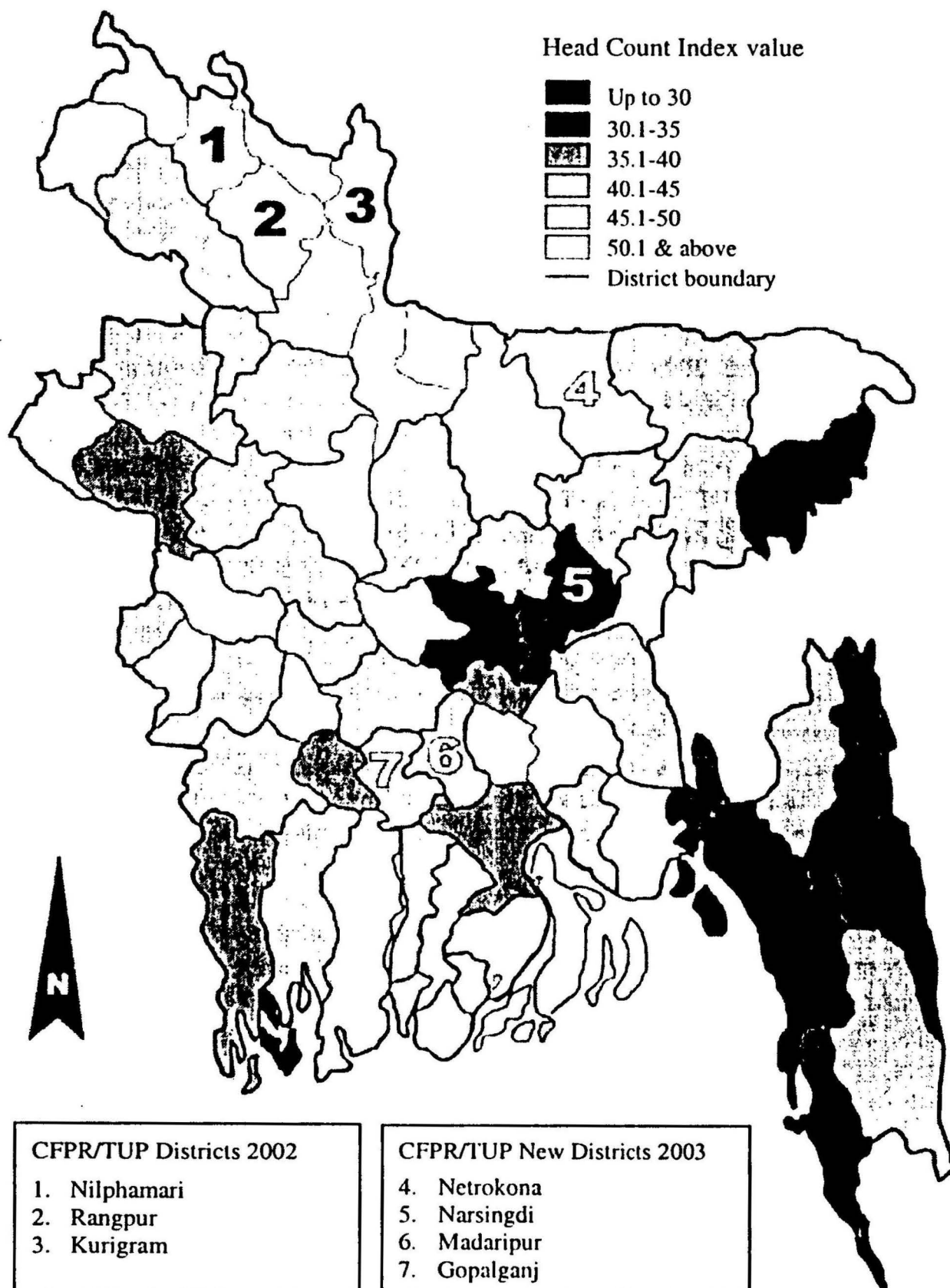
In the 2002 baseline survey, two types of sampling methods and instruments were used: the basic module and the complete module. The basic module was administered on all the SUP households and an equal number of randomly selected NSUP households from each programme village, in order to gain a general perspective of the broader profile of the ultra poor. The larger sample was also needed to calculate rates, such as immunization. The complete module on the other hand, was administered on a sub sample of the basic module sample, and the intent was to concentrate on a smaller number of SUP and NSUP households but cover a wide range of issues. A summary description of these modules and issues covered in each is presented in Table 4.

Sample size for the 2003 baseline survey was determined on the assumed anaemia prevalence of 45%, with expected level of reduction to 25% through programme intervention, level of confidence (α) 95% and approximate cluster design effect of 1.5, using standard statistical formula. Considering these criteria a total of 436~450 SUP households from each district were considered adequate for the baseline and to enable evaluation of the project later. Therefore, the target number of households to be surveyed was 900. However, to allow for 'lost to follow-up' the number was increased and a total of 978 households were finally covered.

A cluster sampling method was used to identify the target households. An equal number of households from the four new districts covered by the programme in 2003 (225+225+225+225) were initially selected. Two area offices were selected from each district at random. In case the required number of households was not available in the same area office, the remaining households were selected from the nearest area office.

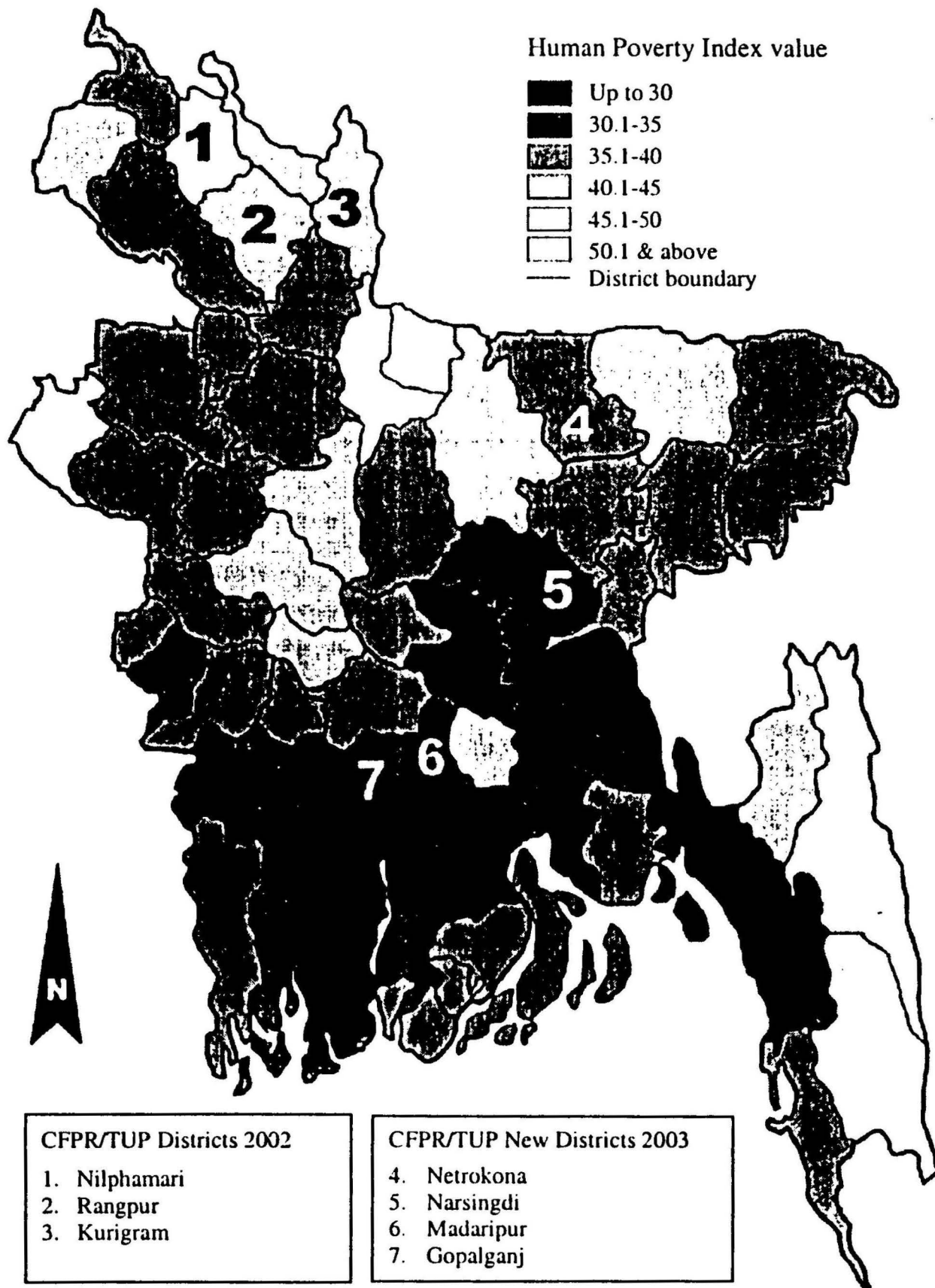
Blood was collected for anaemia prevalence and stool samples were examined for parasitic infestation for adult women and under-five children of the households. Anthropometric measurements were also taken for these two population groups. For food consumption survey, 50 households were selected from each district. Thus, food consumption was assessed in 200 households.

Figure 1. Map of Bangladesh showing the districts covered by CFPR/TUP programme along with Head Count Index (HCI) value



Source: *Fighting human poverty: Bangladesh human development report 2000, p39*

Figure 2. Map of Bangladesh showing the districts covered by CFPR/TUP programme along with Human Poverty Index (HPI) value



Source: *Fighting human poverty: Bangladesh human development report 2000*, p40

Table 4. The 2002 CFPR/TUP baseline survey modules

Module	Sampling method	Main issues covered
Basic module	All TUP area offices (AO). All TUP villages from each AO. All SUP and an equal number of randomly selected NSUP from each village. A total of 12,907 households – 6,673 SUP and 6,234 NSUP households surveyed.	Demography, immunization, mortality, morbidity, access to health facilities, and hygiene.
Complete module	A sub-sample of the Reduce Module. All TUP area offices (AO). One-third randomly selected TUP villages from each AO. All SUP and an equal number of randomly selected NSUP from each selected village. A total of 5,626 households – 2,913 SUP and 2,713 NSUP households were surveyed.	Food consumption, employment, health-seeking behaviour, financial market participation, anthropometry, water and sanitation, women's ownership and control of resources, legal knowledge.

OVERVIEW OF THE REPORT

Report structure

The report is presented in two parts – the first part (Chapter 1 to 9) is based on analysis of the data from the 2002 baseline survey carried out in the 2002 CFPR/TUP districts, while the second part is based on the analysis of the 2003 baseline survey that focussed on collecting detailed food consumption and nutrition data. This was carried out in the new four districts covered by the CFPR/TUP programme in 2003.

Selling manual labour is the most important means of sustenance for the extreme poor. This depends on the households' demographic structure (Chapter 1), its water and sanitation status (Chapter 2), and the health and nutritional status (Chapter 3 and Chapter 4) of its members. All these factors determine its participation in the labour market (Chapter 5), which in turn determines its consumption level and pattern (Chapter 6).

Such a sequencing of themes is deliberate – to highlight the fact that access to safe water and sanitation, health, and nutritional status of the households are not (and should not be) only a function of the households' earning ability determined by its participation in the labour market. However, we also acknowledge the two-way relationship between these themes – households' ability to participate in the labour market is determined by its health and nutritional status, which are in turn determined by the income it can earn through labour market participation. The

point is that for the extreme poor, due to a wide range of interlocking constraints, such two-way self-reinforcing relationships fail to operate sustainably, or break down due to sudden shocks, creating poverty traps. Thus, the need for multiple entry points in addressing extreme poverty.

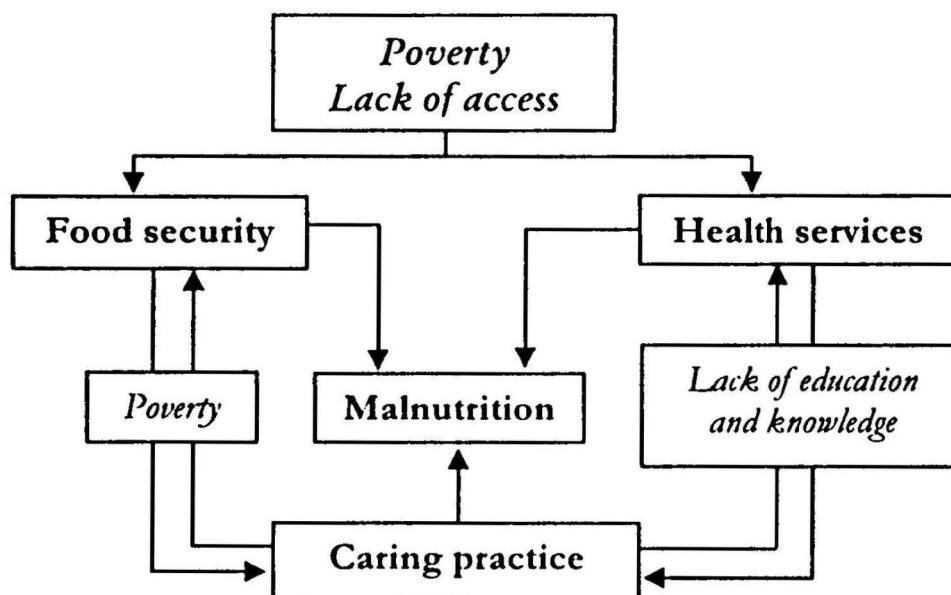
Access to well functioning financial markets is very important to take advantage of new opportunities and reducing vulnerability by consumption smoothing. We, thus, examine this aspect in chapter 7 of the report. Women's position and status within the household is increasingly emerging as an important determinant of several positive outcomes in health, education and nutrition of household members, especially for the children (Khandker 1998). In Chapter 8, we use women's perceptions of ownership and control over assets and participation in key household decisions as proxies for women's position and status within the household. Here, we also examine a number of other social variables, such as violence against women, and their knowledge on some basic human and legal rights. Various studies found that the chronicity of extreme poverty tend to extend across generations (Moore 2001). Education of children can be an important route out of such a trap. We discuss the schooling status of the extreme poor in Chapter 9.

The second part of this report provides a general socioeconomic background of the SUP households surveyed in the new 2003 CFPR/TUP districts but the focus is essentially on details of food consumption from a nutrition perspective, anaemia prevalence and worm infestation.

Malnutrition is wide-spread and has long been a public health problem in Bangladesh. It affects all sections of the community but infants and young children are at greatest risk because of their proportionately higher nutritional requirements for growth and development. These requirements are not met due to inadequate dietary intakes (food insecurity), infection (lack of adequate health services), lack of proper caring practices like breastfeeding and healthy lifestyle or due to a combination of two or more of these factors. All these components of the triad result finally to malnutrition, mostly in poor households who have little or no literacy and nutritional knowledge (Figure 3). Thus, nutritional inadequacy sets in motion a vicious circle of malnutrition, poverty and infection (Yusuf 2004, Osmani 1992). Indeed, one of the central constraints that trap the extreme poor in remaining in extreme poverty over generations could be malnutrition and inadequate dietary intake (Dasgupta 1993, Osmani 1992).

The two parts of this report together, though emerging out of two different time periods and locales (one on 2002 CFPR/TUP districts and the other on the new 2003 CFPR/TUP districts) cover a wide range of issues that should allow the readers to paint an overall profile of the ultra poor population.

Figure 3. Interplay of poverty, food insecurity, lack of access to health services and lack of proper caring practices in the causality of malnutrition



SUMMARY OF COMPREHENSIVE BASELINE SURVEY

General household characteristics and demography

Chapter 1 presents the basic socio-demographic information of the extreme poor population. As one can expect, the ultra poor population is the most disadvantaged proportion of the population. The proportion of female population was higher among them as a result of higher out-migration for employment among men. This absence of adult male members might have significantly increased the female-headed household among the ultra poor. The average household size among them was also much lower than the national average.

The proportion of dependent population at the younger was higher while lower at the later age (65 or older) probably as a consequence of relatively lower life expectancy of the poorest in Bangladesh. Marital life among the poorest women was much shorter than others as consequence of higher marital dissolution (in terms of widowed, divorced or abandoned) among them. Teenage marriage was also very high among them.

More than half of them could not afford to have at least two meals a day. Access to welfare projects such as cash grant for the elderly, food support for the vulnerable groups, food-for-work project, rural maintenance programme, etc. was very limited for the ultra poor. A significant proportion of the ultra poor were

either blind or deaf. Many of them cannot speak or walk. Violence against women such as physical assault among the poorest was also higher than other socioeconomic groups. In other words, the deprivational space of the ultra poor is both wider and deeper than others that deserve special attention.

Water and sanitation

Access to safe drinking water for the poorest was quite high (nearly 96%) although most of them did not own any tubewell. Access to safe sanitation among the ultra poor, was very low (5.4%) compared to national average. Knowledge about arsenic poisoning in drinking water was also very poor among the poorest.

Health and nutrition

There are two chapters devoted to studying various aspects of health of the extreme poor. Chapter 3 examines adult and child mortality, immunization, fertility, antenatal care and family planning for the two ultra poor groups surveyed. Chapter 4 explores morbidity, health-seeking behaviour, anthropometric measures for all under-5 children (12-59 months) and women of child bearing age (15-49 years), and perceptions of the extreme poor about their own health.

Immunization

More than two-thirds of the children from the ultra poor households were fully immunized, while a quarter was partially immunized. No significant differences in coverage were observed between the SUP and the NSUP children. BCG vaccine, which is usually given within four weeks of birth, was almost universally (nearly 95%) administered while the coverage of DPT, which is given four weeks after BCG, was much lower than BCG coverage. Nearly two-thirds of the ultra poor women were fully immunized while the national rural coverage is 78%. About 17% were partially immunized and a nearly equivalent proportion did not receive any tetanus immunization during their last pregnancy.

Morbidity, mortality and health-seeking behaviour

Around 15% of the ultra poor suffered from some kind of illnesses during the 15-day recall period, those from the SUP households a little more than the NSUP households, and was comparable to national rural average (16%). Prevalence of morbidity varied by demographic and socioeconomic characteristics. Prevalence was more among the very young and very old, females, those hailing from female-headed households, and chronically food-insecure households. Bodily pain/aches, gastrointestinal (GI) and respiratory illnesses appeared to be the three most common illnesses.

The crude death rates of both the SUP (7.6) and the NSUP (6.1) population were much higher than the national rural estimates. Under-5 mortality rate for the ultra poor at over 14% was higher than the national rural average of 11.3%.

Of those who were ill during the reference period, around 13% received no medication, females more so than males while more than a third managed with self-treatment at home, especially in the SUP households. GI and respiratory illnesses were mostly self-managed at home with or without medication, or with traditional medicine. On the other hand, bodily pain was mostly treated by allopathic practitioners, qualified or not. About a fifth sought treatment from 'unqualified allopathic' practitioners (i.e., drug vendors/retailers) while only about 8% availed traditional medicine. The 'qualified allopathic' treatment from MBBS physicians was more frequently sought for ill persons from the NSUP households, and more frequently for men than women. At the early stage, illnesses were managed by self-treatment/self-care, which was followed by greater use of allopathic treatment from the para-professionals and the drug vendors/retailers, usually when the illnesses continued for more than three days.

Antenatal care

The use of different antenatal services was found to be consistently lower among the ultra poor women compared to national rural average. Immunization for tetanus during pregnancy was much lower for both the SUP and the NSUP women, compared to the national rural average of 78%. Also, less than 18% of the ultra poor women received iron supplementation during their last pregnancy compared to the national rural average of 32.5%. The poorest women depended primarily on public health facilities for antenatal check-up. Nearly 44% of the ultra poor women never used safe delivery kits.

Perceived self-health

Generic measures of health status provide a concise method for individuals to express their views about health outcomes (i.e. ability to function in everyday life, to experience a sense of well-being, and to view health status with confidence). This study explored a few of these indicators for studying the perception of self-health among the ultra poor women. Findings reveal good functioning status in everyday life but a very poor perception of general health or health transition (i.e., comparative state of health in last one year). Also, age was found as the single most important determinant of perceived health status among study women – the gradual deterioration in functioning and well-being perceptions was positively correlated with increasing age.

Nutritional status

The average nutritional status of the children from the SUP households was worse than those from the NSUP households, and within households, girls fared worse than boys. More than half of the children (12-59 months) of the ultra poor were found to be severely under-weight (64%, compared to national figure of 51%,) and stunted (53%, compared to national estimate of 49%). Using MUAC of <125 mm as cut-off for malnourishment, we found that over 18% of the SUP children are severely malnourished while the comparable national figure is 6.5%. Forty-eight percent of the SUP and 42% of the NSUP adult women (15-49 years) were chronic energy deficient (BMI<18.5). Also, a gradual deterioration in women's nutritional status with ageing was observed.

Fertility

The general fertility rate (GFR) was estimated at 17.3% among the SUP and 15.8% among the NSUP households. Compared to national rural estimate (13.5%), the GFR is very high among the poorest. Similarly, total fertility rate (TFR³) among the poorest (5.45 among SUP women) was much higher than the national rural TFR (3.54) estimated in 1999-2000. Among the ultra poor, the educated and the landed have lower fertility rates. This is also the case of employed women compared to housewives.

Family planning

Contraceptive prevalence rate among the ultra poor at the time of survey was about 54% among the SUP and nearly 49% among the NSUP eligible women compared to the national average of around 51%. We found low levels of contraceptive prevalence among younger women compared to national figures for the corresponding age group, which would significantly affect the fertility level among the poorest population. Most ultra poor women depended on some modern methods of contraception while only a few opted for traditional methods. The most popular method by far was the oral pill, followed by injectables and ligation. A large proportion of the ultra poor women were also sterilized, much higher among the SUP women

Labour market participation

In effect, the observed nature and dynamics of household's labour market participation is the outcome of the themes we have discussed so far. The availability of labour will depend on household's demography, and its general

³ TFR is defined as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific fertility rates.

characteristics, while the physical ability of its available labour force will depend on the health and nutrition status of the household members, their consumption pattern and level.

We examined ultra poor households' labour market participation in Chapter 5 of the report. Though both the two ultra poor groups are highly dependent on wage labour, both agricultural and non-agricultural, the dependence is relatively higher for SUP population. Working as domestic aid and begging is two times higher among the SUP households, indicating their relative lower social position in the community. Participation in own agricultural activities, rearing of cattle, goat and poultry, is a symbol of prestige and reflects relatively better risk coping abilities. In this respect, the NSUP households are in a relatively advantageous position. Pulling of rickshaws, vans and running of small businesses, usually requiring some minimum asset base and good access to financial market, are also higher among the NSUP households.

We also found that though women from the ultra poor households are involved in different male-dominated sectors, a strong gender division of labour exists. For example, within the broader agricultural sector, women labour force involvement is much higher in small-scale poultry, goat and cow rearing and also in vegetable cultivation activities, which are household-based. In wage labour activities, women participation is mainly in agricultural post harvest work and also working as domestic aid. Ultra poor women in any given activity earn much less than men working in that sector. On average women earn only 25% of the income earned by men.

On average, an ultra poor household receive income from more than two different sources, although few households mainly live on assistance from others and do not have any direct source of income. Multiplicity of income sources is common though the SUPs in general report relatively less diverse income sources than the NSUPs.

As expected, most of the ultra poor households are dependent on wage labour, both agricultural and non-agricultural. Agricultural wage labour is the primary source of income for 44% of SUP and 42% of NSUP households. The second important sector is non-agricultural labour, which is reported as the main income source for 41% of the SUP and 36% of the NSUP households. Begging is the main source for 6% of SUP and 4% of NSUP households.

We calculated average annual income accrued from ultra poor population's involvement in various sectors. Working in the rural transport sector emerged as the most lucrative sector. We found that the returns to female self-employment activities were very low. Another important finding is that the ultra poor who

worked as domestic aids, an important sector for the ultra poor women, earned less than the income received from begging.

The NSUP households were found to earn relatively higher incomes from their involvement in any sector compared to the SUP households, which most likely reflects the extremely precarious health and nutrition condition we observed for the SUP household members.

Level and patterns of consumption

Level and pattern of consumption is a basic determinant of household's health and nutritional status. This, in turn, affects the household's ability to sell labour and prevent itself from expensive health costs and workday loss. Chapter 6 of the report examines levels and patterns of consumption of ultra poor households.

The SUP households consumed 759 g of food/person/day while the NSUP consumed over 778 g. The difference between the two ultra poor groups is significant, suggesting that the SUP fare much worse than the NSUP households in terms of food intake. These figures are much lower than the rural average for Bangladesh, which is 892 g (BBS 2003).

In calorie terms, the average consumption levels of the SUP and the NSUP households were estimated to be 1911 kcal and 2017 kcal respectively. About 88% of the calories consumed by both of these two groups came from cereal – mainly rice. Vegetables (both leafy and non-leafy) including potatoes are the second major source after cereals constituting around 6% of their energy intake.

A third of the sampled households were female-headed. One important aspect which has already been highlighted in many studies is that women, if they have control over their income, spend more on household well-being, mainly on better household consumption (Husain 1998, Kennedy and Pauline 1992, Kennely 1988, Mustafa *et al.* 1996). We found this to be true even for the ultra poor: total per capita food intake in ultra poor female-headed households was significantly higher than male-headed ones.

The per capita daily food expenditure (PCDFE) of SUP households was only Tk. 9.66 and significantly lower than that of NSUP households. The SUP's PCDFE was even lower than what the bottom 20% of the rural households spend on food (PCDFE of Tk. 10.16). There are also significant variations in expenditure share of various food items between SUP and NSUP suggesting that the ultra poor households selected for CFPR programme were nutritionally more deficient compared to those not selected.

Financial market participation

Though it is widely accepted that existing microfinancial services have not adequately served the ultra poor population, detailed studies on the financial market participation of the ultra poor in general and their microfinance participation in particular are relatively rare. Yet, access to cost-effective, reliable and timely financial services is critical for various reasons: for taking advantage of new opportunities, meeting life cycle needs and dealing with emergencies in ways that do not force the ultra poor households to use costly crisis coping steps. Many studies have argued that the latter can lead to depletion of households' ability to withstand future shocks causing descent into deeper form of deprivation.

Chapter 7 shows that the overall level of financial market participation of the ultra poor is quite low – only 25% and 38% of the SUP and the NSUP households respectively reported having outstanding loan of any type at the time of the survey. Loans obtained from informal sources constituted the largest share – 98% and 73% of the loans taken by the SUP and the NSUP households respectively. Note that the near absence of loans from institutional sources, such as microfinance institutions for the SUP households is due to the targeting conditions, which excluded households having current NGO loans. Despite that, the fact that only 27% of the NSUP households reported borrowing from microfinance institutions lends support to the widely held view that these institutions have not adequately reached the ultra poor households.

We found evidence that the microfinance participation of the ultra poor tends to be irregular and less credit intensive. Of the ultra poor households that reported ever microfinance participation, half dropped out and did not rejoin. The borrower-member ratio, an indicator of credit taking intensity of a population, is also quite low for the ultra poor microfinance participants. These findings have important implications in designing appropriate microfinance products for the ultra poor.

The average loan amount that the SUP households borrowed from informal sources was significantly lower than that of the NSUP households, suggesting a relatively lower level of creditworthiness of the SUP households, which is not surprising given their generally lower level of overall economic and health status. Though most of the informal loans taken by the ultra poor households tend to be on interest, interestingly, most do not have a specified contract. However, it is important to contextualize these contracts. Several studies of the rural financial market found that for the ultra poor, financial transactions are part of the moral economy that sustains and also at times reproduces extreme poverty (Bhaduri 1983, Udry 1997). It is thus problematic to assess credit contracts that the ultra poor are offered only by confining our analysis on the financial obligations of the

contract – more often than not, apparently benign credit contracts underpin potentially exploitative and costly obligations in other non-financial dimensions which require detailed ethnographic research to unpack and understand.

Women's status

The social status of the ultra poor women was assessed in terms of their control over productive resources, empowerment, and prestige in the family and society with the help of proxy variables where needed. Unlike other themes discussed above, the difference in the social status related variables between the SUP and the NSUP women is negligible – as such, the status of women is very similar between the two ultra poor groups considered.

Higher proportion of respondents from both the groups had control over ornaments, utensils, poultry, and eggs – the items they exclusively used or took care of. Other than relatively high value assets such as ornaments, utensils, livestock, and transports, the respondents thought they would be allowed to sell other assets exclusively belonging to them. Most respondents reported that they were informed about decisions on repairing or building of a house before finalization.

The test scores of the respondents on Human Rights and Legal Education were low for both the groups in all the four elements considered in the test. The respondents from both the groups received highest scores in Muslim Inheritance Law followed by Muslim Family Law.

On physical mobility, respondents from both groups visited parents' houses most often followed by NGO offices and health complexes. The SUP respondents visiting NGO offices and parents' houses had to travel slightly longer distances compared to the NSUP respondents. A higher proportion of SUP respondents visited parents' homes and NGO offices compared to the NSUP respondents. In contrast, a slightly higher proportion of NSUP respondents visited health complexes alone compared to the SUP respondents. In most cases respondents from both the groups made visits with others.

Most respondents took initiative for their economic advancement. In doing so, the respondents from both the groups mostly had contact with the chairman or member of their *Union Parishad* for a VGD card followed by elderly allowance. A few of them tried to get possession of *khas* land in the locality.

Respondents' social prestige was assessed in terms of their participation in community activities. An overwhelming proportion of respondents from both the groups caste votes in the last *Union Parishad* or national elections. Besides, a good proportion of respondents from both the groups received help from *shalish*

and often received help from others in the village. Over three quarters of the ultra poor did not have any connection with the influential elite in the village. Those who had some contact were mostly acquainted with the elected chairman or members of the local *Union Parishad*.

The ultra poor women from both the groups tend to protest much more to injustices that relate directly to their livelihood needs, such as paying low wages by employers, demanding high price goods, and misappropriation of relief goods. Interestingly, protesting against wife beating is one of the most frequent reasons for protesting by the ultra poor women.

Physical violence was not uncommon among the respondents for both the groups. The respondents were also violated otherwise, like being threatened that they would be divorced, prevented from visiting parents' homes and forced to hand over their earnings to their husbands.

Education status

Against an impressive national primary school gross enrolment ratio (GER) of 108% and a net enrolment rate (NER) of 79.8% (Chowdhury, *et al*, 2002), the corresponding figures are much lower for both the ultra poor groups, but significantly more so for the children from SUP households. There were important regional differences – children of ultra poor households in Nilphamari of both groups had the lowest GER and NER, while it was the highest in Kurigram. We found that for both the ultra poor groups, girls had a higher GER and NER compared to boys. Interestingly, this gender difference in enrolment does not hold for Nilphamari, which is also the district with the lowest GER and NER for ultra poor children.

The difference between gross and net enrolment for the children of ultra poor households was interesting. Like any other surveys in Bangladesh the gross ratio was found to be higher than the net rate for both groups of population, this indicates that children out of the official age range for primary schooling was also enrolled in the primary classes. This generally happens due to late enrolment of children in schools. The difference between the gross enrolment ratio and the net enrolment rate was 22 percentage points for the children of SUP households and 26 percentage points for those of NSUP households. However, both the figures were lower than that of the national average of over 28 percentage points. Such gap was higher for the girls than the boys.

The net enrolment rate of the secondary school-aged children of ultra poor families was found much lower than that of the primary level – it was 38% among the children of SUP households, which is significantly lower than the corresponding figure of 47% for children of NSUP households. Region-wise

statistically significant variation was found in the SUP households – again like primary school enrolment figures, this was lowest in Nilphamari and highest in Kurigram. Such regional differences did not exist for children of the NSUP households at the secondary level, though it did for primary enrolment. The enrolment rate was significantly higher among the children of NSUP households than those of SUP households in all the three regions.

As in primary level, the girls were found ahead of the boys in the secondary level school enrolment. However, the gender gap was much higher at the secondary level than that of the primary level. Whereas, at the primary level, the boys were five percentage points behind the girls in net enrolment rate, the gap arose up to 15 percentage points at the secondary level. This indicates a negative relationship between age and enrolment rate – as the age of the children increased the chance of being in school reduced. Such a reduction was faster for the boys than the girls. Similar situation was observed in both SUP and NSUP households and across regions.

Around 40% of the students currently enrolled were in grade I – this gradually decreased to below 10% in each of the upper two grades. A very similar distribution was observed among the students of SUP and NSUP households. Analysis for secondary school students show that the situation was similar.

Proportion of students in Class I was 10 percentage points higher in the ultra poor communities than that at the national level, while the proportion of student in Class V for the children from ultra poor households was 8 percentage points lower than the national average. The current grades of enrolment of only 13-15% of the students (in both primary and secondary) were compatible with their ages – these children probably enrolled in schools at right age and promoted to the next grades without interruption. Below 10% of the students were found under-aged and the vast majority over-aged, indicating both late enrolment and failure to get promoted without interruption.

Majority of the students from both SUP and NSUP households enrolled in the government primary schools, followed by non-government primary schools and non-formal primary schools. However, compared to the national estimates it was found that proportionately less students from ultra poor households enrolled in kindergartens, madrassas or the primary section of the high schools. For instance, at the national level 7% of the primary level students were enrolled in madrassas whereas it was less than 4% for children of the ultra poor. Again, in contrast to 7% enrolment in non-formal primary schools at the national level, over 10% did so among the children of ultra poor households. This suggests that non-formal schools are more accessible to the children of ultra poor families.

The literacy rate among population aged 7 years and above was low for both the two groups of the ultra poor population – it was however significantly lower (9%) in SUP population compared to that of the NSUP population (14%). The literacy rate for men was significantly higher than that of the women in both types of population.

Among the children aged 6-10 years, 8% in SUP and 6% in NSUP households were engaged in work⁴. These proportions shot up to 45% in SUP and 37% in NSUP among the children aged 11-15 years. In all age groups, percentage of working children was higher for the SUP households than the NSUP households. A good proportion of the school-aged children were found neither going to school nor working. They were 27% among the primary school-aged children of SUP households and 22% among those from NSUP households. Among the high school-aged children, 17% of the SUP and 16% of the NSUP children did not go for schooling or work.

SUMMARY OF NUTRITIONAL BASELINE SURVEY

Three main issues were covered under this survey carried out on a sample of SUP households in the four new CFPR/TUP districts covered in 2003. Some salient findings on these three issues are summarized below.

Food consumption and nutrient intake

Twenty-four hour recall method was used to collect data on food consumption. These data were collected for the surveyed households, and also individually for all adult members, and all under-5 children of these households. The average per capita food intake in SUP households was found as 594 g/day, lower than that in households belonging to national bottom 20% (721 g/day). The food intake was lowest among SUP households in Kishoreganj, 507 g/day. Cereals constituted 69-77% of total diet mass, non-leafy vegetables and roots and tubers contributed 10% and 4% respectively. Consumption of animal food and oil was very low, especially in Gopalganj. Egg consumption was almost nil in the SUP families. The amount of animal food in the diet of reproductive-aged women of SUP households is only a third of the national average. The deprivation is highest among adolescents aged 15-19 years.

No protein-rich item was present in the weaning food of infants aged 6-11 months. The diet of older children (12-23 months) was also poor in quantity and quality. All children aged 6-11 months and 91% children aged 12-23 months

⁴ This is most likely an underestimation. Our survey was not designed to capture the group of children going to school and working. Neither was it designed to capture the different types of work that children are involved in.

were on breastfeeding. The diet of the women was also mainly cereal and plant food-based.

Nutritional knowledge about colostrum (as the first food for the newborn) and time to start complementary feeding (at 6 months) is not satisfactory among the SUP women. However, knowledge about ORS (oral rehydration saline) as the treatment of diarrhoea is almost universal.

The average per capita total energy intake in TUP households was calculated as 1731 kcal/day, far lower than requirement (2310 kcal/day). This level of energy intake is even lower than that in national bottom 20% (1798 kcal/day). The dietary energy intake was found lowest among SUP households in Kishoreganj. As much as 87% of total dietary energy came from cereals, confirming highly imbalanced food intake in these ultra poor households. The diet was also grossly deficient in all other essential nutrients except iron, most of which, however, came from poorly utilizable plant sources. Compared to the older age groups, women aged 15-19 years have the highest deficiencies in total energy intake and most other essential nutrients, relative to the recommended dietary allowance (RDA).

Anaemia prevalence

Nearly two-thirds of the TUP under-5 children have anaemia, which is much higher, than the national rural average of 47% (HKI/IPHN 1999). The 6-11 months age group is worst affected, followed by the 12-23 and the 24-59 years age groups. Nearly half of the TUP women are anaemic, which is much higher than the national average of 33%.

Worm infestation

Two-thirds of women and more than half of the under-5 children of the SUP households have intestinal parasitic infestation. These prevalence figures are much higher than that found in other studies on general rural population (Hyder 1998). The prevalence of parasites infestation among women of different age groups is more or less the same (64-78%). However, prevalence was found to be much higher in older children (3-5 years) compared to the younger ones (up to 3 years).

CONCLUSION

Two main messages emerge from the analysis of the baseline data. Firstly, in almost all dimensions severe inequities exist in the sense that the extreme poor fare significantly poorly compared to the national rural average figures. These differences depict a structural break. This is evident not only in the steep drop (increase) on any given welfare (deprivation) variable for the extreme poor population compared to rural average values, but also in the spread of the welfare variables on which the extreme poor fare poorly (Table 5). This suggests that programmes for the extreme poor will have to be far more intensive in its effort and also far more diverse in its strategies than programmes that typically work for other poverty groups.

Secondly, even among the extreme poor as defined by the community through PWR exercises, important differences exist. In most of the variables considered here, we find that the SUP group fare far more poorly than the NSUP group. These differences between the SUP and the NSUP on the one hand reflect the heterogeneity among the extreme poor and the dire state of affairs for a sub group within the ranks of the extreme poor. On the other hand, these differences point to the effectiveness of the targeting strategy followed in the CFPR/TUP programme. Targeted programmes for the extreme poor can thus benefit from learning further about the CFPR/TUP targeting approach.

The recent focus and interest on the extreme poor can be read in at least three different, mutually non-exclusive ways. The first reading is as limitations of the existing development approaches that have not adequately worked for the extreme poor. The second reading is one of 'maturity of poverty knowledge', where finer and more nuanced disaggregation of those in poverty is now being made which can aid policy and action. The third way that this focus can be read is as a 'self critical' argument – a self criticism against 'business as usual', where the focus on the extreme poor is essentially to review existing development efforts and reenergize it to take on new challenges and more effectively address old ones.

It is our hope that this 'self critical' reading will be the one that drives our interest in extreme poverty that can provide an overall strength to the development efforts being made in Bangladesh. This report, through its attempt to draw a comprehensive profile of the extreme poor in some of the poorest areas of the country, can be, we hope, a good starting point to regalanize our commitment and develop actions to overcome poverty in an inclusive way, where the needs of the extreme poor too can be addressed.

Table 5. Selected indicators of socio-demographic and health status

Variables	BRAC targeted ultra poor	National rural average
Demographic structure		
% of female headed households	40	9 ^a
% of single member households	12	2 ^a
Land ownership		
% of households not owning any cultivable land	98	na
% of households not owning their homestead land	54	5.6 ^a
Food consumption		
% of households who cannot afford two meals a day	48	8 ^b
Average per capita daily calorie intake (kcal)	1911	2263 ^b
Average per capita daily food expenditure (Taka)	9.65	16.10 ^b
Health		
CDR (per 1000)	7.6	8.5 ^c
Under-five mortality	14	11 ^d
EPI coverage (12-23 months)	68	70 ^a
Sanitary latrine	5.4	21 ^a
Nutrition status		
% of 12-59 months children who are wasted (Wt for Ht \leq -2z)	14	12 ^b
% of 12-59 months children who are stunted (Ht for Age \leq -2z)	53	49 ^b
% of 6-59 months children who are underweight (Wt for Age \leq -2z)	64	51 ^b
% of 15-49 years women who are chronic energy deficient (BMI=Wt(Kg)/Ht(Metre) ² <18.5)	48	49 ^d
Fertility		
GFR (%)	17.3	13.5 ^d
TFR (per woman)	5.45	3.54 ^d
CPR (%)	54	51 ^d
Antenatal care		
% received TT non tablet	64	78 ^d
% received iron tablet	18	32 ^d
Education		
Gross enrolment ratio at primary level (%)	87	108 ^e
Net enrolment rate at primary level (%)	64.8	79.6 ^e
Net enrolment rate at secondary level (%)	37.8	na
% of primary school students in govt. schools	65.2	61.6 ^e
% of primary school students in non-formal schools	10.2	7.0 ^e
% of primary school students in madrassas	3.3	7.4 ^e
% of primary school students in grade I	40.9	31.7 ^e
% of population without a single year of schooling	81.6	na
Literacy rate (7+ population) (%)	9.1	33.4 ^e
Adult literacy rate (15+ population) (%)	7.0	37.5 ^e
Literacy rate of household heads (%)	4.2	32.9 ^e
% of households with at least one literate person	20.0	58.0 ^e

a=BBS 2003, b=BBS 2000, c=BBS 1997, d=NIPORT 2001, e=Chowdhury *et al.* 2002, na=Not available

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Acronyms

AO	Area Office
BBS	Bangladesh Bureau of Statistics
BEOC	Basic Education for Older Children
BMI	Body Mass Index
CDF	Credit and Development Forum
CDR	Crude Death Rate
CED	Chronic Energy Deficiency
CFPR/TUP	Challenging the Frontiers of Poverty Reduction/Targeting the Ultra poor
CHT	Chittagong Hill Tracts
CPR	Contraceptive Prevalence Rate
DPT	Diphtheria, Pertussis and Tetanus
FCPS	Fellow of the College of Physicians and Surgeons
GER	Gross Enrolment Ratio
GFR	General Fertility Rate
GoB	Government of Bangladesh
HIES	Household Income & Expenditure Survey
HKI	Helen Keller International
IGA	Income Generating Activities
IGVGD	Income Generation for Vulnerable Group Development
INFS	Institute of Nutrition and Food Science
IPHN	Institute of Public Health Nutrition
IUD	Intra Uterine Device
LBW	Low Birth Weight
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDG	Millennium Development Goals
MUAC	Mid Upper Arm Circumference

NER	Net Enrolment Ratio
NGO	Non-governmental Organization
NIPORT	National Institute of Population Research and Training
NNP	National Nutrition Programme
NSUP	Not Selected Ultra Poor
ORS	Oral Rehydration Solution
PCDFE	Per capita Daily Food Expenditure Engineering
PEM	Protein-energy Malnutrition
PRSP	Poverty Reduction Strategy Paper
PWR	Participatory Wealth Ranking
RDA	Recommended Dietary Allowance
SACMO	Sub-Assistant Community Medical Officer
SUP	Selected Ultra Poor
TFR	Total Fertility Rate
TUP	Targeting the Ultra Poor
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organizations
UNICEF	United Nations Children Fund
VGD	Vulnerable Group Development
VO	Village Organization
WFP	World Food Programme
WHO	World Health Organization