

***PERCEPTION OF THE IGVGD PROGRAMME PARTICIPANTS ON
THE EFFECTS OF THE PROGRAMME ON SOCIOECONOMIC AND
NUTRITIONAL WELL-BEING***

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EXECUTIVE SUMMARY

Income Generation for the Vulnerable Group Development (IGVGD) Program is one of the main development initiatives of BRAC targeted to the poorest rural women. The IGVGD programme was launched in 1987 in collaboration with the World Food Programme (WFP) and the Government of Bangladesh. The Programme includes activities such as credit, savings, training, poultry rearing, health and nutrition education, and general awareness. The major objective of the programme is to increase real income of the rural destitute women through high yield variety (HYV) poultry rearing and other income generating activities. The objectives of this study are to examine the perception of the programme participants on the impact of the IGVGD programme on nutritional status particularly of the women and children as well as the perception of the IGVGD women on their well-being. Data were collected through focus group discussions (FGDs). Six villages of Tangail thana were randomly selected and 6 FGDs were conducted with IGVGD participants in September and October 1995. Major issues discussed during the FGDs were: training of the poultry workers and key rearers, credit schemes for poultry rearing, vaccine/drugs, issue-based meetings, wheat distribution food availability, control over household resources, women's status within the household and community, health and nutritional status and the sanitary conditions of the households. The study revealed that the participating women had a great deal of interest in poultry rearing because the technology was traditionally known to them which could also integrate with their normal household activities. Poultry workers had many responsibilities to prevent poultry mortality and they were highly respected by the villagers. Majority of the women were economically self-supportive and they were not dependent on the male members for poultry rearing. They could improve the socioeconomic conditions through skill development training and other awareness programmes. Most IGVGD women came to know about the common diseases (diarrhoea, common cold, nightblindness, anaemia, etc.) through attending the bi-monthly issue-based meetings. The study also shows that the participating women were more conscious about health and nutrition-related issues and problems. The study further reveals that the women's mobility such as day to day contact with local Union Parishad

members and the development workers had been increased. They could gradually overcome the problems which restricted their involvement into development activities and their attitudes had begun to change. The IGVGD programme reached the target population successfully and helped improve their socioeconomic conditions and nutritional status.

INTRODUCTION

Bangladesh is one of the poorest and most populous countries in the world where children and mothers are neglected in various ways such as, food allocation. As a result they suffer from malnutrition. The country is extremely vulnerable to natural disasters which lead to acute disruption in food supplies and lowering of nutritional status. Only 45% of the total population in Bangladesh has access to health care facilities. One third of all under-5 deaths are associated with severe malnutrition (1). At present about 64% of the children under 5 years of age are stunted (chronically malnourished) and about 17% are wasted (acutely malnourished). The latest child nutrition survey of Bangladesh conducted by the Bangladesh Bureau of Statistics (BBS) in 1992 shows that only 6.2% of the children aged 6-71 months were normally nourished according to the Gomez classification, and the remaining 93.8% children suffer from various degrees of malnutrition (39.8% mild, 47.2% moderate, and 6.8% severe). The effect of inadequate nutrition on women's life in Bangladesh is visible in many forms such as, high percentage (74%) of anemia, low resistance to diseases and stress, and lack of proper opportunities for mental and physical development. The average height, weight and body mass index (BMI) of the mothers in rural Bangladesh are 148.1 cm, 40.1 kg and 18.3, respectively (2).

Nutrition education, using primary and secondary schools and mass media, may accelerate the improvement of the situation. Hygiene, sanitation and immunization are vital for good health. Nutrition of the infants and children should be promoted through prolonged breast feeding practices and proper weaning with nutritionally rich and hygienic supplements (1).

Malnutrition is linked with poverty. Efforts should be given to raise the income of the rural poor to reduce deprivation and to increase the standard of living. Starting recently, nutrition has been given priority at national and international levels. Rural development through poverty alleviation and reduction of malnutrition are the two major strategies of BRAC to improve general well-being of the rural poor. BRAC introduced Income Generation for

Vulnerable Group Development Programme (IGVGDP) in 1987 to ensure participation of the rural distressed women in development activities.

The Income Generation for Vulnerable Group Development Programme

The Income Generation for Vulnerable Group Development (IGVGD) Programme is a collaborative development programme of BRAC with the Government of Bangladesh (GOB). The VGD card holding women are the only participants of the IGVGD programme. Poultry rearing was selected as the major component of the programme as a means of income generation. The other important components of the programme are credit, savings, training, poultry rearing, health and nutrition education, general awareness building, etc. Credit is given to those VGD women who successfully complete training sessions and who attend group meetings regularly. BRAC implements the programme at the field level in collaboration with the Directorate of Livestock and the Directorate of Disaster Management and Relief of the GOB.

Vulnerable Group Development (VGD) programme is a food aid programme of the Government of Bangladesh (GOB) and world food program (WFP) under which each woman (VGD card holder) receives 31.25 kg. of wheat per month for a period of two years. The VGD women are considered as the poorest of the poor and are selected by the local Union Parishad.

The IGVGD programme aims to help the rural distressed women by:

1. Increasing food intake, '
2. Providing an income transfer to them,
3. Creating sustainable income generating opportunities, and
4. Conveying basic health, nutrition and functional education messages and services.

The IGVGD programme participants are divided into several groups such as key rearer, poultry worker, chick rearer, feed seller and egg collector. The respondents were the key rearers and the poultry workers of the programme.

Key rearer (KR): The IGVGD programme participants generally fall under this category. Ideally a key rearer should have at least 14 poultry birds - 6 local hens, 6 improved variety hens and 2 improved variety cocks. A 3-day training for the KRs are coordinated and conducted by BRAC staff at the beginning of the programme..

Poultry worker (PW): One woman is identified to be a PW for one village or per 1000 poultry birds. A PW is also known as "*Murgir daktar*". She vaccinates the birds, treats them and provides technical advice as well as rear her own birds. She also acts as the group leader. All PWs receive a 5- day training jointly conducted by BRAC and DLS field staff.

OBJECTIVES

The objectives of the study are to:

- a) assess the perception of the programme participants on impact of the IGVGD programme on nutritional status particularly of women and children, and
- b) assess the perception of the IGVGD women on their own well-being.

METHODS

The study was conducted in Karotia, Dainna, Selimpur and Porabari union of Tangail Sadar thana. *A thana is the lowest administrative unit of the government.* There were 44 villages in the above mentioned unions where the VGD card holder women were involved in the IGVGD programme. Of these villages, 15 were randomly selected and the data were collected through focus group discussions (FGDs). Six FGD sessions were conducted with the IGVGD participants in September and October, 1995. Six groups of women with 6-8 women (respondent) in each group were selected. The IGVGD women were classified in three categories according to their current socioeconomic status. Women who could improve their economic and social condition through the IGVGD interventions as revealed by informal discussions and observations were classified as group A. The women who could improve their condition a bit were classified as group B, and who could not able to change their living conditions were classified as group C. The FGDs were held separately with each group in six villages, namely, Moishakanda, Karotia, Kharzana, Jalfair, Mirerbetka, and Pakulla. We had made an effort to select the respondents who did not know each other. But in such small communities it was always not possible. Two researchers participated in the discussions, one of them acted as a facilitator and the other took extensive verbatim notes including tape recording. The discussions were recorded with a mini tape recorder. Each FGD lasted about an hour and the participants were offered light refreshments at the end of the sessions. For smooth recording, each discussion was held inside the house or a school.

Major issues discussed during the FGD:

Issues in relation to the IGVGDP inputs

1. **Training** - Perception about key rearer and poultry worker training including their usefulness.
2. **Credit scheme for poultry rearing** - Whether the conditions attached to receiving the first loan for poultry rearing was feasible.
3. **HYV poultry birds** - Which of the poultry birds, one day old chicks or two months old birds given against the first loan was found to be more profitable.
4. **Vaccine/drug** - Was the vaccine or drug available to them?
5. **Issue-based meeting** - What type of topics were discussed in the issue-based meetings, and if those meetings brought any benefit to them.
6. **Wheat** - How much wheat one used to receive per month?

Issues in relation to the IGVGDP outputs

1. **Increase in income** - Was there any increase in food expenditure or the purchase of other households products.
2. **Nutritional/health status** - What do the women think about the impact of the programme on nutritional improvement particularly of the pre-school children.
3. **Control over household resources** - Decision making power of the women on food purchase.
4. **Women's status within the household and/or in the community** - Does the programme has made any impact?

LIMITATIONS OF THE STUDY

1. **Gathering the women** - As the eligible respondents were living far apart from each other, it was a very difficult task for the researchers to gather the women for an hour or more. The researchers had to move from door to door and village to village gathering the respondents in a place. As much, it required a lot of time for conducting a focus group discussion.
2. **Problems of recording** - All women talked simultaneously during the discussion sessions which restricted was a problem for smooth recording.

FINDINGS

Most IGVGDP participants (card holder) had received wheat approximately 28 kg of wheat per month. Many of them claimed that they never received more than 26 kg per month. Some of them were not appropriately informed about the quantity of wheat allocation per month per head. According to 80% of the women :

"we never received more than 26 kg of wheat per month. The distributors used to take away some portion of the allotted wheat without our consent."

FGDs revealed that training was very helpful for increasing their skills in income generating activities. They all received a 3-day long poultry rearing training and some of them had received a 5-day long poultry worker training. The majority of them stated

"We used to rear poultry according to the traditional methods which usually had produced a little or no benefit. But now, after receiving training, we are doing the same with more profit."

Majority of the IGVGD women who received 'poultry worker training' stated that poultry vaccines and other drugs were available to them whenever they required it. The FGDs also revealed that the demand of a poultry worker was very high in the village. Some of them stated that

“We frequently receive request from many villagers to vaccinate their poultry birds. We even have to go to the neighboring villages. Now the inhabitants respect us as a poultry worker (*Murgir daktar*)”.

Most IGVGD women, even before their participation in the programme, were involved in poultry rearing, goat rearing, vegetable cultivation, and other home-based economic activities. Majority of the women stated that the first loan along with poultry rearing should also be given for other business like rice trading, handicrafts making and goat rearing. However, some of them felt that they had little opportunities in getting themselves involved in economic activities before joining the programme. They also informed that they could utilize the loan more profitably if they were given higher than the present level of Tk.4000 per person. It was revealed from the group discussions that nearly 70% had received the second loan for different purposes other than poultry rearing (e.g. goat rearing, cow rearing, small trading, vegetable gardening). As the IGVGD participants became economically active their dependency on the male partners had gradually reduced. According to them :

“We are now economically self supportive and no more dependency on our male partners”.

Some of the poultry rearing IGVGD women had faced some problems in carrying out the tasks. In some instances the neighbours had killed the birds by poisoning. The neighbours were jealous because the IGVGD women were benefited from the poultry rearing activities. So they poisoned the birds to harm them. Some of the FGD participants stated that

“Sometimes our neighbours were jealous to see our profit from poultry rearing activities and they even killed the poultry birds by poisoning”.

It was revealed from the FGDs that the IGVGDP women used to attend the meetings regularly as they found it interesting and helping in improving the knowledge and confidence to increase the socio-economic status. Most of them stated that by attending the meetings they came to know about the issues such as, child caring, health, sanitation, hygiene, food and nutrition and other important issues. According to most of them:

“We have learned a lot from the meetings. We have learned how to live in a better way with limited resources and to deal with diseases.”

Majority of the women stated that before joining the IGVGDP their children had suffered from various diseases of which they did not have any idea. But now the children no longer suffer from sickness like diarrhoea and common cold. The IGVGDP women came to know about the causes of those diseases from the issue-based meetings. The women were gradually over-coming their problems and their attitudes had begun to change. The attitude of the neighbours towards working women, particularly those who were involved with BRAC, became favourable. Issues such as women working outside home and talking with outsiders were being taken more liberally by the villagers. Many of them stated that sometimes they took decisions jointly with their male partners on different household matters. According to them

“Outside movement is not bad for women, it helps women to be more conscious about the day to day problem”.

The IGVGDP women became more conscious about the health and nutrition related issues and problems. They knew the causes of nightblindness and the functions of vitamin A. They were also more knowledgeable about different foods and their nutritive values. That is why they were growing vegetables and cooking more foods rich in nutrients to protect the family members from various diseases caused by malnutrition. Majority of the women stated that

“We came to know the causes of diarrhoea, nightblindness, anaemia and the techniques to protect from those diseases.”

Some women informed that measuring the child's height and weight was good, because by doing so they could easily be informed about the child's growth and health status. They were also found to be concerned about sickness of other family members. When a family member became sick, they first tried to treat the patient at home followed by bringing the patient to the doctor or hospital for better treatment. According to them

"We appreciate the anthropometric measurements, because it allows us to know about the health status of our children. We can go for better caring and treatment if the child does not grow well"

CASE STUDIES

CASE I.

Santi: Santi is a thirty-five years old married woman. She has two sons. Her husband is a carpenter. She received a VGD card three years back. She was involved with BRAC as a poultry worker and a key rearer. She used to sell her poultry birds to the wholesalers and eggs to the egg collectors. She regarded this as her part time job, and by doing so she earned Tk. 200-250 per month. This was her extra source of income. But sometimes she faced a lot of problems caused by her neighbours. When her poultry birds moved to the neighbour's land to collect food they killed some of the birds by poisoning. However, her husband and children helped her in her household activities and looked after her poultry birds. It was a great help to her.

Santi is the secretary of a group of IGVGDP women in her village. Her husband did not mind her talking to the BRAC staff and other male or female members of the group. She stated :

“Outside movement helps women to realize their condition in the society and helps achieving self-reliance”.

Many villagers requested her for vaccinating their poultry birds. Many of them knew her as a good poultry worker. She enjoyed the job and tried to accomplish them successfully. She stated :

“I am very satisfied with my family and my job, and to join BRAC is the great opportunity to expose myself in the society”.

CASE II.

Buchy: Buchy is a thirty years old widow. She has two daughters. Five years ago she became widowed. Her elder daughter goes to NFPE school and the younger one does not go to school at all. Three years ago she became involved with BRAC as a key rearer. She

had reared high yield variety (HYV) poultry birds and her monthly income had reached to Tk. 200. She was able to save some money every month. Now she has only local poultry birds and earns Tk. 150 per month. She is also involved in other activities such as cooking meals, etc. This helps to earn some extra money. This way she maintains her family. Her two daughters help her in work. They take care of the poultry birds at home when she works outside the house. She runs the family independently and does not need financial help from others. She talks with outsiders about her business and they always give her good suggestions. She feels outside movement helps a woman to communicate with other villagers and to know more about the society. According to her

“Before joining BRAC I had no idea about the society and our status in the community”.

DISCUSSION AND CONCLUSION

It is revealed from this study that the IGVGDP program reach the target women successfully and helped improve their socioeconomic and nutritional well-being. Another study done on the same programme reveals that the programme could also reduce the prevalence of mild and moderate degrees of malnutrition (Wt-for-Age) among the children aged 0-96 months at the end of two years programme implementation (3).

The findings of the present study suggest that the IGVGDP women were initially selected for two years and were provided with 31.25 kg. of wheat per month. But they never received that amount of wheat due to the negligency of the concerned authority. They were always deprived from their actual allotment of wheat and often felt that the distributors were not deliberately providing them with the actual allotment of wheat.

However, majority of the IGVGDP women were interested in poultry rearing. Because it is a traditional activity to them and it could also integrate with normal household activities. It was observed that poultry workers had responsibility for vaccination and treatment of

poultry birds, which gradually helped in reducing poultry mortality in the villages. It was also observed that the villagers had a high respect to the poultry workers.

Majority of the women were economically self-supportive and they felt confident on the income generating activities. The rural poor women can actively participate in the development activities if they are provided with appropriate training and credit. It was also observed that the IGVGDP women are now an active and productive work force, with improved income and a better standard of living.

From the study findings, majority of the IGVGDP women came to know about common diseases (diarrhoea, common cold, nightblindness, anaemia, etc.) and the cause of those diseases through attending the issue-based meetings. They were more conscious about the health and nutrition issues and problems. They informed that they took more food to protect children and other family members from various diseases caused by nutrient deficiency.

The overall findings of the study showed that the IGVGDP women could improve their socioeconomic conditions through skill development training on income generation and other awareness building programmes. Women could go to the market place for selling or buying their own goods. They were not found to be dependent on the male members of the households.

Women seemed to enjoy some degree of freedom regarding outside movements and their attitudes had begun to change.

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