



# **Final Report**

## **Baseline Study of Partnership for Resilient Livelihoods in CHT Region (PRLC) Project**



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This is a comprehensive baseline study that provides insight into the beneficiary households of the Partnership for Resilient Livelihoods in CHT Region (PRLC) project implemented by the Manusher Jonno Foundation (MJF). Its results will be used as baseline values as well as setting targets for the indicators selected for measuring the performance of the project. The CIRCLE Associates Limited felt proud to conduct this study on behalf of MJF.

We would like to extend our heartfelt gratitude to the Manusher Jonno Foundation (MJF) for their invaluable support in providing the baseline study for the PRLC project to CIRCLE Associates Limited. As a distinguished organization of monitoring, evaluation, and learning, registered with the Joint Stock Companies under the Company Act 1994, CIRCLE Associates greatly values this decisions and support in terms of conducting this study with utmost sincerity and honesty.

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We believe that the findings of this study would be helpful not only for measuring the performance of the project but designing project interventions for the socioeconomic development of the beneficiary households.

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Chairman, CIRCLE Associates Limited

## ACRONYMS

ANC	Antenatal Care
BDHS	Bangladesh Demographic and Health Services
BMI	Body Mass Index
CC	Community Clinic
CHT	Chattogram Hill Tract
COP	Communities of Practice
DAE	Department of Agriculture Extension
DLS	Department of Livestock Services
DOF	Department of Fisheries
EM	Ethnic Minorities
FGD	Focus Group Discussion
FFS	Farmer Field School
GOB	Government of Bangladesh
HDD	Household Dietary Diversity
HFA	Height-for-Age
HFIAS	Household Food Insecurity Access Scale
HIES	Household Income and Expenditure Survey
HVG	Homestead Vegetable Garden
IDI	In-depth Interview
IDP	internally displaced persons (IDPs)
IGA	Income Generating Activities
KII	Key Informant Interview
LVMF	Local Volunteer Mediators Forums
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MCWC	Maternal and Child Welfare Center
MDD-W	Minimum Dietary Diversity for Women
MFS	Mobile Financing Services
MJF	Manusher Jonno Foundation
MEL	Monitoring, Evaluation, and Learning
MPI	Multidimensional Poverty Index
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
PLW	Pregnant and Lactating Women
PNC	Postnatal Care
PRLC	Partnership for Resilient Livelihoods in CHT Region
PSU	Primary Sampling Unit
PWD	Persons with Disability
SAM	Severe Acute Malnutrition
SSNP	Social Safety Net Programme
UDMC	Upazila Disaster Management Committee
UHC	Upazila Health Complex
UHFWC	Upazila Health and Family Welfare Complex
UNDP	United Nations Development Programme
VAW	Violence Against Women
WEAI	Women Empowerment and Agriculture Index
WFA	Weight-for-Age
WFH	Weight-for-Height

## EXECUTIVE SUMMARY

### INTRODUCTION

This executive summary provides an overview of the household information gathered from a baseline study conducted among the beneficiaries of the Partnership for Resilient Livelihoods in CHT Region (PRLC) project implemented by the Manusher Jonno Foundation (MJF). The study aimed to define baseline value for the project indicators and analyze the factors affecting household income, expenditure, savings, loan, and asset accumulation, livelihood, food security, vulnerability from shocks, access to healthcare and nutrition, gender equality, and women empowerment, disability inclusion, social cohesion, and peace building.

### METHODOLOGY

The study used mixed method combining both quantitative and qualitative approach for data collection. The quantitative data was collected through a household survey with a 799 representative samples of the targeted households of PRLC project. The sample size of the household survey was determined using a standard formula  $S = Z^2 \times P \times (1-P)/M^2$ . The sample was selected using the two-stage random sampling strategy. In the first stage, 52 *Paras*— administrative units at the lower tier of the region were selected randomly from thirteen unions of six (6) Upazilas under three (3) CHT districts as Primary Sampling Units (PSUs). At the second stage, 15-16 households per selected PSUs were chosen randomly. The final sample size constituted of 799 households; 207 households from Bangalee communities and 592 households from ethnic minorities that include 14 tribes. Out of 799 sample households, 290 households were selected from 23 paras under four unions in Bandarban district, 219 households from 11 paras under four unions in Khagrachari district, and 290 households from 18 paras under 4 unions in Rangamati district. 50% of these paras were selected from sadar unions where communication is comparatively better and social resources are around. On the other hand, 50% of the paras were selected from remote areas where communications are difficult and access to social resources like schools, health centers, drinking water, marketplaces, etc. took a long time to reach. . The household survey data was collected from December 25, 2023, to January 15, 2024 through administering mobile app-based data collection instruments. MJF reviewed the survey tool several rounds and approved the final one before it was transformed into the mobile app. . The field data were collected by 12 enumerators who were drawn from all individual indigenous communities and the Bangalees in the region. In addition, qualitative exercises such as 6 focus group discussions (FGDs), 17 key informant interviews (KIIs), and 9 independent interviews (IDIs) were conducted with the stakeholders of PRLC project to get deeper insights into the issues related to the assumptions and the context of the project. The participants of the KIIs, IDIs, and FGDs were selected purposively. The member of the study team conducted KIIs, IDIs, and FGDs with an open ended questionnaire, checklist, and guidelines, respectively. Each FGD was continued until the discussion reach to the level of saturation. In addition, the study conducted an anthropometric measurements of 408 under-five children, 369 adolescents, and 286 lactating women to know their growth, detect malnutrition, and assess health outcomes related to nutrition and physical well-being, and a comprehensive desk research to collect secondary information to answer some of the evaluation questions.

MJF contracted CIRCLE Associates Limited to conduct the baseline study. CIRCLE Associates deployed a four-member study team and 13-member enumerators' team to conduct the study. The members of the Board of Directors of CIRCLE supervise the study team and provided necessary supports as and when required.

## **SALIENT FINDINGS**

### **Socioeconomic Characteristics of the PRLC beneficiary households:**

Out of 799 sample households, 145 (18%) are female-headed households. In the sample, existence of female-headed households is high in Bandarban (10.5%) followed by Khagrachari (4.3%), and Rangamati (3.2%). About 34% households of Bangalee communities and 13% households of ethnic minorities are female headed households.

The mean age of the household head is 42 years with a range from 18 years to 85 years. About 41% of all household heads and 36% of the female household heads are illiterate. The main occupation of the majority of household heads is farming (50%) followed by day laboring (34%), small business (5%), household work (3%), service (2%), and motorcycle/boat driving, fishing, teaching (2%). About 4% of the household heads are not involved in any occupation due to elderly or unable to do any work.

The average household size of the PRLC beneficiaries is 4.28 (below the national average being 4.30, HIES, 2022). The same among the Bangalee's households is 4.41, in the EM's households is 4.24, and in female-headed households is 3.85. The household size is comparatively bigger in Rangamati (all 4.46, Bangalees 5, EM4.43) and smaller in Khagrachari (all 3.95, Bangalees 4.10, and EM 3.87).

The mean age of the household members is 26.37 years with a little variation across the communities (Bangalees 24.25 years and EM 27.14 years). The mean age varies in three districts; it is highest in Rangamati 27.77 years followed by Khagrachari 26.63 years, and Bandarban 24.76 years. Overall, about 36% of the household population belongs to below the age bracket of 18 years and 4.5% belong to more than 60 years.

About 65% of the household members (age 9+ years) are currently married. The average number of married people per household is 2.17; EM households have 2.2 and Bangalee households have 2.0. The age wise distribution of the ever married and currently married women indicates that 77% of the ever married women and 98.6% of the currently married women were married after 18 years of old. This result reveals that child marriage in PRLC project area is significantly lower than the national average. The result also indicates that there is at least one member of the households aged nine years and above is single and every 6<sup>th</sup> household has a widowed or divorced woman.

About 70% of the household members aged over 4 years are literate means they have primary and above level education and they can read properly. About 2.5% of children (aged 5 to 10 years), 5.3% of adolescents (aged 11-17 years), and 17.8% of young people (aged 18-30) are illiterate. The young people of the extremely poor households said that they were not sent to school. They have been working to earn income since their childhood as their parents become older and they cannot earn enough to meet the family's needs.

About 27.3% of the household members (male 27.3% and female 27.4%,) are students, 26% of them (male 0.8%, female 49.9%) are involved in household work, 21% (male 34.3% and female 7.4%) in farming, 14% (male 21.5% and female 6.2%) in daily wage laborer, and 3.6% in small business, salaried jobs, boat/bike driving, teaching, and fishing. About 10% of the household members are not doing anything because of being infants, elderly, unable to do any work, etc.

Only 5% of the household heads (6.2% of the Bangalee household heads and 4.9% of the EM household heads) have a bank account. Out of 145 female-headed households, only 2 female household heads have a bank account. The extremely poor household members mentioned that their livelihood is based on daily earnings which are exhausted to meet their daily needs. They could not save from their earnings rather it always being deficit. So, they never considered the option to open a bank account.

Mobile banking is more prevalent in CHT than bank accounts. About 40% of the household members (51% male and 29% female) have a mobile banking account. About 72% of the household heads have a mobile banking account. The same for female household heads is 80%. About 87% of the Bangalee female household heads and 69% of the EM female household heads have a mobile banking account.

### **Household Income and Expenditure**

The current average household annual income of the PRLC beneficiary households is around Tk. 73,294 which was Tk. 66,000 for CHT in 2009 (SEBS of CHT, UNDP 2009). The average household annual income of the female-headed households is Tk. 69,393.00. The household annual income of the Bangalees is around Tk. 79,256 and EM is around Tk. 71,209. The average household annual income was found high in Khagrachari (Tk. 86,863) followed by Rangamati (Tk. 68,569) and Bandarban (Tk. 67,772).

The contributions of the female household members to generate household annual income is around 31,905 with a standard deviation of Tk. 23,986. The same for males was Tk. 63,969 with a standard deviation of Tk. 30,472. The EM households have attributed Tk. 27,799 with a standard deviation of Tk. 20,404, and Bangalee households have attributed Tk. 51,120 with a standard deviation of Tk. 48,000 as female members' contribution to the annual household income.

The daily wage labor is the prime source (49%) of household income across the PRLC beneficiaries in CHT followed by farming (32%), livestock rearing (7%), small business (6%), safety net support (1%), and others include house rent, gift, fishing, and remittance. The EM earned comparatively more than Bangalees from farming, livestock rearing, fishing, remittance, and safety net programs, while Bangalees earned more than EM from daily wage labor, small business, house rent, gifts, etc.

The average household annual expenditure was Tk. 76,436, which was higher than the average household's annual income (Tk. 73,293). The additional expenses were covered by the credit support from local money lenders, relatives, clubs, NGOs, bank, etc. The average household annual expenditure in Bangalee households was Tk. 82,604, and in EM household was Tk. 74,293. The average household annual expenditure was found comparatively high in Khagrachari (Tk. 88,922) followed by Rangamati (Tk. 75,922), and Bandarban (Tk. 67,548).

The share of food expenditure was higher in the household expenditure across the communities (around 51%) followed by the expenditure on cloth (15%), health (13%), education (9%), household management (7%), and loan repayment, investment, and saving installment (5%). The average annual household expenditure on clothes, health, household management, installment for savings, and loan repayment were found comparatively higher among Bangalee households, while expenditure on education and wealth purchase or investment were found higher in the EM households.

Women's share in the annual household expenditure is disproportionately low (around 33%), which is indicative of a high extent of intra-household discrimination against women and female children. This discrimination was found high in EM households where women's share in annual household expenditure was 31%. The same in Bangalee households was 40%.

### **Household Savings and Loan**

Only 14% of households have some savings (any amount from Tk. 1 or more). Among the households that have some savings, 77% are EM households, and the majority (54%) of them live in Rangamati. The average household savings (as of January 2024) of the PRLC beneficiaries amounts to about Tk. 9,345, while on average a EM household has Tk. 8,773 and a Bangalee household has Tk. 11,324 as savings. The savings of Bangalee households is relatively higher than that of the EM households.

Among the households that have some savings, 52% of them kept it in hand, 29% kept it in an account with an NGO, 20% kept it in a bank account, and 3% kept it in a club or society account. The rate of savings in bank and club accounts is high among EM households and in NGO accounts among Bangalee households.

About 27% of the households have access to credit. However, access to credit found high (in number) among the Bangalee households (35%) than the EM households (24%). On average, a Bangalee household has received a higher amount of credit (an average of Tk. 80,278) than an EM households (an average of Tk. 31,660), which reflects that the credit size of EM households is significantly lower than Bangalee households. Across PRLC areas, about 51% of the households have received credits from NGOs, 38% from banks, 13% from money lenders, 5% from clubs, and 6% from relatives.

About 94% of the households spent their credit money on maintaining household expenditure, while 31% invested it in agriculture farming, 26% spent it on child education, and 6% spent it on business expansion and purchasing wealth.

### **Household's Ownership of Land, Houses, and Other Assets.**

About 91% of the PRLC beneficiary households own land. The average current land holding is 53 decimals per household. The ethnic minority households own more land (65 decimals) than Bangalee households (18 decimals). The land ownership pattern among PRLC beneficiaries is multifaceted with five major types of ownership: individual registered ownership, inherited ownership (recorded and/or not recorded with the headman) under usufruct rights, mortgage ownership, gift ownership, and others, such as usufruct rights to ownership of common property. Inheritance emerges as the primary mode of land ownership, with 77% of households inheriting land, averaging 62.4 decimals per household. Notably, land ownership through inheritance is higher among EM households compared to Bangalee households. Purchase, mortgage, and gift account for 9.5%, 2.75%, and 5.88% of households with an average 27.7, 34.3, and 5.6 decimals of land ownership per household, respectively. Additionally, 2.38% of the households own land from common property with an average 29 decimal per household. Female-headed households exhibit a similar pattern of land ownership.

PRLC beneficiary households own various types of land, including homestead, agricultural, forest, fellow, and pond/water bodies. Homestead and agricultural lands are prevalent and owned by all households. On average, households own 16 decimals of homestead land and 58.8 decimals of agricultural land. Ownership of forest and fellow lands is less common, with average sizes of 63.3 and 43.3 decimals, respectively. Few households own ponds or water bodies, with an average size of 15.2 decimals per household. Rangamati exhibits higher ownership of agricultural and forest lands compared to Khagrachari and Bandarban.

All the households in the sample have at least one house. However, most of them own a *kutcha* house which means the floor of these houses is made of either mud or bamboo, the fences are made of either mud or straw stick or tin, and the roof is made of either straw stick or tin or tent. Only 4% of the households owned a *semi-pucca* house which means their floors and fences are made of either brick soling or concrete, and the roof is made of tin. Comparatively, EM households own more *semi-pucca* houses than Bangalees.

Ownership of furniture and other assets varies across households, with EM households generally exhibiting higher ownership levels compared to Bangalee counterparts. Notably, gold ownership is exclusive to EM households, reflecting differences in wealth accumulation patterns. Despite challenges in asset ownership, mobile phone ownership is widespread, indicating connectivity and access to information and communication technologies.

A minority of households own lambs/goats, birds, boats, and agriculture machinery. Lambs/goats are primarily owned by EM households, while birds are absent in Bengalee households. Boats are not common in Bandarban and Khagrachari. Agriculture machineries are predominantly owned by households in Rangamati. Additionally, a small number of households own fishing nets and rickshaws.

Homestead vegetable gardens hold the potential for improving nutritional outcomes but are underutilized due to various barriers, including space constraints, affordability, and lack of technical knowledge. Government and NGO support is essential for promoting HVGs and maximizing their benefits for PLWs.

### **Household Livelihood Strategies**

The daily wage laborer and crop production emerge as mostly reported means of livelihood for PRLC beneficiary households. About 76% of the households mentioned agriculture, 65% of the households mentioned daily wage labor, 6% mentioned small business, 2% mentioned rickshaw pulling, and 3% mentioned salaried jobs as means for the livelihood. Among the households which mentioned agriculture as means of livelihood, 52% of them mentioned crop production, 17% mentioned livestock, and 0.1% mentioned fisheries as means of livelihood. Bangalees are mostly daily wage laborers. Almost all Bangalees in Rangamati, 83% in Bandarban, and 61% in Khagrachari are earning their livelihood from daily wage labor. On the other hand, most of the EM households are in crop production in Rangamati (78%) and Bandarban (58%), and daily wage laboring in Khagrachari (69%). On average, wage laborers worked approximately 31 hours per week, earning Tk. 2491. EM wage laborers worked slightly longer hours (33.6) and earned higher incomes (Tk. 2741) compared to Bengalee wage laborers. Rangamati emerged as the district with the highest engagement and earning potential for wage laborers, followed by Khagrachari and Bandarban.

Rice cultivation is widespread across the regions with a high involvement of EM households. The vegetable is the second major crop in the area cultivated with high involvement of Bangalee households. Among other crops, EM households are leading Turmeric, Papaya, Ginger, and Banana cultivation, and Bangalees are leading pineapple cultivation. A relatively small percentage of households (25%) cultivated high-value crops in the last year with an average land area of 52 decimals. The EM households were involved more in high-value crop cultivation than Bangalee households. In Bandarban, neither the Bangalees' nor the EM households, and in Rangamati Bangalee households did not cultivate high-value crops. In Khagrachari, a few Bangalee and EM households have cultivated high-value crops with an average cultivated area of 27.5 decimals and 40.0 decimals, respectively. None of the PRLC beneficiary households in Rangamati, Bandarban, and Khagrachari received extension services from the government field extension workers on crop production.

Overall 160 households have cows, 91 households have goats, 345 households have poultry, 142 households have lambs, and 8 households have birds, i.e., pigeons or coals. The average occupancy of cows is 1.78, goat is 2.32, poultry is 9.33, lamb is 1.46, and bird is 11. The EM households have higher occupancy of the animals than Bangalee households. From 92-95% of the PRLC beneficiary households utilized traditional methods for rearing cows, goats, lambs, and poultry. Only 5% of them used improved technologies in cow and lamb rearing, 8% in goat rearing, and 6% in poultry rearing. About 92% of the households did not vaccinate their livestock and poultry. Because 28% of the households mentioned that they did not know the necessity of vaccination, 45% of the households mentioned that the vaccination center is far away from their residence, 14% of the households mentioned that there was a lack of vaccines in the vaccination centers, and 28% of the households mentioned that the cost of vaccination was unbearable to them.

Only 6% percent of the households (4.5% for EM households, and 11.5% for Bangalee households) are earning their livelihood from small businesses. The majority (33%) of the households do small grocery shops, 18% sell bananas, 10% operate a small tea stall, furniture shop, fresh vegetable selling, and 2-4% cloth business, saloon, etc. Bangalee households are more focused on the grocery shop business and EM households are more focused on the fresh vegetable selling business.

Across Bandarban, Khagrachari, and Rangamati, a total of 26 households have reported having at least one member employed in various organizations. The majority of these households belong to EM communities (21 households), indicating their participation in the formal sector job market. Among the employed individuals, the distribution across different sectors is diverse, with notable representation in NGOs, private sector enterprises, and educational institutions. The average monthly income from salaried jobs stands at Tk. 9962, with EM households earning slightly higher incomes on average (Tk. 10429) compared to Bengalee households (Tk. 8000). Rangamati emerges as the district with the highest average monthly income from salaried jobs (Tk. 11333), followed closely by Bandarban (Tk. 10917), and Khagrachari (Tk. 8546).

### **Economic Engagement of Youths**

The major involvement of youths found in farming (53%) and day laborer (39%), and negligible involvement in driving (4%), salaried jobs (3%), and small business (1%). The youths in Bangalees' households are mostly involved in day labor, while most of the youths in EM households are involved in farming. The Bangalee households do not have enough land that youths can do farming. In Bandarban and Khagrachari, the majority of the youths are involved in day labor, while in Rangamati, the majority of them are involved in farming. The youth's involvement in small businesses such as mobile repairing, tailoring, carpenter, electrician, mason, welding, etc. is negligible. The average involvement of youth in economic activities was four days per week and on average 6.27 hours per day. There were not enough scopes for the youths to work more hours. The youths in Bangalee's households worked for more hours per day but fewer days per week. The Bangalee youths earned more than the EM youths.

### **Full Time Equivalent Employment**

Overall, FTE for all youths in CHT region is 0.67, indicating that youth in these districts generally worked about 67% of a full-time equivalent employment. The average FTE for Bangalee and EM youths is 0.73 and 0.63, meaning Bangalee youths worked about 73% of the full-time hours and EM youths worked around 63% of full-time hours. In three CHT districts, the youth FTE is high in Rangamati 0.77, followed by Khagrachari 0.64, and Bandarban 0.55. The FTE of female youths is 0.68 and male youth is 0.66, indicating female youth are involved more income generating activities than male youth.

### **Household Poverty Analysis**

**Headcount Poverty Ratio:** The headcount poverty ratio is calculated using the international poverty line of \$2.15 per person per day. It indicates that almost all of the population (99.6%) in this study were under the poverty line. Out of the 2508 population in EM households and 912 population in Bangalee households, 2496 (99.5%) and 910 (99.8%), respectively were under the per capita income of Tk. 236.5. This result confirms that MJF and their partner organization's selection criteria was accurate in selecting the targeted beneficiaries.

**Multidimensional Poverty:** A total of 792 (99.16%) out of 799 households were found MPI-poor households with an average deprivation score of 0.351. This result is almost similar to the headcount ratio of this population determined based on the international poverty line of \$2.15. The proportion of the MPI-poor population in Bangalees and EM households was 99.20 with a deprivation average

score of 0.376 and 99.16 with an average deprivation score of 0.342, respectively. The same for Bandarban, Khagrachari, and Rangamati was 99.61 with an average deprivation score of 0.341, 98.72 with an average deprivation score of 0.353, and 99.41 with an average deprivation score of 0.359, respectively. These results indicate that Bangalees were comparatively poorer than EM and the people in Bandarban and Rangamati were poorer than the people in Khagrachari.

**Root Causes of Poverty:** The analysis identifies a range of factors contributing to household poverty, including limited income-generating opportunities, unemployment difficult communication, lack of capital for business ventures, inadequate training and education, and the impact of natural disasters. The members of the extremely poor households mentioned that they were poor because their fathers were poor. Their fathers did not have lands. They earned their livelihood through daily wage laboring. So, they are doing the same. Their kids are also doing the same because they cannot accumulate any resources for them or give them education or training to choose another profession.

### **Nutrition Governance**

Given the high rates of malnutrition and food insecurity in the region, coordinated efforts from government agencies, NGOs, and international organizations are essential to address underlying factors such as poverty, limited healthcare access, and poor agricultural productivity. Meanwhile, several projects facilitated "nutrition-sensitive programs" in the region, provided training to the members of the Upazila Nutrition Coordination Committees (DNCCs), Upazila Nutrition Coordination Committees (UNCCs), and Union Multi-Stakeholders' Platforms (MSP). Some of these committees could not functioning properly because trained persons were transferred and some positions remained vacant for long time. Leadership to Ensure Adequate Nutrition (LEAN) project initiated multi-sectoral integrated annual nutrition work plans (union level) which were not supported with necessary budget allocation and dedicated human resources to operationalize it. National policies like the National Nutrition Policy and the National Plan of Action for Nutrition provide a framework for addressing malnutrition across Bangladesh, including the CHT. However, the implementation of these policies in the CHT requires adaptation to the region's specific needs, as well as targeted interventions to reach vulnerable populations.

### **Nutrition and Healthcare Behaviour and Practice**

#### **Access to Healthcare Services**

PRLC beneficiaries visit different healthcare centers for general healthcare services; 77% of them visit UHC, 36% visit community clinics, 19% visit union family welfare center, 12% visit private hospital, 9% visit homeopath doctor, 7% visit NGO clinic/hospital, 5% visit kobiraj, 5% visit district hospital, 3% visit medical college hospital, and 3% visit child and mother welfare center. In the FGDs, the participants from extremely poor families in Khagrachari mentioned that they visit the hospitals when there is any complication during the delivery of a baby. Usually, they take herbal medicines for normal sickness. The participants from Bandarban mentioned that they rarely visit the community clinic due to the distance. So, they go to village doctors in their area; but they go to the government hospitals in Lama or Chokoria in case of serious illness.

#### **Child Healthcare and Nutrition**

The coverage of exclusive breastfeeding is 100% in Bandarban, 96% in Rangamati, and 84% in Khagrachari. Almost all of the children in Bangalee's households and 95% of children in the EM households are exclusively breastfed. In the FGD, the participants mentioned a different practice of exclusive breastfeeding such as providing water immediately after birth and pot milk until breastmilk does not come out. This means that they are not practicing exclusive breastfeeding properly due to a knowledge gap.

Out of 186 households having under 5 children, 177 households have provided weaning food to their under 5 children. About 92% of the households provided homemade weaning food to their child, while 12% provided animal milk and rice gruel, and 10% provided pot milk. Nine households did not provide any weaning food to their children. The reasons for not providing weaning food to the child were unable to buy weaning food items, followed by ignorance, and negligence of the household heads.

About 91% of the under-five children in the PRLC households are vaccinated. But the respondents could not ensure that their children had received all basic schedule vaccines. The coverage of vaccination of the children was found better in the EM households (92%) than in the Bangalore households (89%). Among three hill districts, vaccination coverage is high in Bandarban (95%) followed by Rangamati (90%) and Khagrachari (88%). The full coverage of vaccination was not possible due to the distance of the vaccination centers, the respective household has lack of information about the day of vaccination, and negligence.

### **Adolescent Health and Nutrition**

The study found the following factors that impact on the adolescent's health and nutritional status:

**Early marriage:** The results of the IDI with adolescents indicate that early marriage significantly impacts their health and nutrition. In PRLC households, about 10 to 15 percent of the early marriages occurred due to financial crises. This often leads to health risks associated with early pregnancy and childbirth, compounded by restricted access to food that exacerbates nutritional deficiencies. Moreover, adolescent mothers are less likely to seek prenatal care and family planning services, further complicating reproductive health challenges.

**Disasters and climate change:** Adolescents face many challenges related to health and nutrition due to disasters that disrupted infrastructure, healthcare services, and social support systems. During disasters, adolescent girls are always vulnerable to personal and food security, and face risks of sexual violence, abuse, and human trafficking. They have limited access to essential medical services and nutritional support which further increases their susceptibility to malnutrition and infectious diseases.

**Access to nutritious food:** Consumption of nutritional food is a big challenge for most of the adolescent girls in the PRLC households. They used to consume family meals that lack adequate nutritional food items such as meat, fish, eggs, milk, fruits, etc. as needed for adolescent girls. Economic constraints and distance to markets are major factors to include nutritional foods in the family meals. Rising food prices further exacerbate these challenges, limiting access to essential nutrients like protein and vitamins. A recent research (FAO Home) shows that in times of scarcity, women tend to prioritize feeding male members of the household, such as husbands and sons, leaving themselves with smaller or less nutritious portions. Almost same trend was observed in ethnic minorities where women's roles in food preparation and distribution are central, but they also reflect broader inequalities, as they tend to eat last or receive smaller portions, especially during lean periods.

**Access to Adolescent Healthcare Services:** Adolescent girls used to visit village doctors, community clinics, and pharmacies for general illnesses and basic medications. The government healthcare facilities are far away from their residents. No one likes to go there unless they have a major illness. Most of the adolescents are not aware about necessity of adolescent healthcare which often hinder them from proper medical attention.

### **Health and Nutrition of Pregnant and Lactation Women (PLW)**

The study found the following factors that have an impact on the nutritional status of the PLW:

**Poverty:** Most of the PRLC beneficiary households cannot earn enough to meet their basic needs. The nutritious food especially a balanced diet for pregnant and lactating women mostly remained limited

to rice and vegetables. They can hardly eat any fruits; only those can eat fruits who have planted fruit trees around their homestead. Lack of knowledge of the household members about PLW's health and nutrition impact significantly on the intake of nutritious foods by the PLWs.

**Women disempowerment:** In PRLC beneficiary households, husbands are the decision-makers of their families. In most cases, husbands make their own decisions regarding purchasing food. They hardly consider food for the PLWs. On the other hand, women cannot buy anything for themselves due to the lack of control over resources. Moreover, women have limited access to information about maternal health, nutrition, and breastfeeding practices.

**Violence against women:** Some PRLC beneficiary households experienced violence against women (VAW); PLWs were victims of violence in some cases. VAW restricted PLW's access to food, disrupted their eating patterns, and imposed stress-related changes in appetite, which finally resulted in nutritional deficiency during pregnancy and lactation.

**Micronutrient supplement:** More than half of the PLWs in PRLC beneficiary households are provided with micronutrient supplements in terms of iron, folic acid, and multivitamins tablets. Of those PLWs who did not provide with micronutrient supplements, the majority of them were ignorant about its benefits, and the rest avoided it for cost.

**Access to ANC services:** More than one-third of the PRLC beneficiary households pursued ANC services for pregnant women; but a few of them maintained the standard schedule for ANC visits (4 times, 1<sup>st</sup> within 16<sup>th</sup> week, 2<sup>nd</sup> within 24<sup>th</sup>-28<sup>th</sup> week, 3<sup>rd</sup> within 32<sup>nd</sup> week, and 4<sup>th</sup> within 36<sup>th</sup> week of gestation). The main reasons for not having ANC visits are a lack of knowledge about the need for ANC services, financial limitations, discomfort, and negligence.

**Access to PNC services:** Less than a quarter of the PRLC beneficiary households pursued postnatal care (PNC) for lactating women. Most of them felt that PNC was not needed, while others avoided it for cost and lack of information.

## **Anthropometric Measures**

### **Under-Five Children**

**Stunting:** More than 63% of the under-five children are suffering from stunting; 40% of them are suffering from severe levels of stunting, and 23% are suffering from moderate levels of stunting. Among boys, 46% are suffering from severe and 20% are suffering from moderate levels of stunting, while among girls, 34% are suffering from severe, and 26% are suffering from moderate levels of stunting. In EM households, 43% and 21% of the children are suffering from severe and moderate levels of stunting respectively, while in Bangalee households, 34% and 29% of the children are suffering from severe and moderate levels of stunting respectively.

**Wasting:** On average 12% of the under-five children are suffering from wasting; about 7% of them are suffering from severe and about 6% are suffering from moderate level of wasting. As with stunting, more boys are suffering from wasting than girls. Altogether, 13.5% of the boys are suffering from wasting, 7.5% are suffering from severe and 6% are suffering from moderate levels of wasting. On the other hand, 10.8% of the girls are suffering from wasting, and 5.4% are suffering from severe and same from moderate levels of wasting. About 15.3% of the under-five children in Bangalee's households are suffering from wasting, 10.5% are suffering from severe and 4.8% are suffering from moderate levels of wasting. In EM households, 10.7% of the under-five children are suffering from wasting, 4.6% are suffering from severe, and 6.1% are suffering from moderate levels of wasting.

**Underweight:** on average 31.3% of the under-five children are suffering from underweight; 16.5% of them are suffering from severe and 14.8% are suffering from moderate levels of underweight. As with other indices, more boys are suffering from being underweight than girls. On average, 32.5% of the boys are suffering from underweight, 19.8% are suffering from severe and 12.7% are suffering from moderate levels of underweight. Among under-five girls, 30.1% are suffering from underweight, 19.8% are suffering from severe and 12.7% are suffering from moderate levels of underweight. The prevalence of underweight children was found more in Bangalee households than in EM households.

### **Adolescents**

Despite limited access to nutritional foods and healthcare, a majority (53%) of the adolescents in PRLC beneficiary households have normal BMI levels (18.5 to 24.9). However, the study raises concerns for Bengalee adolescents who exhibit higher rates of low BMI levels (<18.5). This underscores the need for targeted interventions to improve nutrition and health outcomes among adolescent populations, addressing social, economic, and cultural factors contributing to their vulnerabilities.

### **Lactating Women**

About 61% of the lactating women in the PRLC beneficiary households have normal BMI levels (between 18.5 to 24.9), while about 32% of them have over ( $\geq 25$ ) and 7% have lower BMI levels (<18.5). Within three districts, more lactating women in Khagrachari and Rangamati were at normal BMI levels than the lactating women in Bandarban.

### **Hygiene Practice**

**Hand washing practice:** Hand washing practice was found widespread after using toilets, before taking food, before feeding a child, and before distributing food among household members, and less before and after attending to patients suffering from diarrhea and other infectious diseases. The average time for washing hands is 12 seconds, which is 8 seconds less than the standard time for hand washing. About 45% of the PRLC beneficiary households have a hand washing station in their houses.

**Menstrual hygiene practice:** Most of the women used clothes during menstruation. The use of sanitary napkins is seldom. The major reasons for not using sanitary napkins are price, don't know how to use them, feeling shy to use them, disposal of the used sanitary napkins, etc.

**Defecation practice:** Almost all the PRLC beneficiary households used toilets for defecation. Most of these are pit toilets. The majority of the households used their toilets, while very few households used shared toilets. Ownership of a toilet is almost similar among the Bangalee and EM households.

**Access to drinking water:** Most of the PRLC beneficiary households collect drinking water from deep tube wells. About 27% of the EM households collect drinking water from the natural ponds/streams. The natural sources of drinking water are reducing gradually. The water quality of these sources has deteriorated. Now, they have to walk far away from home to collect good drinking water.

### **Food Security**

The study assessed household food insecurity to understand its food security status. The food insecurity of the households is determined from the calculation of the following four indicators:

**Household Food Insecurity Access-related Conditions:** Most households (91%) experience pervasive worries about food insecurity, while a majority are unable to consume their preferred foods and are limited to a restricted variety of options. Furthermore, many households are compelled to consume foods they would prefer not to eat and often face situations of inadequate meal sizes and frequency. A considerable proportion of households frequently encounter situations where they have no food at home and are forced to go to sleep hungry or even go a full day without eating.

**Household Food Insecurity Access-related Domains:** Around 91% of the households experienced anxiety and uncertainty related to food insecurity. About 92% of the households had insufficient or poor-quality foods and almost 94% had inadequate food intake and, as a result, suffered physical consequences.

**Household Food Insecurity Access Scale (HFIAS) Score:** The average HFIAS score for PRLC beneficiary households is 16.77 with a standard deviation of 6.68. The HFIAS score is comparatively higher in the Bangalee households than in EM households. Within three districts, HFIAS score is high in Khagrachari followed by Rangamati and Bandarban.

**Household Food Insecurity Access Prevalence:** The results indicate that food is secured only for 2% of the PRLC beneficiary households. Among the food-insecure households, 8.6% were mildly food insecure, 22.8% were moderately food insecure, and 66.6% were severely food insecure.

**Household Dietary Diversity (HDD):** The overall dietary diversity for the PRLC beneficiary households  $\pm 5.22$  food groups, which is lower than the national average of  $\pm 6.0$  food groups for the rural population (Huda, Tanvir, et al Popul Med., 2023). The HDD score is slide higher in Bangalee households ( $\pm 5.53$ ) than the EM households ( $\pm 5.1$ ). The dominant consumed food groups are cereals (100%), roots (87%), vegetables (61%), fresh and dry fish (32%), and oil (45%).

**Minimum Dietary Diversity for Women (MDD-W):** MDD-W is a dichotomous indicator of whether or not women 15–49 years of age have consumed at least five out of 12 defined food groups on the previous day or night. The average intake is  $\pm 4.98$  food groups for all women,  $\pm 5.23$  for Bangalee women, and  $\pm 4.89$  for EM women. The average intake of food groups is less than the recommended number of food groups, at least five out of 12 defined food groups on the previous day or night.

## **Resilience to Shock**

**Experience in Shock:** PRLC beneficiary households experienced a shock from flood, landslide, tornado, excessive rain, chronic diseases, pandemic, political clash, earth quack, and sudden death of the earning member; while the majority were shocked by flood and landslide.

**Impact of Shock:** Shock affected the economic strength of the households and diminished their purchasing power. A significant number of the households were pushed down to the next level of poverty and some of the households entered into forced loans.

**Resilient to Shock:** More than 33% of the households were resilient to shock because they got an early warning about the hazards, used climate-smart technologies to be protected from shocks, and organized household resources smartly to recover from shocks; 65% of households were moderately resilient because they did not get early warning of shocks and not consistence in using climate-smart technologies, depend on external support; about 2% households were at risk because they did not get early warning of hazards and not use climate-smart technologies, internal resources, and external supports at all.

## **Women Empowerment**

**Women's role in decision-making:** In the PRLC beneficiary households, the women in the majority of the households (88%) play some role in decision-making In 57% of the households women help their male counterparts in making decisions or participate in decision-making process. Especially, women provided necessary information in making decision. Very few women in the PRLC beneficiary households can make decisions independently.

**Control over household resources:** Husband and wife jointly control household resources in about 53% of the PRLC beneficiary households, while husband and wife independently control household resources in 33% and 14% of the households, respectively.

**Control over the use of household income and expenditure:** Both the husband and the wife earn and they try to make any family decision together. However, the husband's decision is accepted as the final decision in most of the cases. Without the agreement of the husbands, wives cannot buy or dispose of any household assets.

**Men's role in women's empowerment and gender equality:** Almost all the respondents (98%) suggest that males should give women various opportunities to participate in making decisions. About 20% of them mentioned that women should have equal control over household resources, while 49% of them expect that men should encourage women to be involved in the decision-making process, 26% want men should support women to be financially solvent, and 4% of them want men to be engaged in reducing gender discrimination.

**Violence against Women (VAW):** 5% of the PRLC beneficiary households have experienced violence against women, which is mostly physical torture. The major reasons for VAW were economic crisis of the family (92%) followed by dowry (24%), mental disorder (14%), influence and control over households (11%), and fundamental belief of religion (5%).

**Child Marriage:** 69 out of 799 households reported child marriage in their families or communities. Child marriage is happening more in the EM households than in Bangalee households. The major cause of child marriage is poverty (61%) followed by increasing family expenditure (32%), insecurity (4%), and others (3%). In most cases, the girls run away from home and get married on their own.

## **Persons with Disability (PWD)**

**Prevalence of PWD in Beneficiary Households:** About 18% of the households have a person with disability (PWD). The average prevalence of PWDs in the total population of the PRLC beneficiary households under study is 4.2%, which is less than the national average of 5.6% people (Titumir, RAM and Hossain, Jakir Unnayan Onneshan, 2005). Most of the PWDs (76%) belong to EM households. Overall, 64% of the PWDs have physical disorders, 41% have mental and intelligence disorders, 16% have blindness, and 8% have other problems.

**Impact of natural disaster on PWDs:** A few recent studies revealed that people with disabilities in the Chittagong Hill Tracts are disproportionately affected by disasters due to a combination of geographic isolation, social marginalization, lack of accessible infrastructure, and economic vulnerability. During an incidence of disaster like landslide PWDs are often remain trapped in their homes or are unable to reach higher ground in time, increasing their risk of injury or death. The shelters, evacuation centers, and transportation facilities in the region are rarely designed to accommodate people with physical or sensory disabilities. So, many people with disabilities avoid evacuation entirely.

**Government Support for PWDs:** Overall, 54% of the PWDs (about 58% of PWDs in Rangamati, 52% of PWDs in Bandarban, and 38% of PWDs in Khagrachari) received government support. The receipt of government support by PWDs found high in the EM households. The government support for PWD was provided through the Social Safety Net Programme (SSNP).

**PWD's Income Generating Activities:** About 13% of the households reported that their PWDs were engaged in income-earning activities which include rearing cows, goats, and poultry, and cultivating vegetables. They did not get any training on these activities. They invested from the savings of the government disability allowance which is received every three months. The members of the Union Parishad in their areas help them to get disability allowances.

**PWD's Access to Healthcare Services:** Usually, PWDs go to the nearest health center, i.e., community clinics for general health services. They visit public and private hospitals at Upazila headquarters, district hospitals, or army hospitals if they have any major health issues. Traveling costs plays a critical role in PWD's access to healthcare services. Sometimes they remained abstain from healthcare services if they cannot arrange travelling costs. The service providers occasionally visit them at home.

## **Social Cohesion and Peace Building**

**Major Issues of Conflicts:** At present, the most common conflict between EM and Bengalees is cross-cultural marriage. Some ethnic groups do not accept cross-cultural marriage because deviation from religion is prohibited. There are also conflicts between husbands and wives, which turn into a social conflict afterward. The major issues of husband-wife conflict is traditional gender roles which often place women in subordinate positions. This imbalance lead to conflicts over household responsibilities, child-rearing, and financial matters. Besides, economic hardships are also a major source of tension between husbands and wives. Currently, there is no conflict on land issues.

**Conflict Resolution Mechanism:** Most of the conflicts are settled by the local community leaders, Karbari, or the headman. If the conflict goes beyond the control of the Karbari and headman, union or Upazila parishad intervene and settle it. Mediation processes involving representatives from various stakeholders, including indigenous leaders, government officials, and civil society organizations, have been employed to resolve conflicts peacefully.

**Social Cohesion and Peace Building Event:** Organizing various events such as rallies, public meetings, concerts, street drama, etc. is the most common mechanism for social cohesion and peace-building in CHT. The result indicates that about 16% of the households across the regions mentioned that their household members have participated in various events held in the region for social cohesion and peace-building. The members of the EM households participated more in the events than the Bangalee household members. These events include public meetings, rallies, concerts, etc.

**Role of CHT Accord 1997 in Peace Building:** About 56% of the household members of the study heard about the CHT Accord 1997. Comparatively, more IPs' household members (65%) heard about the CHT Accord than Bangalees (33%). More than 45% of the household members who know the CHT Accord believe that this accord has no role in peace-building, while 22% of them believe that this Accord plays a vital role in peace-building in this area. 25% of the population does not know anything about it. More of the EM said that the Accord is not effective, while more of the Bangalees mentioned that the Accord is effective for peace building in CHT.

## **Conclusion and Recommendation**

The baseline study for the Partnership for Resilient Livelihoods in the CHT Region (PRLC) project reveals significant socioeconomic disparities between Bangalee and Ethnic Minorities (EM), underscoring widespread poverty, weakness in livelihood strategies, food insecurity, inequality in gender role, and limited access to essential services. Female-headed households and EM households are particularly vulnerable, with lower incomes and fewer financial resources. The study highlights critical issues in health, nutrition, and gender equality, revealing high rates of child malnutrition, inadequate healthcare access, and limited women's empowerment. Additionally, the reliance on traditional livelihoods and the presence of social conflicts point to the need for targeted interventions to promote economic diversification, social cohesion, and sustainable development.

To address the identified challenges, the study made a number of recommendations. Some of the critical recommendations are described below:

- **Access to Crop Production Technologies and Crop Diversification:** Increase efforts to build awareness and disseminate improved crop production technologies, particularly among EM and Bangalee households in Bandarban and Khagrachari. Encourage diversification of crops beyond rice, especially focusing on high-value crops like turmeric, ginger, and horticultural products that have shown potential in the region. Promote commercial horticulture through the establishment of fruit orchards and vegetable farms, leveraging the ongoing shift from traditional Jum farming. Support new agricultural entrepreneurs with access to credit, technical assistance, and market linkage programs. Mobile agricultural training units and community-based extension services could be introduced to reach remote areas more effectively.
- Promote community seed bank to reduce dependence on commercial seeds and promoting biodiversity. In the context of climate-smart agriculture, seed banks in CHT contribute to reducing greenhouse gas (GHG) emissions by supporting practices such as agroforestry and crop diversification, which enhance soil health and carbon sequestration. They also help in maintaining genetic diversity, crucial for adapting to climate change and ensuring long-term food security.
- **Improving Market Access:** Develop better market infrastructure, including storage facilities and transport networks, to reduce the reliance on local markets and allow farmers to sell crops at better prices. Additionally, creating crop collection centers and facilitating connections with wholesalers could increase market reach and income for farmers. Crop bank system could be introduced to protect the farmers need to sell their products at low price. Advocate for policy changes to address the market syndicate issues and high taxation that reduce farmer profits. This could involve working with local governments to streamline tax processes and ensure fair pricing mechanisms in the market.
- **Access to Livestock Vaccination Services:** Organize awareness building campaigns to educate households on the importance of vaccinating livestock and poultry to prevent diseases and increase productivity. Provide training to the farmers on improved and climate-resilient livestock rearing techniques, particularly in areas where traditional methods dominate, such as in the ethnic minorities. Mobile Vaccination Units could be operated in remote areas of Khagrachari, Bandarban, and Rangamati, to address the challenges of distance and cost associated with accessing vaccination centers. Develop microfinance programs tailored for livestock and poultry farming, enabling poor households to invest in livestock and poultry and necessary resources. Mobile banking could be used to transfer cash. Strengthen partnerships between NGOs, government agencies, and local communities to provide comprehensive support, including training, inputs, and access to markets.
- **Small Business Development:** Provide targeted training and financial support for small business development, especially for EM households, who are less involved in small businesses compared to Bangalee households. Focus on areas with low engagement, such as Rangamati, to diversify income sources. Introduce climate-resilient and improved technologies in small businesses that can help mitigating the risks of environmental and climate change challenges. As on wage labor is not stable, the household should diversify their income sources. Encourage as well as train them to small-scale entrepreneurship and market access to reduce their economic vulnerability. Special attention should be given to areas where households can meet expenditures throughout the year, like those reliant on livestock or small businesses. Youths should be provided with vocational training and financial support to be engaged in small business.
- **Support for Female-Headed Households:** Female-headed households are especially vulnerable, with lower average incomes and expenditures compared to male-headed households. It is crucial to provide targeted financial and social support to these households, including access to microcredit, vocational training, and social safety nets. Additionally, empowering women through

awareness programs to manage finances independently can help reduce the economic disparity within households.

- **Promote Financial Literacy and Savings Initiatives:** The data reveals a low overall savings rate, with only 14% of households having any savings. To enhance financial security, targeted financial literacy programs should be implemented, especially for EM households. These programs could focus on the importance of savings, methods to save, and the benefits of formal banking. The majority of savings are kept in hand or with NGOs, particularly among EM households. There is a need to increase access to formal banking services and encourage households to deposit their savings in banks. Financial institutions could collaborate with local communities to provide tailored banking solutions that meet the unique needs of these populations.
- **Access to Healthcare and Nutrition:** Initiative should be undertaken to activate DNCC and UNCC and Union level Multisectoral Program initiated by LEAN project. Increase awareness of the households on breastfeeding and weaning food for children to reduce their stunting, wasting, and underweight conditions. The under-five children may be provided with supplementary feeding by the project. Attention should also be given on the balance diet for adolescents, pregnant and lactating women to reduce low birth weight. Promote nutritional education and provide support for establishing homestead vegetable gardens to improve dietary diversity and nutritional intake. Work with the GOB safety net program to support the households that have under-five children, adolescents, pregnant and lactating mothers.
- Organize satellite clinics at the community levels to address the communication problems and cost issues in access to healthcare services. Promote the services of the community clinics and importance of the complete doses of vaccinations and ANC and PNC visits.
- **Women Empowerment:** Strengthen initiatives aimed at enhancing women's decision-making power and control over household resources. This includes providing education and training on financial management and entrepreneurial skills. Address gender-based violence through community sensitization programs and support services for victims. Implement programs to reduce early marriage and increase educational opportunities for children and adolescents, particularly girls. This should include vocational training to improve their employability.
- **Social Cohesion and Peacebuilding:** Continue organizing events and activities that promote social cohesion and peacebuilding, ensuring participation from both Bangalee and EM communities. Strengthen conflict resolution mechanisms involving local leaders, government officials, and civil society organizations to address underlying issues and promote lasting peace.

# **1. BACKGROUND**

## **1.1 Introduction**

The Chittagong Hill Tracts (CHT) is a distinct geographical and cultural section of Bangladesh. It accounts for around 8% of Bangladesh's total land area and sustains less than 1% of the national population. The CHT consists of three districts: Bandarban, Khagrachari, and Rangamati, and is dominated by steep hills and narrow valleys, many of which are remote and difficult to access. CHT is predominantly an agrarian economy. Agriculture (including horticulture and cattle) on flat and gently sloping terrain and shifting (Jum) cultivation on hilly lands are the main rural occupations in CHT. Agricultural labor, services, trade, and general business are other rural livelihoods. The CHT with its diversity in geography, is an inhabitation of a multi-ethnic population comprising 14 tribes and Bangalees. Historically, this region has been characterized by ethnic tensions and conflicts over land, resources, and political autonomy. The major issues in the CHT include land rights, displacement, armed conflict, development projects, political representation, and deprivation in terms of socio-economic parameters. Despite the CHT Accord providing for greater autonomy and representation for the ethnic minorities (EM), there have been challenges in its implementation. EM have often felt marginalized in mainstream Bangladeshi politics, leading to ongoing tensions and sporadic outbreaks of violence. All of these trends demand the GoB's full attention and decisive measures to ensure human security, long-term peace, and good governance in the CHT.

## **1.2 Brief Description of the PRLC Project**

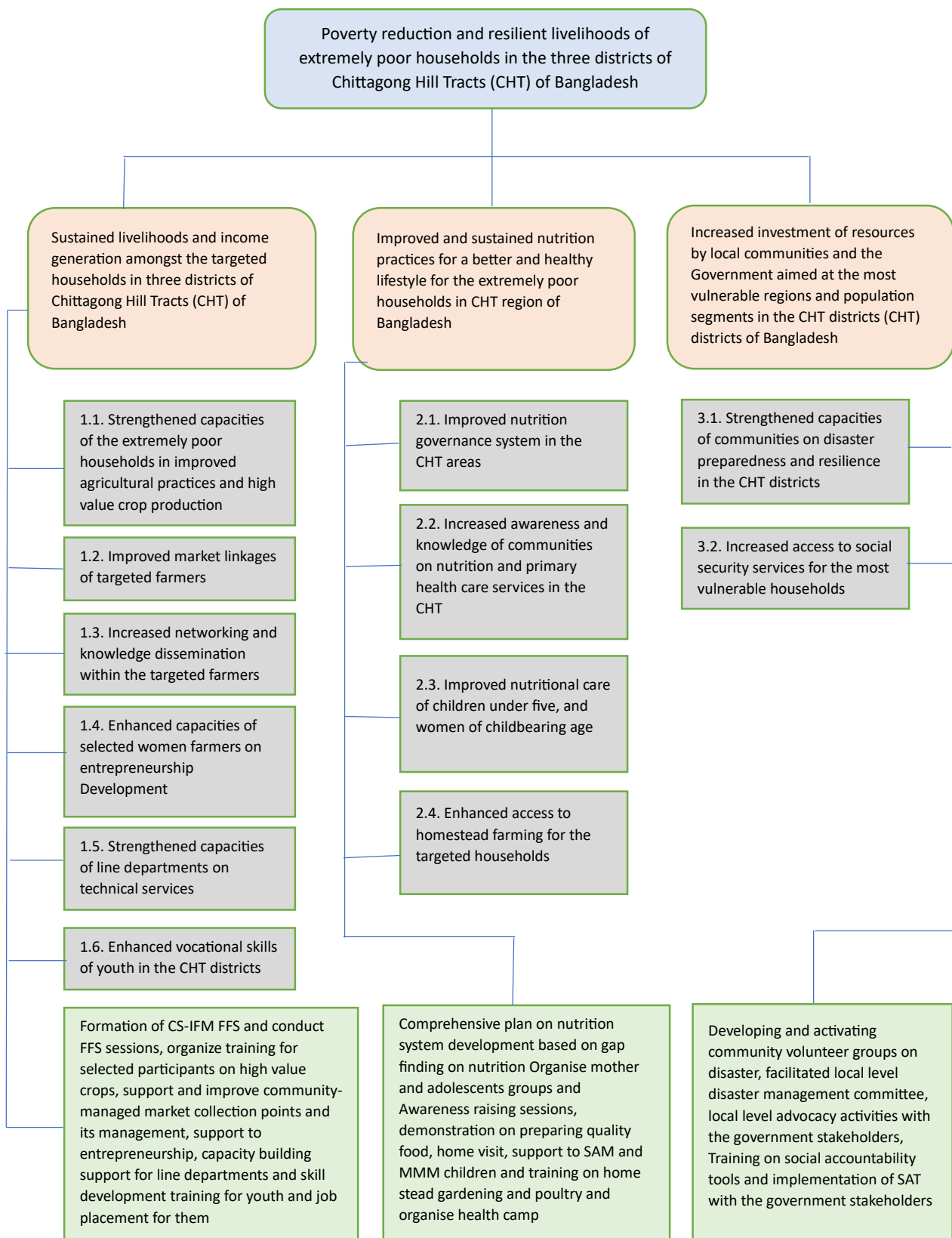
### **1.2.1 Objectives and Outcomes**

The Manusher Jonno Foundation (MJF), the largest national grant-making organization in Bangladesh, initiated the Partnership for Resilient Livelihoods in CHT Region (PRLC) Project in 2023 with financial support from the European Union. The overall objective of the project is the reduction of poverty and building resilient livelihoods for extremely poor households in the three hill districts (Bandarban, Khagrachari, and Rangamati) in CHT. The project aims for the following outcomes:

- (1) Sustained livelihoods and income generation amongst the targeted households,
- (2) Improved and sustained nutrition practices for a better and healthier lifestyle for extremely poor households, and
- (3) Increased investment of resources by local communities and the Government aimed at the most vulnerable regions and population segments in the CHT districts

To attain these outcomes, PRLC will strengthen the capacities of targeted extremely poor households in improved agricultural practices and high-value crop production including market linkages and networking for knowledge dissemination within the targeted farmers. It will enhance the capacities of selected women farmers in entrepreneurship development and vocational skills of the youths. It will build the capacity of the staff of the line departments so that they can provide technical services to the farmers as per their needs. In addition to that PRLC will increase awareness and knowledge of communities on nutrition and primary health care services and improve nutritional care of children under five and women of childbearing age. It will support the targeted households for homestead farming, strengthen the capacities of communities on disaster preparedness and resilience in the CHT districts, and increase access to social security services for the most vulnerable households.

## 1.2.2 Theory of Change



The above result framework depicts the following theory of change for the PRLC project:

- IF the targeted smallholders are organized and receive a long period of continuous hands-on skill development training on climate-smart agricultural processes to improve their crops' productivity, engage diversified livelihood opportunities, and meet market demands in the three hill districts;
- IF local level nutrition governance system improves with the implementation of nutrition-specific interventions such as child growth monitoring, demonstrations on quality food preparation, the availability of micronutrient supplements in the localities, and nutrition-sensitive services such as promotion of homestead gardening and chicken rearing for the targeted people including pregnant and lactating mothers, adolescents, and children, and awareness building is completed through communicating the SBCC message;
- IF the disaster management structure at the local level becomes functional, local-level volunteer groups are available and equipped to combat disasters and the threats of climate change; and
- IF the citizen groups' vigilance is increased, social accountability tools are implemented in the presence of service providers, and local-level advocacy initiatives are carried out,

THEN agricultural production will increase, market development for improved agricultural products will be sustained, nutrition practices will improve for a better and healthy lifestyle for the poor people, local disaster preparedness mechanisms will be strengthened and more effective, and public service providers will be more responsive, the poor will receive increased social safety net services, and budgetary allocation for safety net services for the CHT region will be increased.

### **1.2.3 Implementation Strategy**

The PRLC project consists of four main components: resilient livelihoods, nutrition, social protection, and advocacy. The implementation of three components, namely resilient livelihoods, nutrition, and social protection, falls under the responsibility of MJF. On the other hand, UNDP is responsible for implementing the advocacy component.

### **1.2.4 Monitoring, Evaluation, and Learning Plan**

The Monitoring, Evaluation, and Learning (MEL) plan of PRLC is designed for the efficient generation and use of information and evidence to support a systematic strategic decision-making process at the management level. The project Logframe is used as a foundation to design the monitoring and evaluation plan which enables the project to accurately assess progress toward goals, outcomes, and outputs, and to identify constraints and adjust interventions as needed. The MEL plan includes 41 performance indicators, four of them at the goal level, 12 at the outcomes level, and 25 at the outputs level. The project introduced a routine monitoring system including tools and methods to track the output indicators. The routine monitoring system is strengthened by the development of a comprehensive beneficiary database to track the changes through the output indicators.

The project has an evaluation plan including a baseline survey, a midterm evaluation, and a final evaluation to track the outcome and goal-level indicators. The baseline survey is conducted during the inception period to serve as the reference point for the progress, achievement, and success of the project. The midterm evaluation will be conducted at the end of the second year and the beginning of the 3rd year to assess the action's performance and explore course correction measures. The final evaluation will be conducted at the end of last year to assess achievements, effectiveness, efficiency, appropriateness, sustainability, and future engagement. In all cases, the project will use tools and methods from the global standard for measuring and reporting results. The project will use a technology-enabled reporting system to track progress and changes, allowing us to make decisions in real-time. The quarterly reporting format will be extensive, with regular progress, lessons learned,

challenges, and case studies included. The project will employ an accountability approach to receive feedback from the beneficiaries on improving the project's implementation process.

The implementing partners will be responsible for regular field-level monitoring and evaluation activities. The MJF will get implementing partners together to form a MEL group that will help them share information and conduct monitoring and evaluation. In addition to the regular monitoring process, the project will include a learning system consisting of research and evidence-generation components. Four communities of practice (COP) will be formed regularly to capture learning and be published for publication and wider distribution.

### **1.3 Purpose and Objectives of the Baseline Study**

#### **1.3.1 Purpose**

The purpose of the baseline survey is to assess the current state of the project before its implementation. This survey will serve as a vital reference point for initiating the project and will play a crucial role in evaluating the project's outcomes upon its completion. The baseline survey will primarily focus on two key objectives: Firstly, it will involve gathering and analyzing pre-intervention data concerning the project's Indicators. Secondly, it will capture a comprehensive snapshot of the indicators designed in the log frame. By establishing this baseline, the survey will provide a solid foundation for assessing the project's progress, achievements, and impacts by comparing the "before-after" scenario.

Additionally, the baseline study will offer valuable insights into the existing project scenario through context analysis, enabling the project's management to determine priorities and revise the operational plan if necessary. Moreover, the study will serve as the basis for result-based monitoring and evaluation, as well as impact assessment of the project interventions, focusing on relevance, efficiency, effectiveness, and sustainability. The findings of the baseline survey will establish a benchmark for lifting the impoverished population out of poverty. Furthermore, the survey will evaluate the targeting accuracy of the project, validate the success of the project participants' selection process, and document any lessons learned, including challenges faced. The baseline data will be utilized to evaluate targeting accuracy based on an appropriate weighting of proxy indicators of the households, in consultation with MJF, and can be cross-verified with other poverty measurements.

#### **1.3.2 Objectives**

The main objectives of the baseline survey are to:

- Benchmark the prevailing situations of the targeted poor household at the beginning of project interventions, including socio-economic information, assets, consumption patterns, access to public services, safety nets, etc.
- Determine the underlying causes of poverty among the specific population in the project areas.
- Establish the current values of each log frame indicator of the project that will serve as the baseline against which future changes or improvements will be measured.
- Measure the accuracy of targeting households and document the lessons learned and challenges encountered during this process.
- Uncover potential challenges, risks, or constraints that may affect the successful implementation of the project.
- Provide critical analysis and suggest realistic milestones for the log frame indicators.

## **2. METHODOLOGY**

### **2.1 Study Team**

MJF contracted CIRCLE Associates Limited to conduct the baseline study of PRLC project. CIRCLE Associates deployed a four-member study team and 13-member enumerators' team to conduct the study. The members of the study team includes a project evaluation specialist as team leader, a nutrition specialist, a livelihood specialist, and a data management specialist . All the members of the study team have a long experience in social research, baseline surveys, and project evaluations. The enumerators were recruited locally considering the language variation among the respondents of the study.

### **2.2 Study Approach**

The study used a mixed-method approach collecting both primary and secondary data. The primary data includes quantitative and qualitative data. The quantitative data was collected from a sample of the project beneficiaries through a household survey. The qualitative data was collected from a sample of the stakeholders of the project through Key Informant Interviews (KIIs), In-depth Interviews (IDI), and Focus Group Discussions (FGDs). The secondary data was collected through a comprehensive desk research. For all these data collections, the study involved a series of activities- (1) review of the project documents including project description, log frame, and some studies related MPI, HDD, HDD-W, HFIAS, women empowerment, climate change impact in CHT, etc. (2) preparation of the inception report with detailed methodology of the study and work plan, (3) preparation of the data collection tools and mobile apps for household survey, (4) recruitment and training of the enumerators, (5) sampling and sample selection for household survey and KIIs, IDIs, and FGDs, (6) deployment of enumerators for data collection, (7) data quality assurance, (8) data cleaning and analysis, (9) preparation of report, and (10) dissemination of findings through national and regional level seminars. The study team has implemented these activities under direct supervision of the CIRCLE's Board of Directors.

### **2.3 Household Survey**

#### **2.3.1 Sampling Strategy for Household Survey**

As per guidance in the ToR, the study team reviewed the sampling strategy of the Household Income Expenditure Survey (HIES) 2022 conducted by the Bureau of Statistics (BBS) and adopted it in designing the sampling strategy of this study. Aligned with HIES, this study adopted a two-stage cluster sampling design. In the first stage, 52 *para* (lower tier of the administrative units) were selected as a representative sample of the primary sampling units (PSU). Then in the second stage, the required number of households was selected from each selected PSU for data collection. Both *para* and households were selected from the list of PRLC beneficiaries.

#### **2.3.2 Sample Size for Household Survey**

The sample size of the household survey was determined using per capita household energy consumption as the target variable because food poverty was widespread in CHT. A socioeconomic survey by Barakat et al. (2009) in the CHT showed around 62% of households in the region, irrespective of ethnicities, to be below the absolute poverty line in terms of per capita daily calorie intake (below

2,122 k.cal), and 36% to be hardcore poor (below 1805 k.cal). Hence, the study draws samples from 62% of the households who are under the poverty line and ultimate beneficiaries of the PRLC project.

To get the minimum required representative sample size from the unknown population, the following widely populated formula (Cochran; 1963:75) was used for the determination of the sample size:

$$n = \frac{z^2 pq}{e^2}$$

Where n is the sample size,  $z^2$  is the abscissa of the normal curve that cuts off an area at the tails (1 - equals the desired confidence level, e.g., 95%); e is the desired level of precision (0.05) and p is the estimated proportion of an attribute that is present in the population (0.62) considering 62% of the households in CHT is under the poverty line. Therefore,

$$q = 1-p = 1-0.62=0.38$$

The above formula provides 363 as a sample size. To minimize the error and consider non-response, we have added another 7% additional sample with the exact sample size, which gives around 390 as an estimated sample size.

As mentioned above, a two-step sampling procedure has been followed to get the bottom-line sample unit (household); first select para and then households, which gives 2 as a value for the design effect of this study. Then the sample size of the study reached around 780 (390\*2) households. Finally, the study collected data from 799 households. One household data has been dropped due to inconsistency.

### **2.3.3 Selection of Samples for Household Survey**

#### **a) PSU (Para) Selection**

According to the ToR, PRLC is being implemented in 26 unions under 8 Upazilas of the three hill districts, Rangamati, Bandarban, and Khagrachari. This study was conducted in six Upazilas excluding the Sadar Upazilas of Bandarban and Rangamati districts. Because the headcount poverty ratio is far lower in these two Sadar Upazilas than in other Upazilas. Hence, this study included six poverty-prone Upazilas to allow comparative poverty and vulnerability analysis.

From these six upazilas, 13 unions were selected, two from each Upazila; however, in Rangamati three unions were needed to be selected to get the required number of samples. In each Upazila, one selected from Sadar Union where communication is comparatively better and social resources are around and one from remote areas where communications are difficult and access to social resources like schools, health centers, drinking water, marketplaces, etc. took a long time to reach. From these 13 unions, 52 PSUs (para) were selected based on the proportion of their existence in each district. Accordingly, 23 PSUs were selected from Bandarban, 19 PSUs were selected from Rangamati, and 11 PSUs were selected from Khagrachari districts (**See the list of the unions and paras in Annex-1**)

#### **a) Household Selection**

MJF has prepared a comprehensive list of potential PRLC beneficiary households through an extensive participatory process. This comprehensive list was provided to the study team who reviewed it thoroughly and then used as a sampling frame for the study. Before using it as a sample frame, the study team categorized them into three clusters: one for pregnant and lactating mothers with under-five children, another for adolescents (both boys and girls), and a third for individuals with disabilities. From these cluster lists, the necessary number of households were selected randomly.

Finally, the household survey sample constituted 799 households; 290 households from 23 paras under four unions in the Bandarban district, 219 households from 11 paras under four unions in the Khagrachari district, and 290 households from 18 paras under 4 unions in the Rangamati district. About 52% of the households selected from the pregnant and lactating mothers with under-five children cluster, 30% from the adolescent cluster, and 18% from the persons with disability cluster. The sample constituted 592 (74%) households from EM and 207 (26%) households from Bangalee communities. The EM include 14 tribes where Chakma, Marma, Tripura, Tanchangya, and Mru have higher participation.

**Table 2.3.3: Distribution of samples of the household survey**

Location				Respondents					
District	Upazila	Union	Para	Bangalees		EM		Total	
				No	%	No	%	N	%
District Total			23	121	58%	169	29%	290	36%
Bandarban	Lama	2	12	98	47%	47	8%	145	18%
	Thanchi	2	11	23	11%	122	21%	145	18%
District Total			11	72	35%	147	25%	219	27%
Khagrachari	Guimara	2	5	47	23%	63	11%	110	14%
	Laxmichari	2	6	25	12%	84	14%	109	14%
District Total			18	14	7%	276	47%	290	36%
Rangamati	Belai Chari	2	8	9	4%	136	23%	145	18%
	Jurachari	3	10	5	2%	140	24%	145	18%
Grand Total			6	13	52	207	100%	592	100%

## 2.4 Selection of Samples for Qualitative Data Collection

The study collected qualitative data from a sample of the PRLC's stakeholders. The sample includes MJF staff, partner's staff, GOB staff (from hill district councils and extension workers of the DAE, DOF, and DLS), members of the disaster management committee, community leaders, and local volunteer mediator forum members. It has also collected qualitative data from the project beneficiaries such as extremely poor people, adolescent girls, persons with disability, pregnant and lactating mothers, and youths to substantiate data and triangulate findings of the household survey, and learn the perceptions of the relevant stakeholders. The following matrix shows distribution of samples of the qualitative data collection by its methods.

**Table 2.3.4: Distribution of samples by qualitative data collection tools/methods**

Qualitative Methods	Participants	Form	Number
KII	MJF staff	Individual interview	2
KII	Partner staff	Individual interview	5
KII	HDC staff	Individual interview	2
KII	Local leaders	Individual interview	3
KII	Disaster Management Committee (DMC) members	Individual interview	1
KII	DAE field staff	Individual interview	2
KII	Local Volunteer Mediators Forums (LVMF) members	Individual interview	2

IDI	Physically challenged people or their caregivers	Individual interview	3
IDI	Adolescent girls	Group interview	3
IDI	Pregnant and lactating mothers	Group interview	3
FGD	Youths	Focus group discussion	3
FGD	Extremely poor people and vulnerable women	Focus group discussion	3

## 2.5 Anthropometric Measurement

Anthropometry is the measurement of the human body. Anthropometric measures are commonly used to assess the nutritional status of individuals and population groups as eligibility criteria for nutrition support programs. Common anthropometric measures are height, weight, and mid-upper arm circumference (MUAC). Some measurements are presented as indices, including height-for-age (HFA), weight-for-age (WFA), weight-for-height (WFH), MUAC-for-age, and Body Mass Index (BMI). HFA, WFA, and WFH are used for growth monitoring and the nutritional status of the under-five children, BMI is critical in assessing the health and nutritional status of adolescents and lactating women, and MUAC is useful in assessing muscle mass and fat stores, particularly in settings where more complex measurements are not feasible. The following matrix shows the participants of the anthropometric measurements from different groups of people.

**Table 2.5.1 Participants of anthropometric measures**

Districts	Ethnicity	U5 Children	Adolescents	Lactating Women
Bandarban	Bangalee	88	71	66
	EM	80	70	84
	Total	168	141	150
Khagrachari	Bangalee	32	37	15
	EM	63	64	35
	Total	95	101	50
Rangamati	Bangalee	6	5	2
	EM	139	122	84
	Total	145	127	86
Total	Bangalee	126	113	83
	EM	282	256	203
	Total	408	369	286

### 2.5.1 Under Five Children's Anthropometric Measures

For under-five children, HFA measures the level of stunting that reflects chronic malnutrition, WFA measures underweight which reflects both chronic malnutrition and acute malnutrition and WFH measures wasting which reflects acute malnutrition. All these indices are presented at low for <-2 z-score, moderate for between <-2 z-score to <-3 z-score, and severe for <-3 z-score. A moderate level of WFH is also known as Moderate Acute Malnutrition (MAM), severe level of WFH is known as Severe Acute Malnutrition (SAM).

### 2.5.2 Adolescents' and Lactating Women Anthropometric Measures

Body Mass Index (BMI) is a measurement calculated using a person's weight and height and is commonly used to assess whether someone is underweight, normal weight, overweight, or obese. Though BMI doesn't directly measure body fat or health, other factors such as muscle mass, bone

density, and distribution of fat can influence BMI. For adolescent girls and lactating women, BMI is calculated to compare with the standard ranges such as low BMI (<18.5), moderate BMI (18.5 to 24.9), and high  $\geq 25$ .

## 2.6 Desk Research

The study team conducted a comprehensive desk research to gather existing data and information from various secondary sources such as PRLC project documents and progress reports, research, census, and survey reports from the Bangladesh Bureau of Statistics, Bangladesh Demographic and Health Survey Report, and other studies conducted by various national and international organizations to triangulate with findings of this study. The desk research process include the following steps:

1. **Context Analysis:** Review existing literature on the socioeconomic conditions in CHT, including reports from government agencies, NGOs, and academic institutions. This helps understand the region's challenges, such as limited access to markets, land use issues, and socio-political dynamics.
2. **Agriculture and Livelihood Practices:** Study reports on traditional agricultural practices, income-generating activities, and the role of indigenous knowledge. Also review climate-smart agriculture practices suitable for the hilly terrain and the challenges posed by deforestation or shifting cultivation.
3. **Demographics and Social Structure:** Understand the cultural diversity and the social structure of the ethnic minorities in CHT. Reviewing population data, gender roles, and community leadership patterns that provide insights into the dynamics of livelihood development.
4. **Economic and Infrastructure Data:** Explore reports on infrastructure development (roads, electricity, communication, access to education, healthcare, and the overall economic status of the region. This helps in designing targeted interventions to improve livelihoods.
5. **Policies and Programs:** Review existing policies and government/NGO programs related to livelihood improvement, agriculture, education, and health in the CHT region. This includes understanding gaps and opportunities for collaboration.
6. **Climate and Environmental Data:** Collect data on climate change impacts in the CHT, such as rainfall variability, landslides, and deforestation. This information is critical to designing sustainable livelihood projects that are resilient to environmental changes.

## 2.7 Field Data Collection

### 2.7.1 Field Data Collection Tools

The study team developed a draft semi-structured interview questionnaire for the household survey, and seven KII checklists, three IDI questionnaires, and two FGD guidelines (Annex-2) for quantitative and qualitative data collection based on the study purpose, objectives, scope of works, and indicators listed in the Annex of the ToR. The ethical issues mentioned in the TOR are strictly adhered in development of these tools. All these tools include informed consent for participants which has clearly described that participation in the data collection is a choice of the respondents. They can withdraw from participation at any time as they like. The study team submitted all these tools to MJF for review and finalized them after incorporating MJF's feedback. The final household questionnaire was then converted into mobile apps using the Kobo toolbox software for mobile based data collection.

### 2.7.2 Recruiting and Training of Enumerators

Altogether, 13 enumerators and three supervisors were hired to conduct the household survey. All of them were recruited locally considering the language of the respondents and familiarity with the locations of the respondents. After recruitment, the study team provided them with three days of

rigorous training on the tools, types of respondents, methods of data collection, and different terminologies and subject matters of data collection. On the last day of the training, participants were taken to Golachari para under the Mogban union of Rangamati Sadar Upazila for field testing of the household questionnaire and mobile apps. The enumerators were divided into four groups. Each group interviewed the household head and measured anthropometrics of the under-five children, adolescent girls, lactating mothers. The study team listened to the feedback of the enumerators from the field test and made adjustments to the tools as needed.

### **2.7.3 Field Operation**

**Household Survey:** For the household survey, two enumerators formed a group and each group was responsible for the data collection from two unions. One of the group members was responsible for interviewing the household heads/members, while the other was responsible for taking anthropometric measures of the under-five children, adolescent girls, lactating women and observing hygiene practices such as toilet, hand washing stations, sources of drinking water, etc. All the data collected from the respondents were input into the mobile apps. After completing the data collection from a household, both the enumerators review data in the mobile apps and then submit. If there was no internet connection at the place of the interview, they kept it on hold until they got the internet connection. The household survey was conducted for 20 days from December 25, 2023, to January 15, 2024.

**Qualitative Data Collection:** The study team leader and a qualitative data collection specialist were involved in qualitative data collection from three districts. Before starting data collection, they developed a KII, IDI, and FGD schedule for three districts and shared it with the respective PRLC partners in those districts requesting them to keep available of the respondents as per schedule. In most cases, the PRLC partners had adjusted the schedule as it was convenient for them to get the respondents on time. The team facilitated KIIs, FGDs, and IDIs with the respective tools and prepared a summary transcript for each of the KII, FGD, and IDI and shared it with the study team through Google Drive.

## **2.8 Data Analysis**

The quantitative data was analyzed using statistical software namely SPSS. All CSV data files were exported from the ODK platform and stored in separate folders and then run data cleaning procedures to address inconsistency, missing values, non-responses, etc. The clean files were imported into the SPSS software for statistical analysis. All data analyses were done based on a data tabulation plan which was drafted based on the needs highlighted in the scope of work and finalized in consultation with the PRLC project team. The results of the analysis are presented mostly in the tables, with a few in the graphs, and charts. The major focuses of the household survey data analysis are socioeconomic characteristics of the PRLC beneficiaries, household income and expenditure, household assets, poverty analysis, livelihood analysis, youth engagement analysis, anthropometric measures, food security analysis, HDD, HDD-W, resilience to shocks, women empowerment, social cohesion and peace-building, etc.

The qualitative data was analyzed using content analysis, which examines and quantifies the presence of certain words, subjects, and concepts in the text of the transcripts. The method transforms qualitative input into quantitative data to make reliable conclusions. The quantitative data also needs to be analyzed with descriptive statistics, inferential statistics, and correlation as appropriate. The survey team triangulated the quantitative and qualitative data to provide a comprehensive

understanding of the current situation of the beneficiaries concerning the project components and log frame indicators. The survey team also provided an executive summary of the survey findings and recommendations for the design of the project's interventions.

## **2.9 Data Quality Assurance**

The study team adopted various techniques to ensure the data quality of this study. The first attempt is using rigorous sampling techniques which have ensured the appropriate size of the sample and appropriate respondents for data collection. The second initiative is pretesting the data collection tools and field testing of the ODK-based Android application which allows the study team and MJF to access the real-time data, understand the data quality, and provide necessary suggestions on the improvement. The third initiative is recruiting and training the enumerators and supervisors which has ensured the availability of a high-quality team for field data collection. The strategic strength of the enumerators' team was that they were drawn from the local EM c and the Bangalees who know better about the socio-cultural diversities and heterogeneous features of the CHT population. The fourth initiative, linking enumerators with the PRLC partners' staff ensures the data collection by the enumerators from appropriate respondents. Finally, the study team rechecked data collection with 5% households which validated data collected by the enumerators and built trust and reliability. The study team documented all challenges encountered during data collection and solutions provided to address the enumerators.

## **2.10 Study Limitations and Mitigations**

The study team experienced several limitations in this study. Firstly, there was a potential for social desirability bias, where respondents tailored their answers to align with what they perceived as favorable to the project. To overcome this bias, the study team employed various data collection methodologies and triangulation techniques.

Secondly, selection bias, where enumerators might tend to select a household at their convenience breaking the selection policy of the study. To overcome this bias, the study team contacted the PRLC partners in different districts who deployed their field staff to oversee as well as assist the enumerators in selecting the households appropriate for this study. In addition to that the Android apps used to collect data for this study were developed with the list of the selected households which enumerators could not change without consultation with the study team.

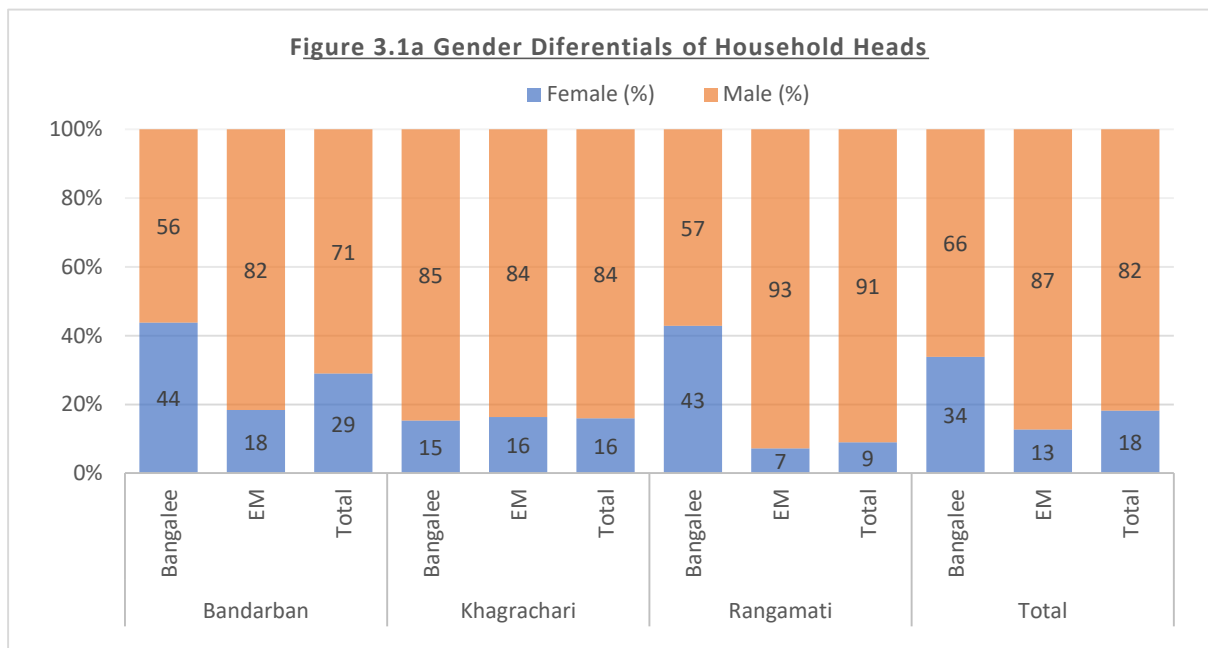
Finally, communication challenges were raised for the enumerators who collected data from the remote areas in the CHT. Due to these challenges, enumerators might fill up the questionnaire of their own, without visiting the respondents. To address this issue, the study team recruited enumerators from the same areas and provided them with a comprehensive route plan for effectively gathering data in adverse conditions. The same plan was given to the PRLC partners to track enumerators in data collection. Additionally, the Android apps automatically recorded the GPS location of the respondents, and enumerators were advised to take pictures of the subjects and upload them to the WhatsApp group. Moreover, the data analyst of this study was always vigilance of the online database to track the anomalies in data collection.

# MAJOR FINDINGS OF THE STUDY

## 3. HOUSEHOLD INFORMATION

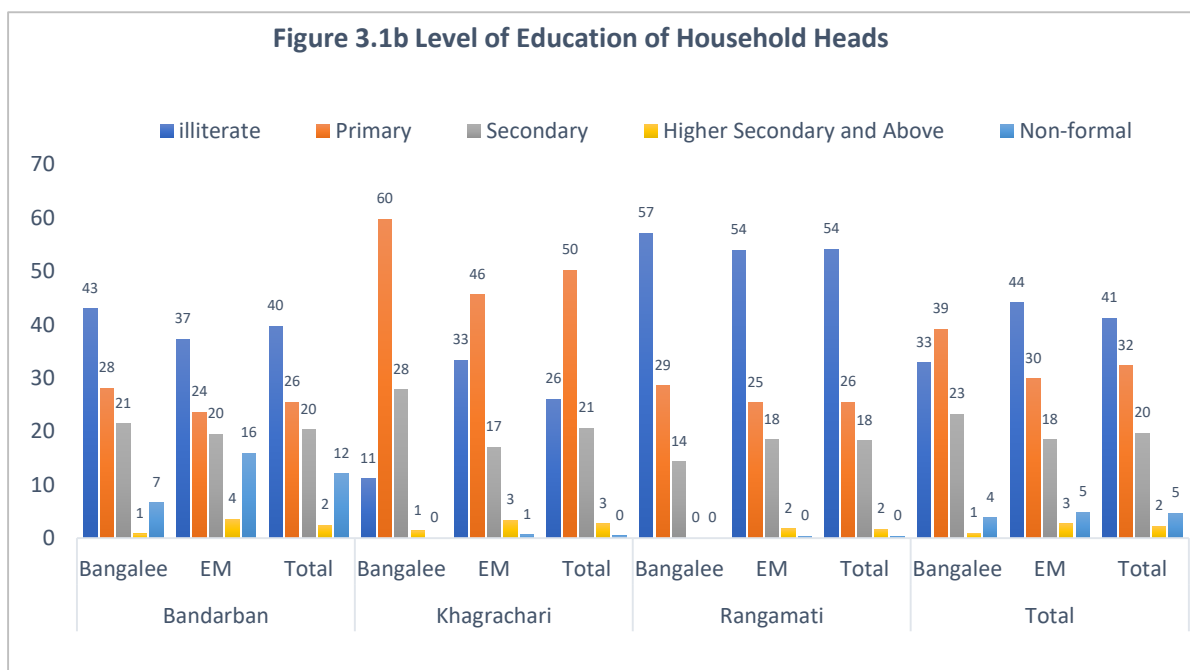
### 3.1 Characteristics of Household Heads

Table – 3.1 presents the characteristics (sex, age, education, and occupation) of the household heads. It reveals that out of 799 sample households, 145 (18% of the sample households) are female-headed households (national estimate is 12.6%, HIES, 2022); 34% households of Bangalees and 13% households of the EM are female-headed households. The number of female-headed households was found comparatively high in Bandarban district (29%) followed by Khagrachari (16%), and Rangamati (9%).



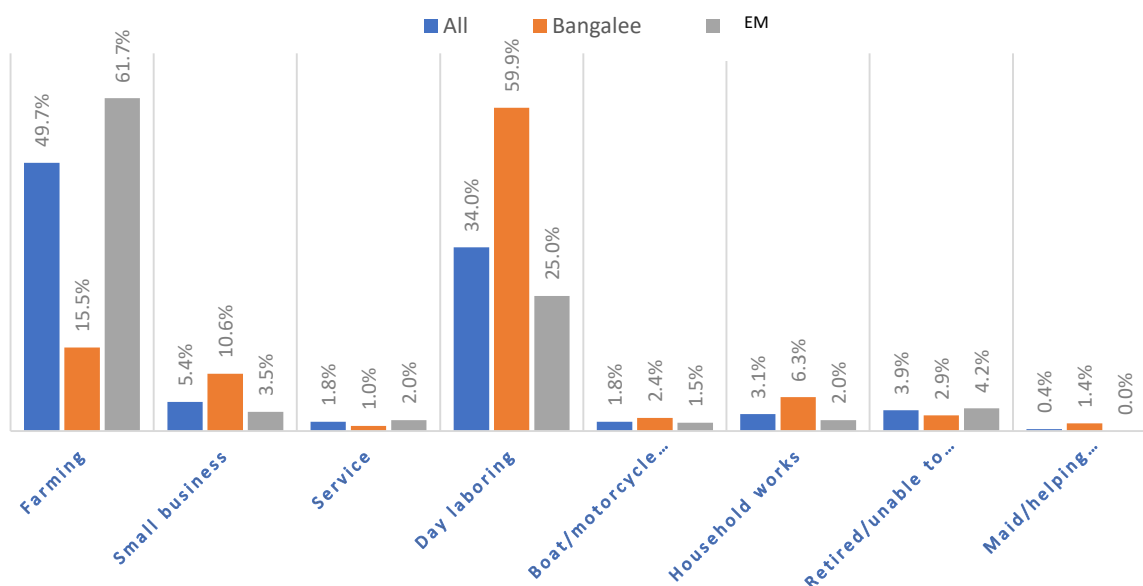
The mean age of the household heads is 42 years with a range from 18 years to 85 years. The Bangalees household heads' mean age is 40 years, and the EM household heads' mean age is 43 years. The mean age of the household heads varies in the three districts. It was found high (43.26 years) in the household heads in Khagrachari followed by Rangamati (41.23 years) and Bandarban (41.11 years).

About 41% of household heads are illiterate (which is significantly higher than national average 25%, Population Census in CHT 2022), because of remote and aged targeting. The rate of illiteracy is high in EM household heads (44%) compared to Bangalee household heads (33%). About 32% of the household heads have studied primary level (11% pre-primary and 21% completed primary), 19% studied secondary level (15% could not complete secondary and 4% completed secondary education), 2% completed higher secondary education, and bachelor levels, and 5% have received non-formal education. About 36% of female household heads are literate; 23% studied primary levels, 12% secondary levels, and 1% non-formal education.



The main occupation of the majority of household heads is farming (50%) followed by day laboring (34%), small business (5%), household work (3%), service (2%), and motorcycle/boat driving, fishing, teaching (2%). About 4% of the household heads are not involved in any occupation due to elderly or unable to do any work. The engagement of Bangalee household heads was found high in day laboring (34%) and small business (5%) compared to the EM household heads (day laboring 25% and small

**Figure 3.1c Main occupation of the household heads**



business 4%). On the other hand, EM household heads (62%) are engaged more in farming than Bangalee household heads (16%). In the female-headed households, 61% of the household heads are

involved in day laboring, 19% in farming, 15% in household work, 1.4% in small business, 2.1% begging or helping others, and 1.4% do not do anything due elderly or unable to do any work.

Overall, 29% of the household heads have a secondary occupation. About 85% of the secondary occupation accounts for day laboring, 6% for household work, and 5% for farming. The secondary occupations show reverse results to the main occupations for Bangalee and EM Community's household heads. For example, day laboring as a secondary occupation was found high among the EM household heads (86%) compared to the Bangalee household heads (70%). Similarly, farming was found high among Bangalee household heads (11%) compared to the EM household heads (4%). About 20% of the female household heads have a secondary occupation; household work, day laboring, and farming accounts for 45%, 41%, and 10%, respectively of the secondary occupations of the female household heads.

Only 16 household heads were found to be engaged in the activities of other organizations; 11 of them engaged in NGO activities, 2 in farmers' organizations, and 3 in other organizations. From these organizations, 9 household heads have received credit support, 2 received training, 3 got jobs, and 2 received health services and advice for social cohesion and peace-building.

**Table 3.1 Characteristics of Household Heads**

Districts	Ethnicity	Total HH	Sex		Mean Age	Education levels				
		N.	Female	Male	Year	Illiterate	Primary	Secondary	Higher Secondary	Non-formal
Bandarban	Bangalees	121	53	68	38.85	52	34	26	1	8
	EM	169	31	138	42.73	63	40	33	6	27
	Total	290	84	206	41.11	115	74	59	7	35
Khagrachari	Bangalees	72	11	61	42.43	8	43	20	1	0
	EM	147	24	123	43.67	49	67	25	5	1
	Total	219	35	184	43.26	57	110	45	6	1
Rangamati	Bangalees	14	6	8	37.00	8	4	2	0	0
	EM	276	20	256	41.55	149	70	51	5	1
	Total	290	26	264	41.33	157	74	53	5	1
Total	Bangalees	207	70	137	39.97	68	81	48	2	8
	EM	592	75	517	42.41	261	177	109	16	29
	Total	799	145	654	41.78	329	258	157	18	37

### 3.2 Household Size

Table – 3.2 presents household size categorized by ethnicity and region. The average household size of the PRLC beneficiaries is 4.28 (below the national average for rural areas being 4.30, HIES, 2022). The same among the Bangalee households is 4.41, and in the EM households is 4.24. About 62% of the households have less than five (<5) members in their households, while 38% of them have more than five (>=5) members. The household size is comparatively bigger in Rangamati (all 4.46, Bangalees 5, and EM 4.43) and smaller in Khagrachari (all 3.95, Bangalees 4.10, and EM 3.87). The household size of the female-headed households is 3.85; 3.69 for EM female-headed households and 4.01 for Bangalee female-headed households.

**Table-3.2 Household Size**

Districts	Ethnicity	Total HH	Mean/HH	Median	SD	Maximum	Minimum
		N	N	N	N	N	N
Bandarban	Bangalees	121	4.52	4	1.30	7	1
	EM	169	4.24	4	1.10	8	2
	Total	290	4.36	4	1.19	8	1
Khagrachari	Bangalees	72	4.10	4	1.44	7	1
	EM	147	3.87	4	1.20	8	1
	Total	219	3.95	4	1.28	8	1
Rangamati	Bangalees	14	5.00	5	1.30	8	3
	EM	276	4.43	4	1.37	9	2
	Total	290	4.46	4	1.37	9	2
Total	Bangalees	207	4.41	4	1.37	8	1
	EM	592	4.24	4	1.28	9	1
	Total	799	4.28	4	1.30	9	1

### 3.3 Age, Sex, and Dependency Ratio of Household Members

Table – 3.3 describes the age distribution of the PRLC beneficiaries' household members. The mean age of the household members is 26.37 years with a little variation across the communities (Bangalees 24.25 years and EM 27.14 years). The mean age varies in three districts, the highest in Rangamati at 27.77 years followed by Khagrachari at 26.63 years, and Bandarban at 24.76 years. Overall, about 36% of the household population belongs to below the age bracket of 18 years and 4.5% belong to more than 60 years. This result indicates that about 59% of the household members are economically active population.

**Table- 3.3 Age Distribution of Household Members**

Districts	Ethnicity	HH Pop.	Mean Age	<5 years	Between 5-10 yrs.	Between 11-17 yrs.	Between 18-30 yrs.	Between 31-40 yrs.	Between 41-50 yrs.	Between 51-60 yrs.	>60 years
		N	Year	N	N	N	N	N	N	N	N
Bandarban	Bangalees	547	22.69	97	78	83	110	88	53	23	15
	EM	716	26.34	92	77	85	203	107	83	49	20
	Total	1263	24.76	189	155	168	313	195	136	72	35
Khagrachari	Bangalees	295	26.01	33	34	45	77	47	32	16	11
	EM	569	26.96	69	60	83	143	84	66	38	26
	Total	864	26.63	102	94	128	220	131	98	54	37
Rangamati	Bangalees	70	29.03	6	9	11	14	14	6	3	7
	EM	1223	27.69	166	93	144	332	195	143	74	76
	Total	1293	27.77	172	102	155	346	209	149	77	83
Total	Bangalees	912	24.25	136	121	139	201	149	91	42	33
	EM	2508	27.14	327	230	312	678	386	292	161	122
	Total	3420	26.37	463	351	451	879	535	383	203	155

The sex ratio for all household members is estimated at 98 (national 100.8 males per 100 females, HIES, 2022). The sex ratio is estimated at 100 for EM household members and 91 for Bangalee household

members. Among the three districts, the sex ratio is estimated at 102 for Rangamati, 98 for Bandarban, and 90 for Khagrachari. This result indicates that the number of female members in the PRLC beneficiary households is high; so it should design female-focused interventions allowing the participation of more women in development.

The average dependency ratio is 67 (the national dependency ratio is 54); 85 in Bangalee’s households and 61 in EM households. The dependency ratio for female-headed households is 78; 64 for EM Community’s households and 93 for Bangalee’s households. The dependency ratio varies in three hill districts. Bandarban accounted for the highest dependency ratio 76, followed by Khagrachari 65, and Rangamati 60. This high dependency ratio indicates potential challenges for the working-age population in terms of providing services for dependents, such as higher healthcare costs, food expenses, and the need for caretaking services. It also impacts the economic growth of the households as resources are diverted away from investments and savings. Rangamati has a low dependency ratio which is a favorable economic condition and greater potential for economic growth.

### 3.4 Marital Status of the Household Members

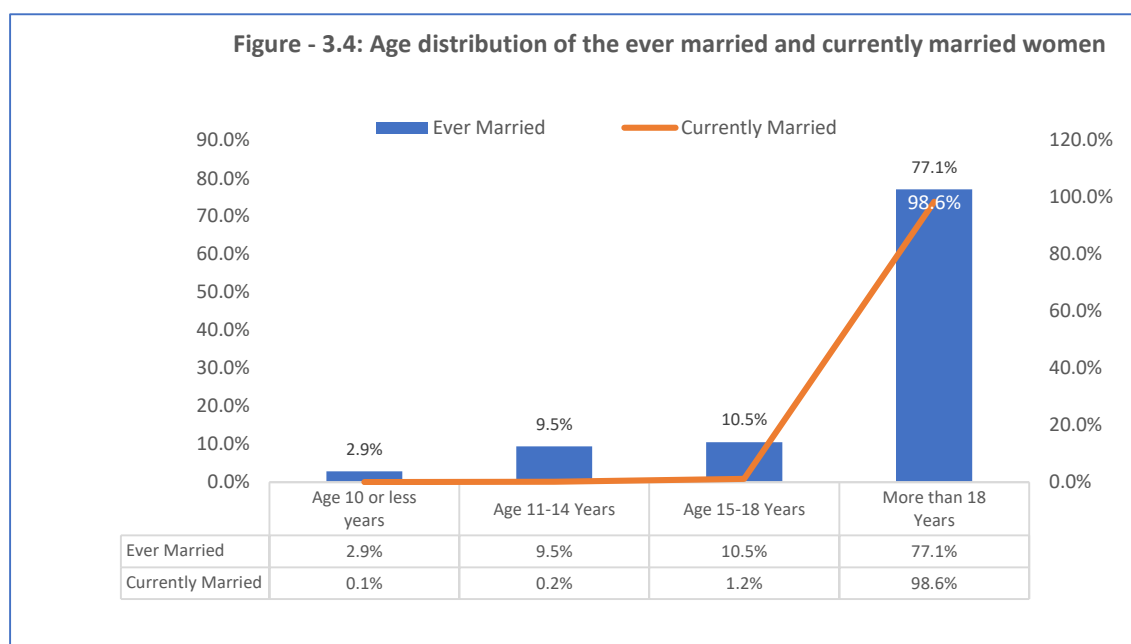
Table 3.4 describes the marital status of the household members. It shows that 65% of the household members (age 9+ years) are currently married, while 5% are widowed, divorced, and lost spouses, and 30% are single. The average number of married people per household is 2.17; EM households have 2.2 and Bangalee households have 2.0. The result also indicates that there is at least one member of the households aged nine years and above is single and every 6<sup>th</sup> household has widowed or divorced women.

**Table- 3.4 Marital Status of Household Population**

Districts	Ethnicity	Total	Married	Single	Widowed	Lost Spouse	Divorced	Separated
		N	N	N	N	N	N	N
Bandarban	Bangalees	386	242	126	13	5	0	0
	EM	565	360	182	14	2	7	0
	Total	951	602	308	27	7	7	0
Khagrachari	Bangalees	236	152	66	14	0	4	0
	EM	451	284	140	22	2	3	0
	Total	687	436	206	36	2	7	0
Rangamati	Bangalees	57	30	21	6	0	0	0
	EM	988	667	278	42	0	1	0
	Total	1045	697	299	48	0	1	0
Total	Bangalees	679	424	213	33	5	4	0
	EM	2004	1311	600	78	4	11	0
	Total	2683	1735	813	111	9	15	0

The Figure 3.4 shows age wise distribution of the ever married and currently married women. It indicates that 77% of the ever married women and 98.6% of the currently married women were married at the age of 18 year and above. Of the ever married and currently married women, 3% and 0.1% were married before 10 years of their age, 9.5% and 0.2% were married between 11-14 years, and 10.5% and 1.2% were married between 15-18 years, respectively. This results indicates that the rate of child marriage in PRLC project areas is significantly lower than the national average (51% of girls in Bangladesh are married before their 18th birthday and 15% are married before the age of 15 years).

Child marriage is more common in rural areas where 54% of girls are married before age 18, compared to 44% in urban areas – Child Marriage Atlas, 2023).



### 3.5 Educational Status of Household Members

Table 3.5a describes the educational status of the household members. It shows that about 70% of the household members aged over 4 years are literate means they have primary and above level education (which is close to national average 75%, Population Census in CHT 2022). About 24% of them have a primary level, 27% have a secondary level, and 4% have higher secondary level education. Very few household members (0.94%) have studied bachelor's and master's level. None of them studied at the vocational or technical training institutes. Only 3% of the household members received non-formal education.

**Table -3.5a Educational Status of Household Members Over 4 Years Old**

Districts	Ethnicity	Total	Illiterate	Pre-primary	Primary	SSC	HSC	Bachelor Master	Diploma	NFE
		N	N	N	N	N	N	N	N	N
Bandarban	Bangalees	450	111	66	117	122	11	0	0	23
	EM	624	185	67	115	143	31	13	0	70
	Total	1074	296	133	232	265	42	13	0	93
Khagrachari	Bangalees	262	19	39	97	91	10	4	1	1
	EM	500	108	69	154	140	24	4	0	1
	Total	762	127	108	251	231	34	8	1	2
Rangamati	Bangalees	64	31	4	10	19	0	0	0	0
	EM	1059	434	92	210	280	32	7	0	4
	Total	1123	465	96	220	299	32	7	0	4
Total	Bangalees	776	161	109	224	232	21	4	1	24
	EM	2183	727	228	479	563	87	24	0	75
	Total	2959	888	337	703	795	108	28	1	99

About 67% of the female household members are literate. The same for Banglee female household members is 80% and EMEM female household member is 62%. Overall, 31% of the female household

members have studied primary level, 28% have studied secondary level, 4% have studied higher secondary level, 0.5% have studied bachelor or masters level, and 4% have attended non-formal education.

**Table-3.5b Educational Status of Household Members by their Age Groups**

Education Level	Age 5-10		Age 11-17		Age 18-30		Age 31-40		Age 41-50		Age 51-60		More than 60	
	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%	N.	%
illiterate	9	2.5%	24	5.3%	155	17.6%	225	42.1%	216	56.4%	137	67.5%	122	78.7%
Pre-primary	155	43.9%	20	4.4%	44	5.0%	49	9.2%	43	11.2%	14	6.9%	12	7.7%
Primary	160	45.3%	116	25.7%	194	22.1%	132	24.7%	62	16.2%	26	12.8%	13	8.4%
Secondary incomplete	16	4.5%	247	54.8%	254	28.9%	76	14.2%	26	6.8%	5	2.5%	1	0.6%
Secondary complete	0	0.0%	33	7.3%	114	13.0%	16	3.0%	6	1.6%	1	0.5%	0	0.0%
Higher Sec. incomplete	0	0.0%	9	2.0%	44	5.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%
Higher Sec. complete	0	0.0%	1	0.2%	48	5.5%	4	0.7%	1	0.3%	0	0.0%	0	0.0%
Bachelors incomplete	0	0.0%	0	0.0%	12	1.4%	2	0.4%	0	0.0%	0	0.0%	0	0.0%
Bachelors complete	0	0.0%	0	0.0%	4	0.5%	5	0.9%	0	0.0%	0	0.0%	0	0.0%
Masters incomplete	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.5%	0	0.0%	0	0.0%
Masters complete	0	0.0%	0	0.0%	2	0.2%	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Diploma	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Non-formal education	13	3.7%	1	0.2%	7	0.8%	25	4.7%	26	6.8%	20	9.9%	7	4.5%
Total	353	100.0%	451	100.0%	879	100.0%	535	100.0%	383	100.0%	203	100.0%	155	100.0%

Table – 3.5b shows that 2.5% of the children (age 5-10 years), 5.3% of the adolescent (age 11-17 years), and 17.6% of the young people (age 18-30 years) are illiterate, never went to school

### 3.6 Occupation of Household Members

Table – 3.6 shows the main occupations of the household members over four years of old. It indicates that more than 27% of household members are students. Among others, 26% are involved in household work and they are almost all female members of the households. Only 0.8% of the male household members are involved in household work. About 21% of the household members are involved in farming, 14% in day laborers, about 2% are doing small business, 1% are involved in salaried jobs, and remaining involved in boat/bike driving, teaching, and fishing. The pattern of occupation was found different in Bangalee household members. Most of them (22%) are involved in day labor, while 5% are involved in farming, 3% in small business, and 4% are involved in other occupations. About 30% of members in the Bagalee households are students and 27% are involved in household work. More than 2% of the household members in Bangalee households are old age people, 2% are unable to do any work (person with disabilities: PwD), and 3% are doing nothing (capable, but didn't do anything).

**Table – 3.6 Main Occupations of Household Members**

Occupation	Bangalees			EM			All (Bangalees & EM)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>N</b>	<b>776</b>	<b>366</b>	<b>410</b>	<b>2183</b>	<b>1086</b>	<b>1097</b>	<b>2959</b>	<b>1452</b>	<b>1507</b>
Farmer	4.5%	9.0%	0.5%	26.3%	42.8%	9.9%	20.6%	34.3%	7.4%
Day laborer	22.3%	40.2%	6.3%	10.6%	15.2%	6.1%	13.7%	21.5%	6.2%
House work	26.9%	0.8%	50.2%	25.4%	0.8%	49.8%	25.8%	0.8%	49.9%
Student	29.9%	27.9%	31.7%	26.4%	27.1%	25.8%	27.3%	27.3%	27.4%
Small business	3.0%	5.7%	0.5%	1.1%	2.0%	0.1%	1.6%	3.0%	0.2%
Service	0.4%	0.8%	0.0%	0.7%	1.0%	0.5%	0.6%	1.0%	0.3%
Driver	1.0%	2.2%	0.0%	0.4%	0.8%	0.0%	0.6%	1.2%	0.0%
Hawkar	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%
Fisherman	0.1%	0.3%	0.0%	0.1%	0.2%	0.0%	0.1%	0.2%	0.0%
Teacher	0.4%	0.5%	0.2%	0.3%	0.6%	0.1%	0.3%	0.6%	0.1%
Fisheries	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%
Maid	0.3%	0.0%	0.5%	0.1%	0.1%	0.2%	0.2%	0.1%	0.3%
Bagger	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Elderly	2.3%	2.2%	2.4%	3.2%	2.9%	3.5%	3.0%	2.8%	3.2%
Child	0.6%	1.1%	0.2%	0.4%	0.6%	0.2%	0.4%	0.7%	0.2%
PwD	1.7%	1.4%	2.0%	2.0%	2.4%	1.5%	1.9%	2.1%	1.7%
Doing nothing	3.4%	5.2%	1.7%	1.6%	2.3%	1.0%	2.1%	3.0%	1.2%
Others	3.0%	2.5%	3.4%	1.0%	0.9%	1.1%	1.5%	1.3%	1.7%
<b>N</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Among the female members of the households, 27% are students, 50% are involved in household work, 7% are farming, 6% are day laboring, 5% are involved in salaried jobs, small business, teaching, and the remaining 5% are not doing anything due to elderly or unable to do any work.

During FGD, young people from extremely poor households said that they had never been to school. They have been working to earn income since their boyhood. Because their parents become older and they cannot earn enough to meet the family's needs. They do not have any specific occupation. To earn some income, they used to cut trees in the forest and sell them in the market as firewood. Sometimes they work as a day laborer. But they cannot work more than 2-3 days a week because there is not enough scope of work for them. They are mostly illiterate and have no skill training. So, taking an alternative income earning is difficult for them.

Only 518 (17.5%) household members have a secondary occupation. Among them, about 56% of the household members are working as a part-time day laborer, 23% are farming, 15% are involved in household work, and only 1% are doing small business, fishing, motorcycle/boat driving, etc. as a secondary occupation. Out of 1507, 243 household female members have a secondary occupation. About 44% of them are farming, 31% are doing household work, 24% are working as day laborers, and 1% doing small business. Young people from extremely poor households considered daily labor as a secondary occupation for them.

### 3.7 Bank Account Status of Household Members

Table – 3.7 presents the bank account status of household members. It reveals that only 1.8% of the household members over 10 years old have a bank account. The rate of having a bank account is comparatively higher among Bangalees than EM. Among the household members in three districts, 3% members in Khagrachari, 2% members in Bandarban, and 1% members in Rangamati have a bank account.

**Table – 2.7 Bank Account Status of Household Members (Over 10 years old)**

Districts	Ethnicity	Household Head			Female HH Head			All Household Members		
		N	Cases	%	N	Cases	%	N	Cases	%
Bandarban	Bangali	121	4	3%	53	1	2%	372	7	2%
	EM	169	7	4%	31	0	0%	547	11	2%
	Total	290	11	4%	84	1	1%	919	18	2%
Khagrachari	Bangali	72	5	7%	11	0	0%	228	7	3%
	EM	147	7	5%	24	1	4%	440	13	3%
	Total	219	12	5%	35	1	3%	668	20	3%
Rangamati	Bangali	14	1	7%	6	0	0%	55	1	2%
	EM	276	6	2%	20	0	0%	964	9	1%
	Total	290	7	2%	26	0	0%	1019	10	1%
Total	Bangali	207	10	5%	70	1	1%	655	15	2%
	EM	592	20	3%	75	1	1%	1951	33	2%
	Total	799	30	4%	145	2	1%	2606	48	2%

Only 4% of all household heads have a bank account; 5% of the Bangalee household heads and 3% of the EM household heads have a bank account. Out of 145 female household heads, only 2 female household heads have a bank account. During FGD, the extremely poor household members mentioned that their livelihood is based on daily earnings which are exhausted to meet their daily needs. They could not save from their earnings rather it always being deficit. So, they never feel for having a bank account.

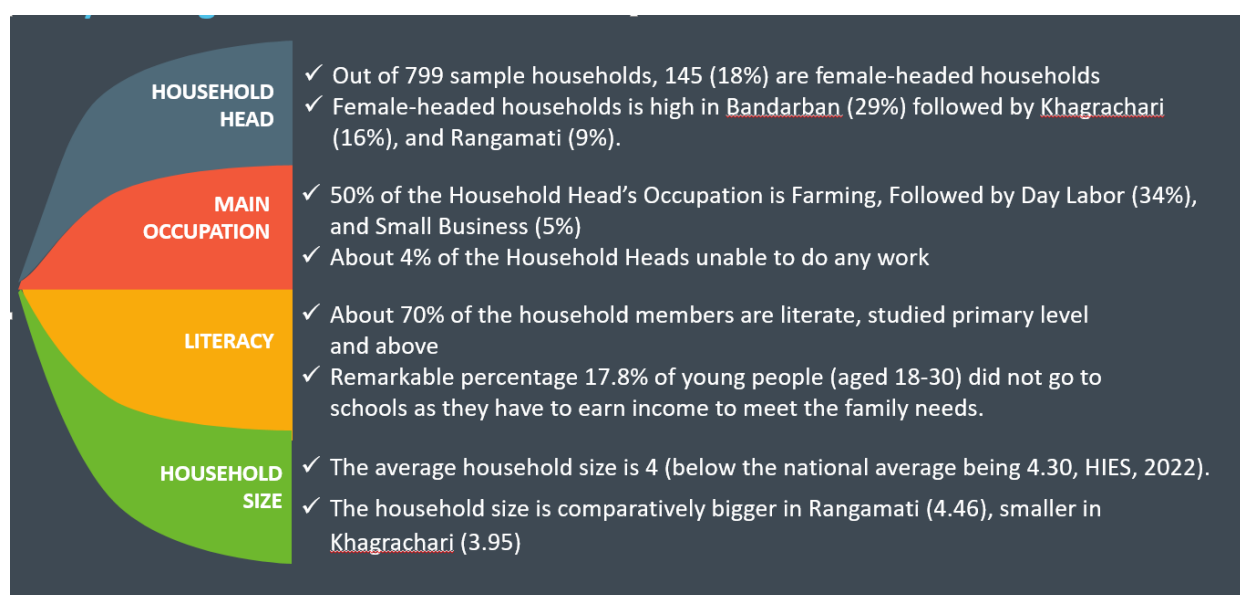
### 3.8 Access to Mobile Financing Services (MFS) for Household Members

Table – 3.8 presents access to mobile financing services by PRLAC beneficiaries. The result reveals that mobile financing services are more prevalent in CHT than bank accounts. About 40% of the household members of the PRLC beneficiary households are operating a mobile banking account for MFS. More than 51% of male and 29% of female household members have a mobile banking account. As with bank accounts, possession of mobile banking accounts is found higher among Bangalee household members than among EM household members. Among the beneficiaries in three districts, possession of a mobile banking account was found higher in Bandarban (48%) followed by Rangamati (37%), and Khagrachari (32%) districts.

**Table – 3.8 Access to Mobile Financing of Household Members (over 10 years old)**

Districts	Ethnicity	Household Head			Female HH Head			Household Members		
		N	User	%	N	User	%	N	User	%
Bandarban	Bangali	121	111	91.7%	53	52	98.1%	372	195	52.4%
	EM	169	136	80.5%	31	28	90.3%	547	249	45.5%
	Total	290	247	85.2%	84	80	95.2%	919	444	48.3%
Khagrachari	Bangali	72	45	62.5%	11	9	81.8%	228	75	32.9%
	EM	147	73	49.7%	24	19	79.2%	440	142	32.3%
	Total	219	118	53.9%	35	28	80.0%	668	217	32.5%
Rangamati	Bangali	14	10	71.4%	6	6	100.0%	55	17	30.9%
	EM	276	201	72.8%	20	20	100.0%	964	356	36.9%
	Total	290	211	72.8%	26	26	100.0%	1019	373	36.6%
Total	Bangali	207	166	80.2%	70	67	95.7%	655	287	43.8%
	EM	592	410	69.3%	75	73	97.3%	1951	747	38.3%
	Total	799	576	72.1%	145	134	92.4%	2606	1034	39.7%

About 72% of the household heads have a mobile banking account; 80% of Bangalee and 69% of EM household heads have a mobile banking account. The same for female household heads is 92%. About 56% of the Bangalee female household heads and 97% of the EM female household heads have a mobile banking account. Among all household members, 40% have a mobile banking account.



## 4. HOUSEHOLD ASSETS

### 4.1 Land Ownership

Figure –4.1a indicates that about 91% of the PRLC beneficiary households own land (mostly homestead land). The land ownership of the PRLC households was comparatively high in Rangamati (94.5%) followed by Bandarban (91.7%) and Khagrachari (84.5%). In Bandarban and Randamati, almost the same proportion of the Bangalee and EM households own land, while in Khagrachari, the proportion of the Bangalee households is far less than the EM households.

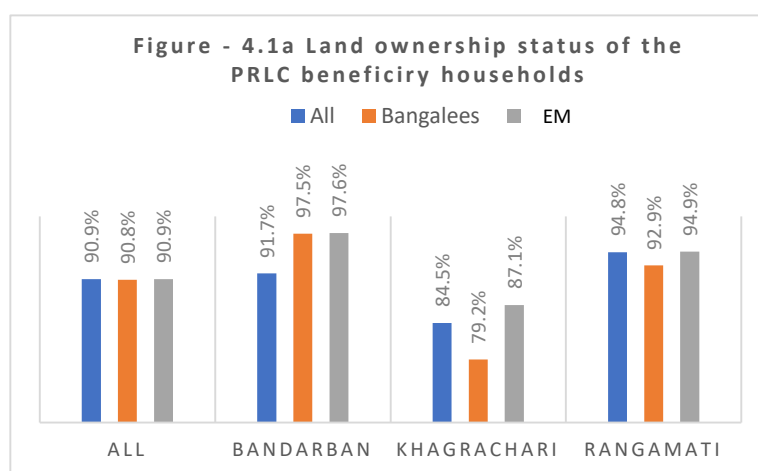


Table – 4.1 describes the land ownership pattern among PRLC beneficiaries. It reveals that land ownership of PRLC beneficiaries in CHT is to be understood along with five major types of ownership: (i) individual registered ownership, (ii) inherited ownership (recorded and/or not recorded with headman) under usufruct rights, (iii) mortgage ownership, (iv) gift ownership, and (v) others such as usufruct rights to ownership of common property (different from that in plain land). For example, if a EM household uses part of *para* common property as homestead or as cultivated land, all members from his/her community/*para* traditionally honor his/her usufruct right of ownership on that part of common property.

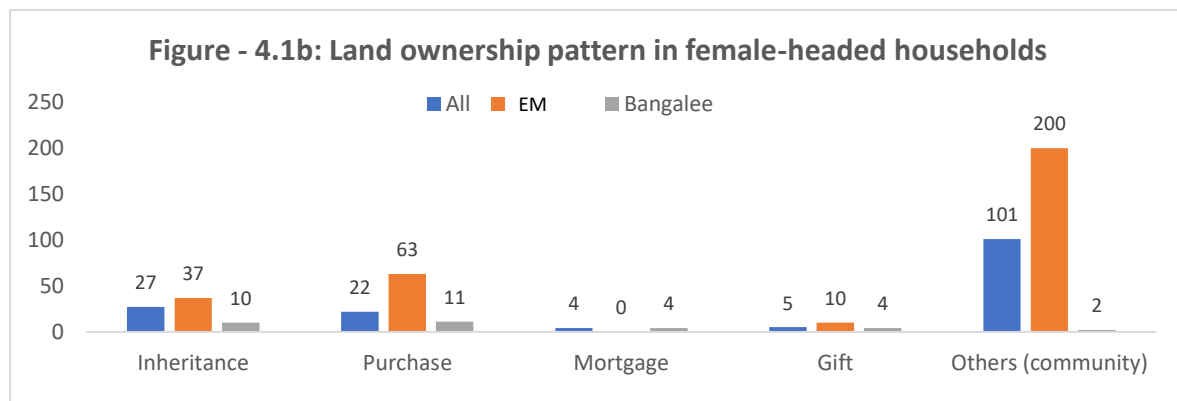
**Table – 4.1 Land Ownership Pattern**

Districts	Ethnicity	Type land ownership (decimal)									
		Amount of inherited land		Amount of Purchased land		Amount of Mortgage land		Amount of Gifted land		Amount of other land	
		HH N	Mean	HH N	Mean	HH N	Mean	HH N	Mean	HH N	Mean
Bandarban	Bangalees	62	11.4	28	9.0	2	45.0	27	2.2	2	2.0
	EM	139	35.5	7	6.7	10	3.0	4	3.3	0	.
	Total	201	28.1	35	8.6	12	10.0	31	2.4	2	2.0
Khagrachari	Bangalees	27	59.4	24	30.2	0	.	10	7.7	1	5.0
	EM	115	58.1	12	70.0	7	65.7	4	15.0	8	26.3
	Total	142	58.4	36	43.4	7	65.7	14	9.8	9	23.9
Rangamati	Bangalees	11	6.8	2	15.0	0	.	0	.	0	.
	EM	260	93.6	3	70.0	3	58.3	2	27.5	8	42.0
	Total	271	90.1	5	48.0	3	58.3	2	27.5	8	42.0
Total	Bangalees	100	23.9	54	18.7	2	45.0	37	3.7	3	3.0
	EM	514	69.9	22	49.9	20	33.3	10	12.8	16	34.1
	Total	614	62.4	76	27.7	22	34.3	47	5.6	19	29.2

The above table shows that the major share of land ownership is inheritance. About 77% of the PRLC households inherited land, which is on average, 62.4 decimal per household. Land ownership from the

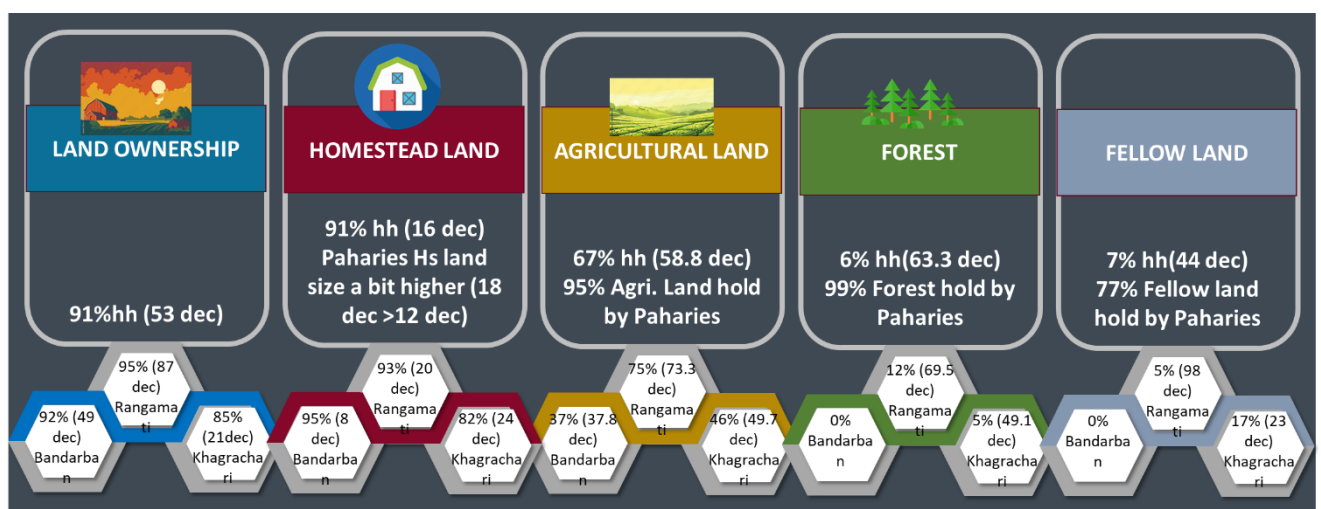
inheritance was found high in EM households (average 69.9 decimals) compared to Bangalee households (average 23.9 decimals). The average share of land purchase (done by 10% of the households), mortgage (done by 3% of households), and gift (got by 6% of households) in household land ownership is 27.7 decimals, 34.3 decimals, 5.6 decimals, respectively. There are also 2.38% of the households which have owned an average 29 decimal lands from common property (as described under category v).

The study found almost the same pattern of land ownership in female-headed households. In FGD, the members of the extremely poor families said that their fathers had no lands; so, they could not inherit any lands. They also could not purchase or take a mortgage of any land as they could hardly save from their daily wage labor.



## 4.2 Current Landholding Status

Table – 4.2 describes the landholding status of the households. It mentions that all the households in the sample owned some land. The average land ownership is 53 decimals per household. An EM household owns on average 65 decimals and a Bangalee household owns on average 18 decimals of land. Household land ownership varies significantly in three districts. The highest amount of land owned per household is found in Rangamati (average 87 decimals) followed by Khagrachari (average 49 decimals), and Bandarban (average 21 decimals). Land owned by Bangalees is significantly lower in Bandarban (9.2 decimals) and Rangamati (7.5 decimals) than in Khagrachari (33.5 decimals). On the contrary, EM households own significantly the highest amount of land in Rangamati (91 decimals) compared to Khagrachari (56.2 decimals) and Bandarban (29.7 decimals).



**Table – 4.2 Current Ownership Status of the Households**

Districts	Ethnicity	All households			Female-headed households		
		N	Mean	Standard Deviation	N	Mean	Standard Deviation
Bandarban	Bangalees	121	9.20	13.38	53	7.38	7.23
	EM	169	29.73	21.88	31	13.06	18.55
	Total	290	21.17	21.35	84	9.48	12.83
Khagrachari	Bangalees	72	33.49	36.80	11	12.27	23.70
	EM	147	56.16	40.81	24	50.63	44.97
	Total	219	48.70	40.87	35	38.57	43.12
Rangamati	Bangalees	14	7.50	5.63	6	2.67	1.75
	EM	276	90.96	99.41	20	38.50	61.69
	Total	290	86.93	98.62	26	30.23	55.95
Total	Bangalees	207	17.53	26.64	70	7.74	11.25
	EM	592	64.84	76.39	75	31.87	44.94
	Total	799	52.58	70.25	145	20.22	35.28

In female-headed households, the average land ownership is 20 decimals per household; the same in EM female-headed households is 32 decimals and in Bangalee’s female-headed households is 8 decimals. The Bangalee female-headed households in Rangamati owned a small amount of land about 3 decimals per household, which is 7 decimals in Bandarban and 8 decimals in Khagrachari. Overall, land ownership of the female-headed household was found comparatively higher in Khagrachari 39 decimals per household followed by Rangamati 30 decimals, and Bandarban 9 decimals.

### 4.3 Landholding by Types

Table – 4.3 shows the types of land owned by the PRLC beneficiary households. The study identified five types of lands (i.e., homestead land, agricultural land, forest land, fellow land, and pond/water bodies) owned by PRLC beneficiary households. All PRLC households owned homestead lands. The average size of the homestead per household is 16 decimals. About 67% of the PRLC households owned agricultural land with an average size of 58.8 decimals per household. The ownership of forest and fellow lands are 6% and 7% with the average size per household being 63.3 and 43.3 decimals, respectively. Very few PRLC households (10) owned ponds or water bodies. The average size of the pond/water bodies is 15.2 decimals per household. The ownership of agricultural and forest lands is found high in Rangamati followed by Khagachari and Bandarban. The study did not find any owners of fellow lands and pond/water bodies in Bandarban. Altogether 5 households (4 in Rangamati and 1 in Khagrachari) owned water bodies and 52 households (37 in Khagrachari and 15 Rangamati) owned fellow lands.

**Table – 4.3 Landholding by Types**

District	Ethnicity	Type of Land Owned (Decimals)									
		Amount of Agri. Land		Amount of Forest land		Amount of Pond/Lake land		Amount of Homestead land		Amount of Fellow land	
		HH N	Mean	HH N	Mean	HH N	Mean	HH N	Mean	HH N	Mean
Bandarban	Bangalees	6	28.3	1	5.0	0	0.0	118	7.9	0	0.0
	EM	101	38.4	0	0.0	0	0.0	158	7.3	0	0.0
	Total	107	37.8	1	5.0	0	0.0	276	7.6	0	0.0
Khagrachari	Bangalees	19	44.5	0	0.0	0	0.0	57	20.8	12	31.9
	EM	82	50.9	11	49.1	1	20.0	123	25.0	25	18.2
	Total	101	49.7	11	49.1	1	20.0	180	23.6	37	22.6
Rangamati	Bangalees	0	0.0	0	0.0	0	0.0	13	8.1	0	0.0
	EM	217	73.3	35	69.5	4	14.0	257	20.4	15	97.7
	Total	217	73.3	35	69.5	4	14.0	270	19.8	15	97.7
Total	Bangalees	25	40.6	1	5.0	0		188	11.8	12	31.9
	EM	400	59.9	46	64.6	5	15.2	538	17.6	40	48.0
	Total	425	58.8	47	63.3	5	15.2	726	16.1	52	44.3

#### 4.4 Housing

Table – 4.4 presents the housing status of the PRLC beneficiary households. It shows that all the PRLC beneficiary households own houses. The average number of houses owned per household is 1.01; the same for EM households is 1.01 and for Bangalee households is 1.03. Among the three hill districts, the average ownership of houses per household is 1.02 in Bandarban, 1.03 in Khagrachari, and 1.00 in Rangamati. The ownership of houses in female-headed households was found almost the same. The average ownership of houses is 1.03 per female-headed household; each Bangalee female-headed household owns 1.06 and the EM female-headed household owns 1.00 houses.

**Table – 4.4 Ownership of Houses**

Districts	Ethnicity	All households			Female-headed households		
		N	Mean	SD	N	Mean	SD
Bandarban	Bangalees	121	1.04	0.37	53	1.08	0.55
	EM	169	1.00	0.00	31	1.00	0.00
	Total	290	1.02	0.24	84	1.05	0.44
Khagrachari	Bangalees	72	1.01	0.12	11	1.00	0.00
	EM	147	1.03	0.27	24	1.00	0.00
	Total	219	1.03	0.23	35	1.00	0.00
Rangamati	Bangalees	14	1.00	0.00	6	1.00	0.00
	EM	276	1.00	0.00	20	1.00	0.00
	Total	290	1.00	0.00	26	1.00	0.00
Total	Bangalees	207	1.03	0.29	70	1.06	0.48
	EM	592	1.01	0.14	75	1.00	0.00
	Total	799	1.01	0.19	145	1.03	0.33

## 4.5 Status of Main House (Construction Materials)

Table – 4.5 describes the construction materials of the main houses of PRLC beneficiary households. It reveals that the main houses of the majority (94% or more) of PRLC beneficiary households are *kutch* means their floor is made of either mud or bamboo, the fence is made of either mud or straw stick or tin, and the roof is made of either straw stick or tin or tent. On the other hand, 4% of the households owned a *semi-pucca* main house means their floors and fences are made of either brick soling or concrete, and the roof is made of tin. Comparatively, EMEM own more *semi-pucca* houses than Bangalees. Overall, 18% of the households have a main house with inadequate materials in floors, fences, and roofs. On average, 56% of the houses (62% Bangalees and 38% EMEM households) have no electric connection. The female-headed households have the same main houses as described above.

**Table 4.5: Construction Materials of Main Houses (All households)**

House components	Materials	Bandarban (#)			Khagrachari (#)			Rangamati (#)			Total (#)		
		Bangalees	EM	Total	Bangalees	EM	Total	Bangalees	EM	Total	Bangalees	EM es	Total
	N	121	169	290	72	147	219	14	276	290	207	592	799
Floor	Mud	109	64	173	69	121	190	14	212	226	192	397	589
	Wood/Bamboo	2	92	94	3	16	19	0	51	51	5	159	164
	Semi Pacca	8	13	21	0	8	8	0	5	5	8	26	34
	Concrete	2	0	2	0	2	2	0	8	8	2	10	12
Fence	Mud	23	3	26	2	3	5	2	17	19	27	23	50
	Wood/Bamboo /Straw/Stick	31	151	182	37	133	170	11	255	266	79	539	618
	Tin	55	5	60	32	2	34	1	2	3	88	9	97
	Semi Pacca	12	10	22	0	7	7	0	0	0	12	17	29
	Concrete	0	0	0	1	2	3	0	2	2	1	4	5
Roof	Wood/Bamboo /Straw/Stick	4	8	12	12	31	43	0	44	44	16	83	99
	Tin	114	161	275	60	116	176	13	231	244	187	508	695
	Tent	3	0	3	0	0	0	1	1	2	4	1	5
	Concrete												

## 4.6 Ownership of Furniture and other Assets

Table – 4.6 describes ownership of the furniture and other assets in PRLC households. It shows that 44% of the PRLC households have some furniture and other assets in their houses. The average number of furniture and other assets owned per household is 3. In terms of ownership of furniture and other assets, EM households are in a better position as compared to their Bangalee counterparts. Around 3.3% of the PRLC beneficiary households owned gold. The fact is that all the owners of the gold are EM households. Besides, 4% of the household owned a television, 0.5% owned a refrigerator, 14% owned an electric fan, 1.5% owned a motorcycle, and 80% owned a mobile.

**Table –4.6 Ownership of Furniture and Other Assets**

Districts	Ethnicity	HH N	Furniture	Gold	TV	Refrigerator	Fan	Shop	Bi-cycle	Motor cycle	Mobile	Rickshaw
Bandarban	Bangalees	95	46	0	1	3	14	3	1	3	85	0
	EM	71	17	0	2	1	3	1	0	3	96	1
	Total	166	63	0	3	4	17	4	1	6	181	1
Khagrachari	Bangalees	46	28	1	5	0	17	1	0	0	66	0
	EM	117	55	21	8	0	36	1	0	1	122	0
	Total	163	83	22	13	0	53	2	0	1	188	0
Rangamati	Bangalees	13	4	0	1	0	6	0	0	0	13	0
	EM	264	117	4	11	0	32	1	0	5	260	0
	Total	277	121	4	12	0	38	1	0	5	273	0
Total	Bangalees	154	78	1	7	3	37	4	1	3	164	0
	EM	452	189	25	21	1	71	3	0	9	478	1
	Total	606	267	26	28	4	108	7	1	12	642	1

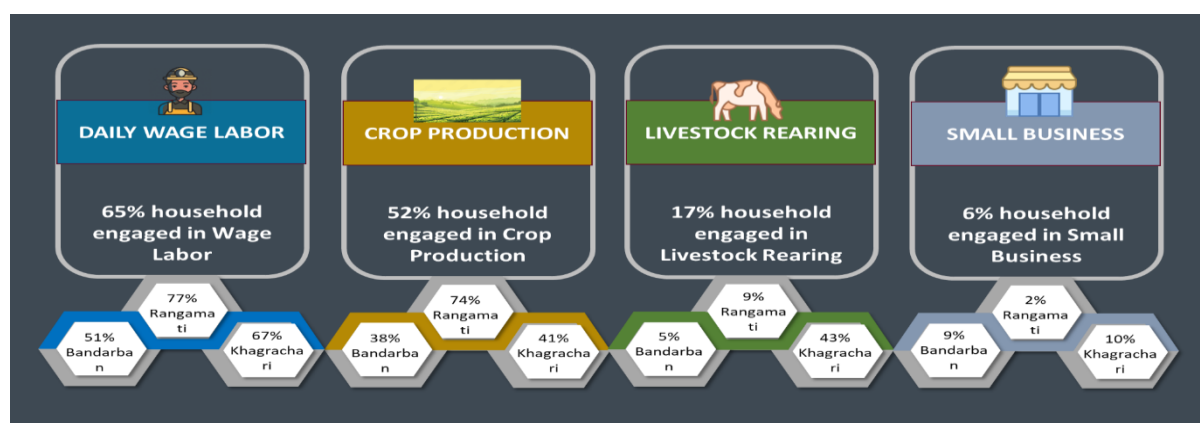
#### 4.7 Ownership of Animal, Bird, and Agriculture Machineries

Table – 4.7 presents ownership of animals, birds, and agriculture machinery in the PRLC beneficiary households. The result reveals that out of 799, 142 (18%) PRLC beneficiary households have lambs/goats with ownership of 1 lambs/goats per household. Similarly, 8 households have coals/pigeons with 11 coals/pigeons per household, 34 households have boats with 1 boat per household, and 226 households have agriculture machinery for crop cultivation with 4 machinery per household. Bangalee households have no lambs/goats and EM households have no birds (coals/pigeons). The boat is not available in Bandarban and Khagrachari and agriculture machineries are not available in Bandarban. Only eight EM households owned fishing nets with about two nets per household. Only one EM household in Bandarban owned a rickshaw.

**Table – 4.7 Ownership of Animal, Bird, and Agricultural Machineries**

District	Ethnicity	Lamb/Goat		Bird		Boat		Agri. Machinery		Fishing net		Rickshaw	
		HH	Mean	HH	Mean	HH	Mean	HH	Mean	HH	Mean	HH	Mean
Bandarban	Bangalees	0	0	2	11	0	0	0	0	0	0	0	0
	EM	34	2	0	0	0	0	0	0	0	0	1	1
	Total	34	2	2	11	0	0	0	0	0	0	1	1
Khagrachari	Bangalees	0	0	6	11	0	0	28	3	0	0	0	0
	EM	48	1	0	0	0	0	76	4	0	0	0	0
	Total	48	1	6	11	0	0	104	3	0	0	0	0
Rangamati	Bangalees	0	0	0	0	5	1	1	1	0	0	0	0
	EM	60	1	0	0	29	1	121	4	8	1.75	0	0
	Total	60	1	0	0	34	1	122	4	8	1.75	0	0
Total	Bangalees	0	0	8	11	5	1	29	3	0		0	0
	EM	142	1	0	0	29	1	197	4	8	1.75	1	1
	Total	142	1	8	11	34	1	226	4	8	1.75	1	1

## 5. HOUSEHOLD LIVELIHOODS ANALYSIS



### 5.1 Means of Livelihood

Table – 5.1 describes the means of livelihood in the PRLC beneficiary households. The analysis of the multiple responses to the livelihood question indicates agriculture and daily wage labor as mostly reported means of livelihood for PRLC beneficiary households. About 76% of the households mentioned agriculture, 65% of the households mentioned daily wage labor, 6% mentioned small business, 2% mentioned rickshaw pulling, and 3% mentioned salaried jobs as means for the livelihood. Among the households which mentioned agriculture as means of livelihood, 52% of them mentioned crop production, 17% mentioned livestock, and 0.1% mentioned fisheries as means of livelihood.

**Table – 5.1 Means of Livelihood for PRLC Beneficiary Households**

Districts	Ethnicity	Key Livelihood Strategy of the household (% of Household) N=799							
		Agriculture				Small Business	Pulling Rickshaw	Day Labor	Others
		Crop Prod.	Livestock	Aquaculture	All Together				
Bandarban	Bangalees	9.1%	0.8%	0.0%	45.5%	9.1%	2.5%	82.6%	1.7%
	EM	58.0%	7.7%	0.0%	73.4%	8.3%	0.6%	27.8%	5.9%
	Total	37.6%	4.8%	0.0%	61.7%	8.6%	1.4%	50.7%	4.1%
Khagrachari	Bangalees	23.6%	38.9%	0.0%	80.6%	18.1%	4.2%	61.1%	4.2%
	EM	49.0%	44.2%	0.7%	92.5%	5.4%	0.7%	69.4%	5.4%
	Total	40.6%	42.5%	0.5%	88.6%	9.6%	1.8%	66.7%	5.0%
Rangamati	Bangalees	0.0%	0.0%	0.0%	14.3%	0.0%	0.0%	100.0%	0.0%
	EM	77.9%	9.8%	0.0%	84.1%	1.8%	1.4%	76.1%	1.1%
	Total	74.1%	9.3%	0.0%	80.7%	1.7%	1.4%	77.2%	1.0%
Total	Bangalees	13.5%	14.0%	0.0%	55.6%	11.6%	2.9%	76.3%	2.4%
	EM	65.0%	17.7%	0.2%	83.1%	4.6%	1.0%	60.6%	3.5%
	Total	51.7%	16.8%	0.1%	76.0%	6.4%	1.5%	64.7%	3.3%

Table 5.1 also shows that Bangalees are mostly at daily wage labor. Almost all Bangalees in Rangamati, 83% in Bandarban, and 61% in Khagrachari are earning their livelihood from daily wage labor. On the other hand, most of the EM are at crop production in Rangamati (78%) and Bandarban (58%), and daily wage labor in Khagrachari (69%).

## 5.2 Crop Production

### 5.2.1 Households' Involvement in Crop Production

The study found 14 crops cultivated in the region. Of them, seven crops such as rice, turmeric, papaya, vegetables, ginger, banana, and pineapple are mentioned as major crops for the involvement of PRLC beneficiary households. Table 5.2.1 provides insights into the major crops cultivated by households in three hill districts (Bandarban, Khagrachari, and Rangamati), categorized by EMEM and Bangalees households. It indicates that rice cultivation is widespread across the regions with high involvement of EM households. The vegetable is the second major crop in the area cultivated with high involvement of Bangalee households. Among other crops, EMEM are leading Turmeric, Papaya, Ginger, and Banana cultivation, and Bangalees are leading pineapple cultivation. Turmeric, papaya, ginger, banana, and pineapple are considered high-value crops in the CHT area.

Within three hill districts, Bangalees are not involved in crop cultivation in Rangamati but they have comparatively highest involvement in vegetable production in Bandarban and Khagrachari. Among other crops, around 9% of Bangalee households cultivated turmeric and banana but none of them cultivated papaya, ginger, and pineapple in Bandarban. However, a good trend is observed in Khagrachari where Bangalee households have increased their involvement in cultivating a variety of fruits and spice crops. Especially, they have significantly increased their involvement in pineapple production in this area.

On the other hand, rice cultivation is widespread in EMEM' households in all three districts. This mostly happened due to their higher land ownership which provided them with options to cultivate various crops. However, EMEM are also significantly involved in turmeric and vegetable production in Bandarban and leading other fruits and spice crops production in this area. In Khagrachari, EMEM' involvement in overall crop production is lower than in Bandarban. Especially, their involvement in spice crops and vegetable production is significantly lower than Bangalee's households. However, they are still leading the production of turmeric and bananas in this area. Overall, cropping intensity (number of crops cultivated in a land per year) is high for EMEM in Bandarban and Bangalees in Khagrachari.

**Table – 5.2.1 Households' Involvement in Different Crop Cultivation**

Districts	Ethnicity	Crop Cultivation by PRLC Beneficiaries (% of Household)						
		Rice	Turmeric	Papaya	Vegetables	Ginger	Banana	Pineapple
Bandarban	Bangalees	81.8%	9.1%	0.0%	90.9%	0.0%	9.1%	0.0%
	EM	98.0%	82.7%	28.6%	83.7%	31.6%	29.6%	2.0%
	Total	96.3%	75.2%	25.7%	84.4%	28.4%	27.5%	1.8%
Khagrachari	Bangalees	52.9%	5.9%	5.9%	88.2%	5.9%	17.6%	47.1%
	EM	95.8%	26.4%	5.6%	15.3%	1.4%	25.0%	5.6%
	Total	87.6%	22.5%	5.6%	29.2%	2.2%	23.6%	13.5%
Rangamati	Bangalees	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	EM	93.0%	16.3%	0.0%	62.3%	1.9%	7.0%	0.0%
	Total	93.0%	16.3%	0.0%	62.3%	1.9%	7.0%	0.0%
Total	Bangalees	64.3%	7.1%	3.6%	89.3%	3.6%	14.3%	28.6%
	EM	94.8%	35.1%	8.3%	59.0%	9.4%	16.1%	1.6%
	Total	92.7%	33.2%	8.0%	61.0%	9.0%	16.0%	3.4%

## 5.2.2 Land Coverage of Crops

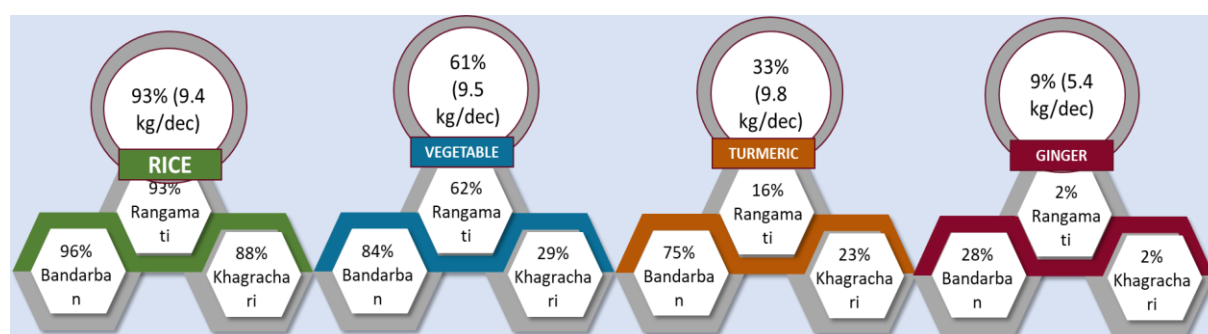
Table – 5.2.2 describes the land coverage under six major crops (rice, vegetable, pineapple, turmeric, banana, and ginger) cultivated by PRLC beneficiary households. The average land size was found high for rice (41.25 decimals) followed by turmeric (31.68 decimals), banana (24.33), pineapple (22.73), vegetable (17.23 decimals), and ginger (17.23 decimals). Land coverage under rice is dominating in all three districts. However, rice, turmeric, ginger, and banana accounted for higher land coverage in Rangamati than in other districts. The pineapple production is dominating in Khagrachari district with the average land size 22.73 decimals. The land coverage for vegetables is slightly higher in Khagrachari than in Bandarban and Rangamati.

**Table – 5.2.2 Land Coverage (decimals) under Major Crops**

Districts	Ethnicity	Rice Mean	Vegetable Mean	Ginger Mean	Pineapple Mean	Banana Mean	Turmeric Mean
Bandarban	Bangalee	46.25	22.50	0.00	0.00	10.00	30.00
	EM	29.57	18.15	9.79	0.00	25.00	28.93
	Total	30.88	18.67	9.79	0.00	23.13	28.95
Khagrachari	Bangalee	27.78	23.21	20.00	22.86	13.33	25.00
	EM	46.52	14.09	20.00	22.50	17.78	18.95
	Total	44.36	19.20	20.00	22.73	17.14	19.52
Rangamati	Bangalee	0.00	0.00	0.00	0.00	0.00	0.00
	EM	45.52	15.97	41.25	0.00	34.38	42.08
	Total	45.52	15.97	41.25	0.00	34.38	42.08
Total	Bangalee	36.47	22.92	20.00	22.86	12.50	26.67
	EM	41.48	16.60	14.48	22.50	25.49	31.80
	Total	41.25	17.23	14.67	22.73	24.33	31.68

## 5.2.3 Crop Production

Tables - 5.2.3 presents the production status of six major crops (rice, vegetable, pineapple, turmeric, banana, and ginger) in the last year. It shows that the average rice production in the CHT area was 9.4 kg per decimal. The production of rice varies between EM and Bangalee's households at rates of 9.5 kg per decimal and 7.1 kg per decimal, respectively. Within three districts, Khagrachari accounted for the highest production of rice (14.4 kg per decimal) followed by Rangamati (8.6 kg per decimal) and Bandarban (7.1 kg per decimal). Khagrachari also accounted for higher production of other crops, i.e., vegetables, ginger, banana, and pineapple followed by Rangamati and Khagrachari. The overall crop production in Bandarban is lower than other two districts. Pineapple production is yet to start in Bandarban. The crop-wise analysis of data indicates that Bangalees were at higher rates in producing turmeric and banana, while EM were at higher rates in producing vegetables, ginger, and pineapple.



**Table – 5.2.3a Overall Crop Production Status in PRLC Beneficiary Household**

Districts	Ethnicity	Mean Production (Kg/Decimal)					
		Rice	Turmeric	Vegetable	Ginger	Banana	Pineapple
Bandarban	Bangalees	5.5	6.3	4.9	0.0	2.0	0.0
	EM	7.2	6.4	3.8	4.7	6.3	0.0
	Total	7.1	6.4	3.9	4.7	5.7	0.0
Khagrachari	Bangalees	8.5	12.1	10.1	7.5	35.0	11.8
	EM	15.2	13.7	19.3	15.0	33.7	16.5
	Total	14.4	13.6	14.2	11.3	33.9	13.5
Rangamati	Bangalees	0.0	0.0	0.0	0.0	0.0	0.0
	EM	8.6	12.8	12.0	6.6	10.3	0.0
	Total	8.6	12.8	12.0	6.6	10.3	0.0
Total	Bangalees	7.1	10.2	8.0	7.5	26.8	11.8
	EM	9.5	9.7	9.6	5.3	19.9	16.5
	Total	9.4	9.8	9.5	5.4	20.5	13.5

The female headed households are not producing all the six crops. In Bandarban, they produce four crops such as rice, turmeric, vegetable, and ginger, while in Khagrachari they produce five crops, i.e., rice, turmeric, vegetable, pineapple, and Banana, and in Ragamati they produce three crops, i.e, rice, turmeric, and vegetable. The rate of crop production (kg/decimale) in female headed households found higher than male headed households. The female headed households produced rice, turmeric, ginger, pineapple, and banana at the rate of 14.15, 9.87, 6.25, 22.5, and 23.75 kg/decimal, while same produced by the male headed households at the rate of 9.07, 9.75, 5.26, 11.50, and 20.16 kg/decimal. The rate of vegetable production in female headed households found lower (6.35kg/decimal) than male headed households (9.62 kg/decimal).

**Table – 5.2.3b Crop Production by Female Headed Households**

Districts	Ethnicity	Mean Production (kg/decimal)					
		Rice	Turmeric	Vegetable	Ginger	Pineapple	Banana
Bandarban	Bangalee	8.67		6.83			
	EM	13.01	3.67	4.33	6.25		
	Total	11.56	3.67	5.27	6.25		
Khagrachari	Bangalee	18.00	11.67				
	EM	16.23	14.20	15.00		22.50	23.75
	Total	16.38	13.78	15.00		22.50	23.75
Rangamati	Bangalee						
	EM	13.45	5.00	6.33			
	Total	13.45	5.00	6.33			
Total	Bangalee	11.00	11.67	6.83			
	EM	14.72	9.67	6.19	6.25	22.50	23.75
	Total	14.15	9.87	6.35	6.25	22.50	23.75

## 5.2.4 Use of Improved Crop Production Technologies

Table – 5.2.4 provides information on the use of improved technologies by PRLC beneficiary households in the last year. It reveals that a relatively small percentage of households (25%) used improved crop production technologies in the last year. The EM households used it more than Bangalee’s households. In Bandarban, neither the Bangalees’ nor the EM’ households, and in Rangamati Bangalee’s households did not use improved crop production technologies. In Khagrachari, a few Bangalees’ and EM households have improved technologies with an average cultivated area of 27.5 decimals and 40.0 decimals, respectively. In Rangamati, a significant percentage of EM households (45.6%) have used improved technologies with a mean cultivated area of 52 decimals.

**Table 5.2.4 Status of the Use of Improved Crop Production Technologies by Households**

Districts	Ethnicity	Total of HHs cultivating crops	Used of Improved Technologies in Crop Production		Not Used of Improved Technologies in Crop Production		Mean Area under Improved Crop Production Technologies	
		N.	N.	%	N.	%	Decimals	SD
Bandarban	Bangalees	11	0	0.0%	11	100.0%	0.00	0.00
	EM	98	0	0.0%	98	100.0%	0.00	0.00
	Total	109	0	0.0%	109	100.0%	0.00	0.00
Khagrachari	Bangalees	17	4	23.5%	13	76.5%	27.50	9.57
	EM	72	4	5.6%	68	94.4%	40.00	0.00
	Total	89	8	9.0%	81	91.0%	33.75	9.16
Rangamati	Bangalees	0	0	0.0%	0	0.0%	0.00	0.00
	EM	215	98	45.6%	117	54.4%	52.50	34.71
	Total	215	98	45.6%	117	54.4%	52.50	34.71
Total	Bangalees	28	4	14.3%	24	85.7%	27.50	9.57
	EM	385	102	26.5%	283	73.5%	52.01	34.10
	Total	413	106	25.7%	307	74.3%	51.08	33.81

In the KII, the extension officers from the Department of Agricultural Extension (DAE) mentioned that hill agriculture is far behind plainland agriculture in respect of adopting technology. They are encouraging *Jum* farmers to cultivate BIRI 48 and 83 and many *Jum* farmers have accepted it due to its high productivity. Meanwhile, *Jum* farming is turning towards horticulture because they can harvest several times a year. By this time, a lot of fruit orchards had been established in the *Jum* lands. Many mountains are growing mangoes which are now being exported to the plain land. So, hill agricultural systems have become more commercialized and many new entrepreneurs have emerged and producing, mangos, guava, vegetables, etc. commercially. The production of fruits and vegetables on these farms has increased due to the practice of advanced farming systems. NGOs and government projects are supporting these entrepreneurs.

## 5.2.5 Training and Extension Services

Table – 5.2.5 provides information on the training and extension services received by PRLC beneficiary households in the last year. The result reveals that none of the PRLC beneficiary households in Rangamati, Bandarban, and Khagrachari received extension services from the government field extension workers on crop production. As a reason for not receiving extension services, 52% of the households did not communicate with the field extension workers for any support, 12% of the

households communicated with the field workers but they did not give time, and 36% of the households could not approach any field workers because their positions were vacant.

**Table 5.2.5 Status of Receiving Training and Extension Services for Crop Production**

Districts	Ethnicity	Number of HHs cultivating crops	Household Received Crop Production Training		Households not Received Crop Production Training		Household Received Extension Services	
			N	%	N	%	N	%
Bandarban	Bangalees	11	1	9.1%	10	90.9%	0	0.0%
	EM	98	0	0.0%	98	100.0%	0	0.0%
	Total	109	1	0.9%	108	99.1%	0	0.0%
Khagrachari	Bangalees	17	0	0.0%	17	100.0%	0	0.0%
	EM	72	0	0.0%	72	100.0%	0	0.0%
	Total	89	0	0.0%	89	100.0%	0	0.0%
Rangamati	Bangalees	0	0	0.0%	0	0.0%	0	0.0%
	EM	215	2	0.9%	213	99.1%	0	0.0%
	Total	215	2	0.9%	213	99.1%	0	0.0%
Total	Bangalees	28	1	3.6%	27	96.4%	0	0.0%
	EM	385	2	0.5%	383	99.5%	0	0.0%
	Total	413	3	0.7%	410	99.3%	0	0.0%

Out of 413, only 3 household representatives (1 Bangalee in Bandarban and 2 EM in Rangamati) have received training on crop production. None from Khagrachari received crop production training last year. The most prevailing reasons for not receiving training vary, with the most common reasons not being offered the opportunity to participate in training or not feeling the training was necessary. Thus, the data suggest a low prevalence of crop cultivation training across regions.

During the Key Informant Interviews, the extension officers of DAE from Bandarban mentioned that they have 22 blocks and each block has manpower; so there is no way to be deprived of getting the extension services. The extension officer from Rangamati mentioned that they have a lack of sufficient manpower but they were working hard in the remote areas for providing the extension services to the farmers. The DAE is providing extension services through three Assistant Agriculture Officers and Block Supervisors in each union. In addition to that the extension officers and block supervisors are present in the market days, two days a week, where farmers from different places come to get advice. He added that Sub-Assistant Agricultural Officers play an important role in providing advice to the farmers. They also provide disaster alerts through various apps so there is an advance message to the farmers about when it will rain and when there will be a flood. During emergencies, no one can stay on leave, they have to be in the field to help the farmers. For example, they advise farmers on how to protect themselves from landslides and save crops. They also advise farmers to make drains in the crop fields to drain out the rainwater. They also supply seeds to the farmers affected by any disasters.

### 5.2.6 Crop Marketing

Table – 5.2.6 presents the status of crop marketing by PRLC beneficiary households. It reveals that out of 413 crop-cultivating households, 240 households sold their crops last year; 97% of them sold their products in the local market and 3% sold from their homes. Comparatively, Bangalees' households have sold more of their products from home than the EM households. This is mostly happened in Bandarban

district. However, all EM households and Bangalee’s households in Khagrachri and all EM households in Rangamati districts have sold their products in the local markets. The EM households sold their products more in the local markets because both female and male members of the EM households could go to the market to sell their products which is restricted for females in the Bangalee households.

None of the households sold their crops via *Faria* (retailers), *Aratders* (wholesalers), and crop collection centers. There are no crop collection centers in the study areas and the majority of farmers have no connection with *Faria* (retailers) and *Aratders* in the local markets.

**Table – 5.2.6 Status of Crop Marketing**

Districts	Ethnicity	Number of HHs cultivating crops	Crop sold by households in last year		Major entities for crop marketing				
					Sold in Local Market	Sold from Home	Sold to crop retailers	Sold to Whole-sellers	Sold via collection centers
					N.	N.	%	%	%
Bandarban	Bangalees	11	7	63.6%	42.9%	57.1%	0.0%	0.0%	0.0%
	EM	98	84	85.7%	98.8%	1.2%	0.0%	0.0%	0.0%
	Total	109	91	83.5%	94.5%	5.5%	0.0%	0.0%	0.0%
Khagrachari	Bangalees	17	11	64.7%	100.0%	0.0%	0.0%	0.0%	0.0%
	EM	72	26	36.1%	100.0%	0.0%	0.0%	0.0%	0.0%
	Total	89	37	41.6%	100.0%	0.0%	0.0%	0.0%	0.0%
Rangamati	Bangalees	0	0	0.0	0.0	0.0	0.0	0.0	0.0
	EM	215	112	52.1%	97.3%	1.8%	0.0%	0.0%	0.0%
	Total	215	112	52.1%	97.3%	1.8%	0.0%	0.0%	0.0%
Total	Bangalees	28	18	64.3%	77.8%	22.2%	0.0%	0.0%	0.0%
	EM	385	222	57.7%	98.2%	1.4%	0.0%	0.0%	0.0%
	Total	413	240	58.1%	96.7%	2.9%	0.0%	0.0%	0.0%

In KIIs, the extension officers from Bandarban mentioned that there is no provision for the storage of crops in hilly regions. The farmers are forced to sell their products due to the lack of storage facilities. They do not get fair prices of their products due to market syndicate. In addition to that farmers have to pay various types of taxes at 2-3 places if they would like to sell their products outside of their area. Thus, farmers could not make much profit from their products. They requested the authority to waive these taxes and set up many cold storages so that they could make choices about when they would market their products.

### 5.2.7 Input Collection

Table – 5.2.7 provides information about input collection by the PRLC beneficiary households. The results from multiple responses reveal that most of the households collected inputs (i.e., seed, fertilizer, and pesticides) for crop production from the local markets. However, a significant number of the households, particularly EM households collected inputs from their own sources. Only one of EM households collected seed from the community seed bank. They were satisfied with this seed. Most of the households did not know about the community seed bank. Those who know the community seed bank did not go there because it was far away from their residence and its price is higher than the local market.

**Table – 5.2.7 Status of input collection by households**

Districts	Ethnicity	Number of HHs	Collection of seeds (Multiple responses)				Collection of fertilizer (Multiple responses)				Collection of pesticides (Multiple responses)		
			Local market	Own	Community seed bank	Dealers	Local market	Dealers	Own	Others	Local Market	Own	Others
Bandarban	Bangalees	11	10	1	0	N.	11	0	0	0	11	0	0
	EM	98	38	97	0	0	96	0	37	0	98	36	1
	Total	109	48	98	0	0	107	0	37	0	109	36	1
Khagrachari	Bangalees	17	15	4	0	0	17	0	1	0	17	1	0
	EM	72	64	9	0	0	70	0	3	0	71	3	0
	Total	89	79	13	0	0	87	0	4	0	88	4	0
Rangamati	Bangalees	0	0	0	0	0	0	0	0	0	0	0	0
	EM	215	194	46	1	0	213	10	1	3	213	0	1
	Total	215	194	46	1	0	213	10	1	3	213	0	1
Total	Bangalees	28	25	5	0	0	28	0	1	0	28	1	0
	EM	385	296	152	1	0	379	10	41	3	382	39	2
	Total	413	321	157	1	0	407	10	42	3	410	40	2

### 5.2.8 Recommendations on Crop Production:

**Enhanced Access to Crop Production Technologies:** Increase efforts to introduce and disseminate improved crop production technologies, particularly among Paharie and Bangalee households in Bandarban and Khagrachari. Targeted programs should focus on expanding the use of high-yield crop varieties and advanced horticultural practices to boost productivity.

**Strengthening Agricultural Training and Extension Services:** Address the severe gaps in training and extension services by increasing manpower and outreach, especially in Rangamati and Khagrachari. Initiatives could include mobile agricultural training units and community-based extension services to reach remote areas more effectively.

**Promoting Crop Diversification:** Encourage diversification of crops beyond rice, especially focusing on high-value crops like turmeric, ginger, and horticultural products that have shown potential in the region. This could enhance income stability and market resilience for local farmers.

**Improving Market Access and Infrastructure:** Develop better market infrastructure, including storage facilities and transport networks, to reduce the reliance on local markets and allow farmers to sell crops at better prices. Additionally, creating crop collection centers and facilitating connections with wholesalers could increase market reach and income for farmers.

**Policy Advocacy for Fair Pricing and Tax Reforms:** Advocate for policy changes to address the market syndicate issues and high taxation that reduce farmer profits. This could involve working with local governments to streamline tax processes and ensure fair pricing mechanisms in the market.

**Support for Commercial Horticulture and Entrepreneurship:** Promote commercial horticulture through the establishment of fruit orchards and vegetable farms, leveraging the ongoing shift from traditional Jum farming. Support new agricultural entrepreneurs with access to credit, technical assistance, and market linkage programs.

## 5.3 Poultry and Livestock

### 5.3.1 Household's Possession of Animals and Birds

Table – 5.3.1 presents the possession of animals and birds by the PRLC beneficiary households. It shows that overall 160 households have cows, 91 households have goats, 345 households have poultry, 142 households have lambs, and 8 households have birds, i.e., pigeons or coals. The average possession of cow is 1.78, goat is 2.32, poultry is 9.33, lamb is 1.46, and bird is 11 per household. The EM households have higher possession of the animals than Bangalee households. In Rangamati, Bangalee households do not hold any cows, goats, lamb, and birds. Only two households have two poultry birds.

**Table – 5.3.1 Household's Possession of Animals and Birds**

Districts	Ethnicity	N/Mean	Average number per household (#)				
			Cow	Goat	Poultry	Lamb	Bird
Bandarban	Bangalees	N	18	16	38	0	2
		Mean	1.56	1.44	6.92	0.0	11
	EM	N	9	11	47	34	0
		Mean	1.67	1.82	14.62	1.65	0.0
	Total	N	27	27	85	34	2
		Mean	1.59	1.59	11.18	1.65	11
Khagrachari	Bangalees	N	33	7	49	0	6
		Mean	1.64	2.14	10.41	0.0	11
	EM	N	60	17	125	48	0
		Mean	1.72	2.35	10.13	1.38	0.0
	Total	N	93	24	174	48	6
		Mean	1.69	2.29	10.21	1.38	11
Rangamati	Bangalees	N	0	0	2	0	0
		Mean	0.0	0.0	3.5	0.0	0.0
	EM	N	40	40	84	60	0
		Mean	2.1	2.83	5.8	1.47	0.0
	Total	N	40	40	86	60	0
		Mean	2.1	2.83	5.74	1.47	0.0
Total	Bangalees	N	51	23	89	0	8
		Mean	1.61	1.65	8.76	0.0	11
	EM	N	109	68	256	142	0
		Mean	1.85	2.54	9.53	1.48	0.0
	Total	N	160	91	345	142	8
		Mean	1.78	2.32	9.33	1.48	11

### 5.3.2 Technology Used in Livestock Rearing

Table – 5.3.2 presents the use of technologies in rearing livestock and poultry by PRLC beneficiary households in the last year. The results reveal that around 92-95% of the PRLC beneficiary households utilized traditional methods for rearing cows, goats, lambs, and poultry. Only 5% of them used improved technologies in cow and lamb rearing, 8% in goat rearing, and 6% in poultry rearing. There were no instances of improved technology use in pigeon rearing. The use of improved technologies was found higher among the Bangalees' households than EM households. Bandarban was behind in using the improved technologies compared to Rangamati and Khagrachari.

On the other hand, there was no use of climate-resilient technologies among the PRLC beneficiary households. In KIIs, the extension officers of the Department of Agriculture Extension (DAE) mentioned that the farmers in CHT should learn as well as use climate-resilient technologies in livestock rearing because livestock are always at risk during any disasters.

**Table – 5.3.2 Type of Technologies Used in Livestock Rearing**

Type of Animals & Birds	Ethnicity	Total HH	Type of Technology Used					
			Traditional Technology		Improved Technology		Climate Resilient Technology	
			N	%	N	%	N	%
Cow	Bangalees	21	18	85.7%	3	14.3%	0	0.0%
	EM	39	39	100%	0	0.0%	0	0.0%
	Total	60	57	95.0%	3	5.0%	0	0.0%
Goat	Bangalees	4	3	75.0%	1	25.0%	0	0.0%
	EM	21	20	95.0%	1	4.8%	0	0.0%
	Total	25	23	92.0%	2	8.0%	0	0.0%
Lamb	Bangalees	0	0	0.0%	0	0.0%	0	0.0%
	EM	41	39	95.1%	2	4.9%	0	0.0%
	Total	41	39	95.1%	2	4.9%	0	0.0%
Poultry	Bangalees	23	21	91.3%	2	8.7%	0	0.0%
	EM	84	80	95.2%	4	4.8%	0	0.0%
	Total	107	101	94.4%	6	5.6%	0	0.0%
Pigeon	Bangalees	3	3	66.7%	0	0.0%	0	0.0%
	EM	0	0	0.0%	0	0.0%	0	0.0%
	Total	3	3	66.7%	0	0.0%	0	0.0%

**5.3.3 Vaccination Status of Poultry and Livestock**

Table – 5.3.3 presents the vaccination status for the livestock and poultry in the PRLC beneficiary households in the last year. The results reveal that 134 households have livestock and 11 of these households have vaccinated their livestock and poultry in the last year. It means, 92% of the households did not vaccinate their livestock and poultry. As a reason for not vaccinating livestock and poultry, 28% of the households mentioned that they did not know the necessity of vaccination, 45% of the households mentioned that the vaccination center is far away from their residence, 14% of the households mentioned that there was a lack of vaccines in the vaccination centers, and 28% of the households mentioned that the cost of vaccination was unbearable to them.

Among the three districts, the vaccination status was found worse in Khagrachari (5%) compared to Bandarban (14%) and Rangamati (15%). The most alarming reason for not vaccinating the livestock and poultry in Khagrachari was the unbearable cost of vaccination which was aggravated by the far distance of the vaccination centers. In Bandarban and Rangamati, farmers were reluctant to vaccinate their livestock and poultry due to far distance of the vaccination centers.

**Table – 5.3.3 Livestock Vaccination Status**

Districts	Ethnicity	Number of HHs have livestock	Vaccinated livestock		Reasons for not vaccinating livestock			
			Yes	No	Vaccine not available	Vaccination center far away from home	Don't know the necessity of vaccination	Vaccination cost unbearable
			N.	N	N	N	N	N
Bandarban	Bangalees	1	1	0	0	0	0	0
	EM	13	1	12	2	10	0	0
	Total	14	2	12	2	10	0	0
Khagrachari	Bangalees	28	2	26	1	6	5	7
	EM	65	3	62	11	26	19	26
	Total	93	5	88	12	32	24	33
Rangamati	Bangalees	0	0	0	0	0	0	0
	EM	27	4	23	3	13	8	1
	Total	27	4	23	3	13	8	1
Total	Bangalees	29	3	26	1	6	5	7
	EM	105	8	97	16	49	29	27
	Total	134	11	123	17	55	34	34

### 5.3.4 Training, Extension, and Financial Support for Livestock Production

The study did not find any PRLC beneficiary households that have received training, extension services, and financial support for poultry and livestock rearing. During FGDs, the members of the extremely poor households mentioned that they could not cultivate crops because they haven't land but they can raise poultry and livestock easily in their wider homestead areas. They expect MJF support in this regard. In KIIs, the extension officers of DAE mentioned that NGOs and other development projects supported the farmers with training and inputs for cattle and poultry farming, while the government provided vaccines, especially for poultry and cows. With this support, many households have started beef fattening and poultry farming which has changed their livelihood. Poor households face the challenge of initial investment to buy cows or poultry because they can hardly save money from their earnings.

### 5.3.5 Recommendations on Poultry and Livestock:

**Increase Awareness and Accessibility of Vaccination Services:** Organize awareness building programs such as livestock information and vaccination fair, courtyard sessions, etc. to educate households on the importance of vaccinating livestock and poultry to prevent diseases and increase productivity. Mobile Vaccination\_services, can be operated in the remote areas like Khagrachari, Bandarban, and Rangamati, to address the challenges of distance and cost associated with accessing vaccination centers.

**Promote the Adoption of Improved and Climate-Resilient Technologies:** Training and Capacity Building: Provide training on improved and climate-resilient livestock rearing techniques, particularly in areas where traditional methods dominate, such as in the Paharie communities.

**Expand Access to Financial and Extension Support:** Microfinance Programs: Develop microfinance programs tailored for livestock and poultry farming, enabling poor households to invest in animals and necessary resources. Collaboration with NGOs and Government: Strengthen partnerships between NGOs, government agencies, and local communities to provide comprehensive support, including training, inputs, and access to markets.

## 5.4 Small Business

Table – 5.4 presents the distribution of households engaged in small businesses categorized by their ethnicity (Bangalees and EM) and regions. Altogether, 51 households (27 EM' households and 24 Bangalee households) were engaged in small business. The rate of engagement in small businesses was 6% percent for all households, 4.5% for EM' households, and 11.5% for Bangalee households. This result indicates that a higher proportion of Bangalee households were involved in small businesses compared to Pharie's households.

In Bandarban, 11 out of 121 Bangalee households (9%) and 14 out of 169 EM' households (8.3%) were engaged in small businesses. In Khagrachari, 13 out of 72 Bangalee households (18%) and 8 out of 147 EM' households (5.4%) were involved in small businesses. In Rangamati, there is no Bangalee households engaged in small businesses. Only 5 out of 276 Paharie's households (1.8%) were involved in small businesses.

While doing small business, 33% of the households were operating a small grocery shop, 18% selling bananas, 10% operating a small tea stall, furniture shop, or fresh vegetable retailing shop, and 2-4% doing clothes business, saloon, etc. Bangalee households were more focused on the grocery shop business and EM' households were more on the fresh vegetable retailing business.

**Table 5.4 Number of Households Involved in Different Small Business**

District	Ethnicity	No. of HH doing small business	Number of Households by Type of Business							
			Tea stall	Small grocery shop	Fruit business	Variety shop	Furniture shop	Fresh vegetable business	Commercial farming	Saloon
Bandarban	Bangalee	11	3	6	0	0	0	0	1	1
	EM	14	0	3	9	1	1	0	0	0
	Total	25	3	9	9	1	1	0	1	1
Khagrachari	Bangalee	13	2	5	0	2	1	2	0	1
	EM	8	0	2	0	0	3	3	0	0
	Total	21	2	7	0	2	4	5	0	1
Rangamati	Bangalee	0	0	0	0	0	0	0	0	0
	EM	5	0	2	0	0	1	1	1	0
	Total	5	0	2	0	0	1	1	1	0
Total	Bangalee	24	5	11	0	2	1	2	1	2
	EM	27	0	7	9	1	5	4	1	0
	Total	51	5	18	9	3	6	6	2	2

None of the households received any training or financial support to operate their business. This means that the households had started their businesses with self-finance without prior knowledge and skills. About 18% of the households were interested in having training related to their business. However, from the earnings of the business, 41% of households can make up household expenditure for three months, 41% for six months, and 18% for nine months.

## 5.5 Daily Wage Laborer

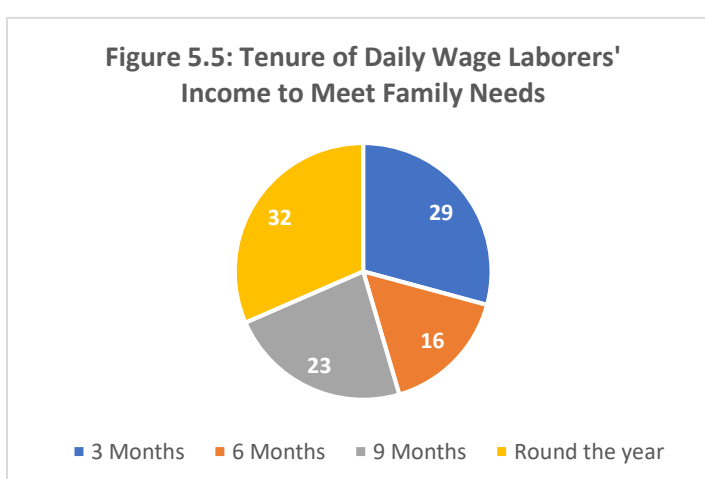
Table – 5.5 presents the status of the households that earned their livelihood from daily wage labor. The result reveals that 65% of the PRLC households (60% of the EM households and 76% of the Bangalee households) earn a livelihood from daily wage labor.

**Table 5.5 Status of Households in Day Wage Laborers**

Districts	Ethnicity	Total HH involved in wage labor	Whether can work daily		Reasons behind not doing work daily		Weekly	
			Can work daily	Can't work daily	Lack of labor demand	Physical unfit	Work	Income
			N	%	%	%	%	Hour
Bandarban	Bangalees	100	1.0%	99.0%	64.6%	90.5%	24.72	1973.53
	EM	47	0.0%	100.0%	35.4%	9.5%	27.39	2155.26
	Total	147	0.7%	99.3%	100.0%	100.0%	25.68	2038.68
Khagrachari	Bangalees	44	2.1%	97.9%	33.1%	20.0%	33.89	2500.00
	EM	102	0.0%	100.0%	66.9%	80.0%	31.42	2434.21
	Total	146	0.7%	99.3%	100.0%	100.0%	32.21	2455.36
Rangamati	Bangalees	14	0.0%	100.0%	5.9%	7.0%	0.00	0.00
	EM	210	0.5%	99.5%	94.1%	93.0%	38.59	3270.31
	Total	224	0.4%	99.6%	100.0%	100.0%	38.59	3270.31
Total	Bangalees	158	1.2%	98.8%	32.7%	25.8%	26.64	2083.72
	EM	359	0.3%	99.7%	67.3%	74.2%	33.61	2740.71
	Total	517	0.6%	99.4%	100.0%	100.0%	30.96	2490.71

The study examined if the daily wage laborer could work every day in the last year. The result shows that very few (about 1%) wage laborers could work every day in the last year. Those who could work every day, the majority of them were Bangalee wage laborers. In Bandarban and Khagrachari, only 1.0% and 2.1% of the Bangalee wage laborers could work every day, while in Rangamati only 0.5% of EM wage laborers could work every day. The primary reasons for not working daily were lack of regular labor demand followed by physical unfitness due to sickness such as fever, diarrhea, injuries, etc.

In FGD, the participants from extremely poor households mentioned that they do not have land so they earn their livelihood by daily wage laboring. Since they are mostly illiterate, they could not go for any alternative employment. Unfortunately, the scope of daily wage laboring is reducing day by day. Out of seven days in a week, they could work three days mostly. The rest of the days they remained without work. Sometimes they moved to other areas for wage labor.



On average, the daily wage laborer worked 31 hours and earned Tk. 2491 per week; EM wage laborer worked 33.6 hours and earned Tk. 2741 and Bangalee wage laborer worked 26.6 hours and earned Tk.

2083.72 per week. In three districts, the highest engagement and earnings of the daily wage laborer were found in Rangamati (38.6 hours and Tk. 3270.41) followed by Khagrachari (32.21 hours and Tk. 2455.36) and Bandarban (25.7 hours and Tk. 2038.68). From the earnings of the wage laborer, 32% of the households could run their family around the year, while 23% could run for nine months, 16% could run for six months, and 29% could run for three months.

## 5.6 Services (Salaried Jobs)

Table- 5.6 describes the status of the households that earned their livelihood from a salaried job. The results show that altogether 26 households have a member employed in a salaried job; 21 of them are members of the EM' households and five are members of Bangalee households. Among them, 2 work in garment factories, 2 work in government organizations, 9 work in NGOs, 5 work in the private sector, 2 in religious institutions, 5 are teaching, and one is a local government representative. Their average monthly income is Tk. 9,962.00 (EM Tk.10, 429.00, and Bangalee Tk. 8,000.00). The average monthly income from salaried jobs was higher in Rangamati (Tk. 11,333.00) followed by Bandarban (Tk. 10,917.00), and Khagrachari (Tk. 8,546.00). In addition to the salary, some of the employees in the Rangamati district have earned from overtime which is around Tk. 133 per month. The employees of other districts did not earn overtime.

**Table 5.6 Employment Status of the Household Members**

Districts	Ethnicity	Total HH in service	Organizations of Employment						
			Garments	Gov. organizations	NGOs	Privet sector	Religious institutions	Schools	Local government
			N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	2	0	0	0	1	1	0	0
	EM	10	0	2	5	1	1	1	0
	Total	12	0	2	5	2	2	1	0
Khagrachari	Bangalees	3	0	0	1	1	0	1	0
	EM	8	1	0	2	1	0	3	1
	Total	11	1	0	3	2	0	4	1
Rangamati	Bangalees	0	0	0	0	0	0	0	0
	EM	3	1	0	1	1	0	0	0
	Total	3	1	0	1	1	0	0	0
Total	Bangalees	5	0	0	1	2	1	1	0
	EM	21	2	2	8	3	1	4	1
	Total	26	2	2	9	5	2	5	1

## 5.7 Recommendations on Small Business and Others:

**Encourage Small Business Development:** Provide targeted training and financial support for small business development, especially for EM households, who are less involved in small businesses compared to Bangalee households. Focus on areas with low engagement, such as Rangamati, to diversify income sources.

**Enhance Livelihood Resilience:** Introduce climate-resilient and improved technologies in both small businesses and crop production, livestock rearing. This can help mitigate the risks of environmental challenges and improve productivity.

## 6. YOUTH ENGAGEMENT

### 6.1 Youth Engagement in Income Generating Activities (IGAs)

The study explored the status of youths (between 18 to 35 years old) in the PRLC beneficiary households. It found that there were altogether 1121 youths (between 18-35 years old) in 799 households; on average 1.4 youths per household. About 47% of the youths were male and 53% were female; 76% of them lived in EM households and 24% lived in Bangalee's households. About 30% of these youths (10.4% female and 19.6% male) belong to 239 households (49 Bangalees and 190 EM households) were engaged in income-generating activities (IGAs). Table – 6.1 provides information on youth's involvement in different income-generating activities, categorized by the type of activities, household status (Bangalees and EM), and regions.

The result reveals that the major involvement of youths found in farming (53%) followed by day laborers (39%), driving (4%), salaried jobs (3%), and small business (1%). The youths in Bangalees' households are mostly involved in day labor, while most of the youths in EM Community's households are involved in farming. Bangalee households do not have enough land that youths can do farming. In Bandarban and Khagrachari, the majority of the youths are involved in day labor, while in Rangamati, the majority of them are involved in farming. The youth's involvement in small businesses such as mobile repairing, tailoring, carpenter, electrician, mason, welding, etc. is negligible.

**Table 6.1 Status of Youth Engagement in IGAs**

Districts	Ethnicity	Total of HHs have youths engaged in IGA		Youth engagement in different IGAs (#/%)									
				Day laborer		Farming		Service		Small Business		Driver	
		N.	%	N.	%	N.	%	N.	%	N.	%	N.	%
Bandarban	Bangali	34	41%	30	57%	0	0%	0	0%	0	0%	4	100%
	EM	49	59%	23	43%	23	100%	2	100%	1	100%	0	0%
	Total	83	100%	53	100%	23	100%	2	100%	1	100%	4	100%
Khagrachari	Bangali	10	28%	5	29%	2	17%	1	0%	1	50%	1	50%
	EM	26	72%	12	71%	10	83%	2	100%	1	50%	1	50%
	Total	36	100%	17	100%	12	100%	3	100%	2	100%	2	100%
Rangamati	Bangali	5	4%	5	22%	0	0%	0	0%	0	0%	0	0%
	EM	115	96%	18	78%	90	100%	2	100%	1	100%	4	100%
	Total	120	100%	23	100%	90	100%	2	100%	1	100%	4	100%
Total	Bangali	49	21%	40	43%	2	2%	0	0%	1	25%	5	50%
	EM	190	80%	53	57%	123	98%	6	100%	3	75%	5	50%
	Total	239	100%	93	100%	125	100%	7	100%	4	100%	10	100%

In FGDs, the youths from Rangamati mentioned that they have been doing those activities that their parent usually did. They are poor and illiterate and they did not learn any skills, so they could not change their profession. They are mostly involved in day laborers. When there was not enough work for day laborers, they went to the forest, cut trees, and sold in the market as firewood. The male youths are unlucky compared to the female youths because they have to be involved in IGA much earlier to meet the basic needs of their families. On the other hand, there is not enough scope for female youths to be involved in IGA. So, they get into study if their families can afford it.

## 6.2 Duration of Engagement in IGA

Table – 6.2 provides information about the duration of youth’s engagement in IGA as per the time frames such as the average hours per day and the average days per week over the last year. It also presents the average income per day, along with the reasons why youths are unable to work for 8 hours per day.

The results show that the youths were involved in IGA about four days per week and on average 6.27 hours per day. The major reason for not being able to work 8 hours in IGA was their involvement in the family activities. There were also not enough scopes for the youths to work more. Some of the youths are studying and they are reluctant to be full-time in IGA. However, compared to the youths in the EM households, the youths in Bangalee’s households worked for more hours per day but fewer days per week. The Bangalee youths earned more than the indigenous youths.

The study found variation in youth involvement at IGA in three districts. In Bandarban, they were involved in IGA for 7 hours per day and 3.67 days per week; the same was in Khagrachari 6.56 hours per day and 3.76 days per week, and in Rangamati 5.64 hours per day and 4.36 days per week. The study also determined variation in payment. The youth received Tk. 425 per day in Bandarbn, Tk. 421.84 per day in Khagrachari, and Tk. 339.60 per day in Rangamati.

Four youths in Bandarban reported that they could not be involved 8 hours per day in IGA due to their study and lack of opportunity for paid work. While 13 youths in Khagrachari, and 8 youths in Rangamati reported that they could not be involved in IGA for 8 hours per day due to their engagement in family work or lack of opportunity.

**Table – 6.2 Duration of Engagement in IGAs**

Districts	Ethnicity	Avg Hrs/Day	Avg Days/Week	Avg Income (Tk/Day)	Reasons for not working 8 hrs per day						
					N	Engaged in study		Engaged in family work		No opportunity for 8 hrs work	
						N	%	N	%	N	%
Bandarban	Bangalees	6.50	3.67	416.67	3	0	0.0%	0	0.0%	3	100.0%
	EM	7.50	3.67	433.33	1	0	0.0%	0	0.0%	1	100.0%
	Total	7.00	3.67	425.00	4	0	0.0%	0	0.0%	4	100.0%
Khagrachari	Bangalees	6.73	3.91	466.36	5	1	20.0%	1	20.0%	3	60.0%
	EM	6.43	3.64	386.86	8	1	12.5%	6	75.0%	1	12.5%
	Total	6.56	3.76	421.84	13	2	15.4%	7	53.8%	4	30.8%
Rangamati	Bangalees	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0
	EM	5.64	4.36	339.60	18	1	5.6%	12	66.7%	5	27.8%
	Total	5.64	4.36	339.60	18	1	5.6%	12	66.7%	5	27.8%
Total	Bangalees	6.65	3.82	448.82	8	1	12.5%	1	12.5%	6	75.0%
	EM	6.13	4.04	366.80	27	2	7.4%	18	66.7%	7	25.9%
	Total	6.27	3.98	389.29	35	3	8.6%	19	54.3%	13	37.1%

## 6.3 Full Time Equivalent Employment (FTE)

Overall, FTE for all youths in CHT region is 0.67, indicating that youth in these districts generally worked about 67% of a full-time equivalent employment. The average FTE for Bangalee and EM youths is 0.73 and 0.63, meaning Bangalee youths worked about 73% of the full-time hours and EM youths worked around 63% of full-time hours. In three CHT districts, the youth FTE is high in Rangamati (0.77) followed

by Khagrachari 0.64, and Bandarban 0.55. The FTE of female youths is 0.68 and male youth is 0.66 indicating female youth are involved more income generating activities than male youth.

**Table – 6.3: Full Time Equivalent Employment**

District	Ethnicity	All Youth				Female Youth				Male Youth			
		N	Hour/day	Days/week	FTE	N	Hour/day	Day/week	FTE	N	Hour/day	Day/week	FTE
Bandarban	Bangalee	1	5.00	5.00	0.63	0	0	0	0	1	5.00	5.00	0.63
	EM	2	6.50	3.00	0.49	1	8.00	3.00	0.60	1	5.00	3.00	0.38
	Total	3	6.00	3.67	0.55	1	8.00	3.00	0.60	2	5.00	4.00	0.50
Khagrachari	Bangalee	7	7.86	3.71	0.73	5	8.00	3.60	0.72	2	7.50	4.00	0.75
	EM	4	6.25	3.25	0.51	3	6.67	3.33	0.56	1	5.00	3.00	0.38
	Total	11	7.27	3.55	0.64	8	7.50	3.50	0.66	3	6.67	3.67	0.61
Rangamati	Bangalee	0				0				0			
	EM	6	6.33	4.83	0.77	2	6.00	5.00	0.75	4	6.50	4.75	0.77
	Total	6	6.33	4.83	0.77	2	6.00	5.00	0.75	4	6.50	4.75	0.77
Total	Bangalee	8	7.50	3.88	0.73	5	8.00	3.60	0.72	3	6.67	4.33	0.72
	EM	12	6.33	4.00	0.63	6	6.67	3.83	0.64	6	6.00	4.17	0.63
	Total	20	6.80	3.95	0.67	11	7.27	3.73	0.68	9	6.22	4.22	0.66

## 7. HOUSEHOLD INCOME AND EXPENDITURE

### 7.1 Household Annual Income

Table – 7.1 describes the annual income status of the PRLC beneficiaries for the previous year of the study. It indicates that the current average household annual income of the PRLC beneficiary households is around Tk. 73,294 which was Tk. 66,000 for CHT in 2009 (SEBS of CHT, UNDP 2009). The household annual income of the Bangalees was around Tk. 79,256 and the same for EM was around Tk. 71,209. The average household annual income was found high in Khagrachari district (Tk. 86,863) followed by Rangamati (Tk. 68,569) and Bandarban (Tk. 67,772) districts.

**Table – 7.1 Household Annual Income (BDT)**

Districts	Ethnicity	All households			Male headed households			Female-headed households		
		N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation
Bandarban	Bangalees	121	75206.61	28616.70	68	70955.88	28918.99	53	80660.38	29221.27
	EM	169	62449.70	18444.22	138	61007.24	21031.53	31	68870.97	23618.84
	Total	290	67772.41	24031.19	206	64291.26	25884.17	84	76309.52	27737.14
Khagrachari	Bangalees	72	92333.33	31041.09	61	98885.24	24052.84	11	56000.00	17064.58
	EM	147	84183.67	33094.72	123	87040.65	35319.44	24	69541.67	37544.15
	Total	219	86863.01	32589.32	184	90967.39	32725.25	35	65285.71	32861.18
Rangamati	Bangalees	14	47000.00	15261.82	8	36000.00	9672.15	6	61666.67	4082.48
	EM	276	69663.04	34689.88	256	71210.93	30203.77	20	49850.00	25717.65
	Total	290	68568.97	34340.20	264	70143.94	28700.21	26	52576.92	23060.22
Total	Bangalees	207	79256.04	31047.52	137	81350.37	29528.33	70	75157.14	28009.13
	EM	592	71209.46	31498.50	517	72253.39	30816.55	75	64013.33	30134.60
	Total	799	73294.12	31560.66	654	74159.03	30560.35	145	69393.10	29560.04

The average household annual income of the female-headed households was Tk. 69,393.00. The Bangalee female-headed household's income was Tk. 75,157 and the EM female-headed household's

income was Tk. 64,013. The female-headed household's annual income was found to reverse to the all household annual income concerning regional variation. The average female-headed household annual income was found high in Bandarban (Tk. 76,309.00) followed by Khagrachari (Tk. 65,285) and Rangamati (Tk. 52,576.00).

During FGD, the members of extremely poor families mentioned that the main reason for low household income is a lack of opportunity for income-generating activities. There is a lack of land for crop cultivation and rearing animals. In Rangamati, fishing in the Kaptai Lake was a good opportunity for earning income for the extremely poor families but this scope has been squeezed recently because there is not enough fish in the lake. There is also not much opportunity for daily wages. They used to move to other places for daily wage work. In a week, they remain with a lack of work for 3-4 days. So they always stay with the financial crisis. The situation is getting worse day by day.

## 7.2 Contribution of Female Household Members to Annual Household Income

Table – 7.2 presents female's contributions to the annual household income. The results indicate that the female in 373 PRLC beneficiary households did not earn any income. Out of 799 households, 426 households have female earning members who contribute to generating household annual income. Their average annual income is Tk. 31,905 with a standard deviation of Tk. 23,986 (i.e., TK.  $\pm 55,8910$ ), which is lower than the man's annual income of Tk. 63,969 with a standard deviation of Tk. 30,472 (i.e.,  $\pm 94,441$ ). The EM' households have attributed Tk. 27,799 with a standard deviation of Tk 20,404 (i.e., Tk.  $\pm 48,203$ ), and the Bangalee households have attributed Tk. 51,120 with a standard deviation of Tk. 48,000 (i.e., Tk.  $\pm 99,120$ ) as female members' annual household income, which indicates that the female in the Bagalee households earns almost double that of the EM households. The main reason is that Bangalee households include a higher proportion of female-headed households than EM households where men have no income or minor income. The female members' annual income was found high in Bandarban followed by Khagrachari and Rangamati.

**Table – 7.2 Women's Annual Income**

Districts	Ethnicity	Women Annual Income (TK.)			Man Annual Income (Tk.)		
		N	Mean	Standard Deviation	N	Mean	Standard Deviation
Bandarban	Bangalees	37	54324.32	31648.29	97	73092.78	30176.94
	EM	44	40704.55	23209.44	148	59209.46	18709.47
	Total	81	46925.93	28051.19	245	64706.12	24808.52
Khagrachari	Bangalees	32	51687.50	27553.39	53	94226.42	30938.92
	EM	77	29337.66	24374.60	129	78418.60	35512.26
	Total	109	35899.08	27213.13	182	83021.98	34909.98
Rangamati	Bangalees	6	28333.33	20412.41	13	37538.46	7827.47
	EM	230	24815.22	17212.69	263	51404.94	24983.36
	Total	236	24904.66	17259.36	276	50751.81	24617.01
Total	Bangalees	75	51120.00	29678.89	163	77128.83	32902.99
	EM	351	27799.15	20404.63	540	59997.22	28561.56
	Total	426	31904.93	23985.90	703	63969.42	30471.73

During FGD, women members of extremely poor households mentioned that they contributed more to the household income than men. Usually, women earn income and hand it over to their husbands but their husbands gave seldom their income to their wives. This practice has been continued from the period of their forefathers.

### 7.3 Sources of Household Income

Table – 7.3 shows the main sources of household income. It indicates salaried jobs and daily wage labor as the prime sources (49%) of household income across the communities in CHT followed by farming (32%), livestock rearing (7%), small business (6%), safety net support (1%), and others include house rent, gift, fishing, and remittance (5%). The EM earned comparatively more than Bangalees from farming, livestock rearing, fishing, remittance, and safety net programs, while Bangalees earned more than EM from wages labor, small business, house rent, gift, etc. However, the sources of income found different in Rangamati where Bangalees earn more than the EM from fishing and livestock rearing.

**Table – 7.3 Major Sources of Household Income**

Income sources	Mean Household Income (BDT)											
	Total			Bandarban			Khagrachari			Rangamati		
	Total	Bangalee	EM	Total	Bangalee	EM	Total	Bangalee	EM	Total	Bangalee	EM
Wages Labor	35916	52729	30038	38897	59793	23935	38219	43222	35769	31197	40571	30722
Farming	23412	8097	28767	20859	5702	31710	18014	13694	20129	30041	0	31565
Business	4527	8995	2965	6897	7686	6331	6014	12944	2619	1034	0	1087
Fishing	138	48	169	0	0	0	183	0	272	241	714	217
Livestock	4792	4638	4846	586	744	473	11301	11042	11429	4083	5357	4018
Remittance	25	0	34	0	0	0	46	0	68	34	0	36
House rent	244	942	0	259	620	0	548	1667	0	0	0	0
Safety net	987	415	1187	34	83	0	1379	986	1571	1644	357	1709
Others	3253	3391	3204	241	579	0	11160	8778	12327	293	0	308

### 7.4 Household Expenditure

Table – 7.4 describes the household’s annual expenditure for the previous year of the study. It reveals that the average household annual expenditure was Tk. 76,436 within PRLC beneficiaries, which was higher than the average household annual income (Tk. 73,293). The additional expenses were covered by the loan. Out of the 799 sample households, 216 households had taken loans and 203 of them spent the money for family expenditure. The average household annual expenditure in Bangalee households was Tk. 82,604, and in EM household was Tk. 74,293. The average household annual expenditure was found comparatively high among the PRLC beneficiaries in Khagrachari (Tk. 88,922) followed by Rangamati (Tk. 75,922), and Bandarban (Tk. 67,548). But a reverse situation was observed in Bandarban where the average household annual expenditure (Tk. 67,548.28) was less than the average household annual income (Tk. 67,772.41). All over, the Bangalee households were tend to spend higher than the income, but in Bandarban they spent less than the income.

Table – 7.4 also indicates that the average household annual expenditure (Tk. 70,538) of the female-headed households was less than the annual household expenditure (Tk. 777,561) of the male headed households. However, a difference was observed in Bandarban where the average annual expenditure of the female headed households (Tk. 76369.05) was higher than the average annual expenditure of the male headed households (Tk. 63951.5). Similar to all households, the female-headed household’s annual expenditure (Tk. 70,538) was higher than the household's annual income (Tk. 69,393). The Bangalee female-headed households spent more than the EM female-headed households. Among the three hill districts, the female household heads in Bandarban spent more than the female headed households in other two districts.

**Table – 7.4 Household Annual Expenditure (BDT)**

Districts	Ethnicity	All households			Male Headed Households			Female headed households		
		N	Mean	Standard Deviation	N	Mean	Standard deviation	N	Mean	Standard Deviation
Bandarban	Bangalees	121	75289.26	27908.31	68	71176.5	28362.9	53	80566.04	28817.40
	EM	169	62005.92	18054.32	138	60391.3	20913.7	31	69193.55	23773.12
	Total	290	67548.28	23578.47	206	63951.5	25528.1	84	76369.05	27477.82
Khagrachari	Bangalees	72	97416.67	44283.90	61	104885.2	30674.2	11	56000.00	17064.58
	EM	147	84761.90	31735.71	123	87138.2	34268.5	24	72583.33	36801.37
	Total	219	88922.37	36724.84	184	93021.7	34662.9	35	67371.43	32601.05
Rangamati	Bangalees	14	69642.86	24136.18	8	76875.0	12068.1	6	60000.00	0.00
	EM	276	76240.94	32545.37	256	77919.9	26382.4	20	54750.00	20219.52
	Total	290	75922.41	32188.54	264	77888.3	24979.6	26	55961.54	17770.72
Total	Bangalees	207	82603.86	35859.59	137	86518.2	31794.8	70	74942.86	27730.01
	EM	592	74293.07	30108.61	517	75434.2	29261.6	75	66426.67	28414.49
	Total	799	76446.18	31884.21	654	77756.1	30098.4	145	70537.93	28312.50

Table – 7.4 also shows similar findings for male headed households. The average annual expenditure of the male headed households was Tk. 77756.10 which was about 5% higher than their annual income. Similar to the female headed households, the average annual expenditure of the male headed households in Bandarban was lower than the average household income. The Bangalee households' annual expenditure was a little above their income, but EM spent much lower than their income.

## 7.5 Major Sectors of Household Annual Expenditure

Table – 7.5 presents sectors of household expenditures. It reveals that the share of food expenditure was higher in the household expenditure across the communities (around 51%) followed by the expenditure on clothing (15%), health (13%), education (9%), household management (7%), and loan repayment, investment, and saving installment (5%). The average annual household expenditure on clothes, health, household management, installment for savings, and loan repayment were found comparatively higher among Bangalee households, while expenditure on education and wealth purchase or investment were found higher in the EM households.

**Table – 7.5 Major Sectors for Household Annual Expenditure**

Items for household expenditure	Average household expenditure (Tk.)											
	Total			Bandarban			Khagrachari			Rangamati		
	Total	Bangalee	EM	Total	Bangalee	EM	Total	Bangalee	EM	Total	Bangalee	EM
Food	38770	42080	37612	34131	37521	31704	47119	50917	45259	37103	36036	37158
Cloths	11576	12101	11393	9807	11281	8751	12221	14069	11316	12859	9071	13051
Education	7254	5959	7707	5583	5471	5663	6959	5861	7497	9148	10679	9071
Health	9737	9831	9704	8800	9298	8444	9048	10542	8316	11195	10786	11216
HH Mgt.	5583	6758	5171	6976	7934	6290	5568	5569	5568	4200	2714	4275
Repay Credit	1538	3928	703	1545	3000	503	3242	6250	1769	245	0	257
Investment	603	193	747	0	0	0	1199	556	1514	757	0	795
Savings	382	531	330	707	785	651	228	139	272	174	357	165
Others specify	1003	1222	926	0	0	0	3338	3514	3252	241	0	254

## 7.6 Women's Share in Household Annual Expenditure

Table – 7.6 explains the share of women in household annual expenditure. The results reveal that women's share in the annual household spending is disproportionately low (around 33%), which is indicative of a high extent of intra-household discrimination against women and female children. This discrimination was found high in EM households where women's share in annual household spending was 31%. The same in Bangalee households was 40%. Women's share in household expenditure was found high in Bandarban (42%) followed by Rangamati (33%) and Khagrachari (31%).

**Table – 7.6 Women's Annual Expenditure in Comparison to Men's Annual Expenditure**

Districts	Ethnicity	Total HH	Women's Annual Expenditure (Tk.)		Men's Annual Expenditure (Tk.)	
		N	Mean	Standard Deviation	Mean	Standard Deviation
Bandarban	Bangalees	121	52973	30149	72165	30034
	EM	169	40250	23518	58142	18213
	Total	290	46062	27331	63694	24535
Khagrachari	Bangalees	72	50750	25214	89055	34379
	EM	147	28961	23882	76130	34910
	Total	219	35358	26138	79952	35162
Rangamati	Bangalees	14	26667	16330	35231	10076
	EM	276	22900	13542	48327	23838
	Total	290	22996	13591	47710	23527
Total	Bangalees	207	49920	27845	74885	33481
	EM	592	26405	18585	57727	27985
	Total	799	30545	22357	61731	30221

In FGD, women participants from extremely poor families mentioned that their share in the annual household expenditure is less than men because they spent only for the family needs, but men spent for other purposes as well, such as alcohol, tea, snacks, etc. Besides, all big expenditures such as the purchase of assets, investments, etc. are done by men. On the other hand, for every expenditure women have to give accounts and explanations to their husbands, but men do not need that.

## 7.7 Family Expenditure Meet-up

Table – 7.7 shows how long a household could run with its income in the last year. The results are presented by time frame (3 months, 6 months, 9 months, and round the year) and category of the households (EM and Bangalees) under different regions (Rangamati, Bandarban, and Khagrachari). It shows that about 52% of households (13% of Bangalees and 40% of EM households) earned their livelihood from crop cultivation. The result reveals that only 12% of the households could run round the year with this income. Comparatively, more Bangalee households (about 54%) could run round the year than EM households (9%).

About 17% percent of the households (18% EM and 14% Bangalees) are relied on income from livestock. The results show that none of the households could run around the year with this income. The majority (63%) of them could run three months and only 3% of households could run nine months with this income.

There are limited data available for income from fish culture, with only one entry for EM households indicating reliance on this income source over 3 months.

Around 6% of the households (11.5% Bangalees and 4.5% EM households) earned their livelihood from small businesses but none of them could run around the year with this income. Only 11% of these households could run with this income for nine months, while the remaining could run 3 to 6 months.

Daily wage labor is a substantial source of income for both Bangalees' and EM households. About 19% of EM and 61% of Bangalees' household expenses run round the year with this income. Comparatively, EM are less reliant on daily wage labor because the majority of EM Community's households are involved in crop production. Some of them are involved in daily wage labor intermittently for additional income.

About 27% of the household's expenses could run around the year with the earnings from salaried jobs, while the majority of the households (46%) could run up to three months, 19% could run up to six months, and about 8% could run up to nine months.

**Table – 7.7 Status of Family Expenditure Meet up from Different Income Sources**

Sectors	Ethnicity	Total HH	How much family expenditure make up with earnings from different source							
			3 months		6 months		9 months		Round the year	
			N	%	N	%	N	%	N	%
Income from Crop Cultivation	Bangalees	28	4	14.3%	8	28.6%	1	3.6%	15	53.6%
	EM	385	75	19.5%	128	33.2%	147	38.2%	35	9.1%
	Total	413	79	19.1%	136	32.9%	148	35.8%	50	12.1%
Income from Livestock	Bangalees	29	9	31.0%	17	58.6%	3	10.3%	0	0.0%
	EM	105	75	71.4%	29	27.6%	1	1.0%	0	0.0%
	Total	134	84	62.7%	46	34.3%	4	3.0%	0	0.0%
Income through Fish Culture	Bangalees	0	0	0	0	0	0	0	0	0
	EM	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
	Total	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Income from Small Business	Bangalees	24	6	25.0%	12	50.0%	6	25.0%	0	0.0%
	EM	27	15	55.6%	9	33.3%	3	11.1%	0	0.0%
	Total	51	21	41.2%	21	41.2%	9	17.6%	0	0.0%
Income from Daily Wage Labor	Bangalees	163	23	14.1%	27	16.6%	13	8.0%	100	61.3%
	EM	362	131	36.2%	57	15.7%	107	29.6%	67	18.5%
	Total	525	154	29.3%	84	16.0%	120	22.9%	167	31.8%
Income from Service	Bangalees	5	1	20.0%	2	40.0%	0	0.0%	2	40.0%
	EM	21	11	52.4%	3	14.3%	2	9.5%	5	23.8%
	Total	26	12	46.2%	5	19.2%	2	7.7%	7	26.9%

## 7.8 Recommendation on Household Income and Expenditure:

**Targeted Support for Female-Headed Households:** Female-headed households are especially vulnerable, with lower average incomes and expenditures compared to male-headed households. It is crucial to provide targeted financial and social support to these households, including access to microcredit, vocational training, and social safety nets. Additionally, empowering women through awareness programs to manage finances independently can help reduce the economic disparity within households.

**Diversification of Income Sources:** With a heavy reliance on wage labor and farming, households would benefit from diversifying their income sources. Encouraging small-scale entrepreneurship, expanding access to markets, and providing training in non-farm sectors can reduce economic vulnerability. Special attention should be given to areas where households struggle to meet expenditures throughout the year, like those reliant on livestock or small businesses.

**Address Intra-Household Disparities:** The significant disparity in income and expenditure between men and women within households indicates a need for gender-sensitive interventions. Programs should focus on equitable income distribution within households, ensuring that women's contributions are recognized and valued. Promoting gender equality in household decision-making and financial management can help address these disparities.

## 8. STATUS OF HOUSEHOLD SAVINGS AND LOAN

### 8.1 Household Savings

Table – 8.1 describes about household's savings. It shows that only 14% of households have some savings (any amount from Tk. 1 or more). Among the households that have some savings, 77% are EM households, and the majority (54%) of them live in Rangamati. The average household savings (as of January 2024) of the PRLC beneficiaries amounts to about Tk. 9,345, while on average a EM household has Tk. 8,773 and a Bangalee household has Tk. 11,324 as savings. The savings of Bangalee households is relatively higher than that of the EM households.

Out of 111, 58 PRLC beneficiary households (56 EM households and 2 Bangalee households) keep their savings in hand. Among others, 29% keep in an account with an NGO, 20% keep in a bank account, and 3% keep in clubs or society account. The rate of savings in bank and club accounts is high among EM Community's households and in NGO accounts among Bangalee households.

**Table – 8.1 Organizations for Household Savings**

Districts	Ethnicity	Household (No.)			Saving Organizations				Amount of savings (Tk.) for HHs have savings	
		N	Have savings	Have no savings	Bank	NGO	Clubs	In hand	Mean (Annual)	SD
Bandarban	Bangalees	121	16	105	1	15	0	0	11,188	18,855
	EM	169	14	155	7	3	0	4	5,929	1,817
	Total	290	30	260	8	18	0	4	8,733	13,874
Khagrachari	Bangalees	72	6	66	2	2	0	2	16,333	8,710
	EM	147	12	135	6	2	3	5	10,583	9,558
	Total	219	18	201	8	4	3	7	12,500	9,445
Rangamati	Bangalees	14	3	11	0	3	0	0	2,033	2,608
	EM	276	60	216	6	7	0	47	9,075	12,251
	Total	290	63	227	6	10	0	47	8,740	12,055
Total	Bangalees	207	25	182	3	20	0	2	11,324	15,989
	EM	592	86	506	19	12	3	56	8,773	10,879
	Total	799	111	688	22	32	3	58	9,348	12,181

## 8.2 Household's Access to Credit

Table – 8.2 describes household's access to credit. It indicates that about 27% of the PRLC beneficiary households have access to credit. However, access to credit found high among the Bangalee households (35%) than the EM households (24%). During the survey, the average amount of credit received by a household was Tk. 47,866. An EM household has received an average of Tk. 31,660 and a Bangalee household has received an average of Tk. 80,278 as credit, which reflected ticket size of credit for EM was significantly lower than Bangalee. About 51% of the households have received credits from NGOs, 38% from banks, 13% from money lenders, 5% from clubs, and 6% from relatives. EM households were found more advanced in taking credit from formal sectors like banks and NGOs.

**Table – 8.2 Household's Access to Credit**

Districts	Ethnicity	Total (N)	Credit received	Sources of Credit					Amount of credit (Tk.) received	
				Bank	NGO	Club	Money lender	Relative others	Mean	SD
Bandarban	Bangalees	121	38	1	33	2	1	2	94211	115686
	EM	169	10	4	6	0	0	0	43500	29255
	Total	290	48	5	39	2	1	2	83646	105512
Khagrachari	Bangalees	72	25	4	16	5	10	5	73360	59102
	EM	147	41	2	26	3	15	4	30146	18392
	Total	219	66	6	42	8	25	9	46515	44092
Rangamati	Bangalees	14	9	3	6	0	0	0	40667	25204
	EM	276	93	68	23	1	2	2	31054	22759
	Total	290	102	71	29	1	2	2	31902	23014
Total	Bangalees	207	72	8	55	7	11	7	80278	92446
	EM	592	144	74	55	4	17	6	31660	22191
	Total	799	216	82	110	11	28	13	47866	60642

## 8.3 Sectors of Spending Credit Money

Table – 8.3 describes the use of money received as credit. It shows that about 94% of the households that have received credit, spent the credit money for maintaining household expenditure, while 31% of them have invested it in agriculture farming, 26% spent it on child education, and 6% spent it on business expansion and purchasing wealth. The result indicates that a big share of credit money goes to family expenses. In FGD at Rangamati, the participants from extremely poor families mentioned that they could not earn much to repay the loan. Usually, they take another loan to repay it. Thus, they enter into a vicious cycle of poverty.

**Table – 8.3 Sectors for Spending Credit Money**

District	Ethnicity	No. of Total Credit recipients	No. of HH spent for family expenditure	No. of HH spent for agri-farming	No. of HH spent for business expansion	No. of HH spent for child education	No. of HH spent for purchasing wealth	No. of HH spent for other purpose
Bandarban	Bangalees	38	33	9	5	10	4	3
	EM	10	8	1	0	1	0	2
	Total	48	41	10	5	11	4	5
Khagrachari	Bangalees	25	22	11	1	6	1	4
	EM	41	38	25	1	20	0	1
	Total	66	60	36	2	26	1	5

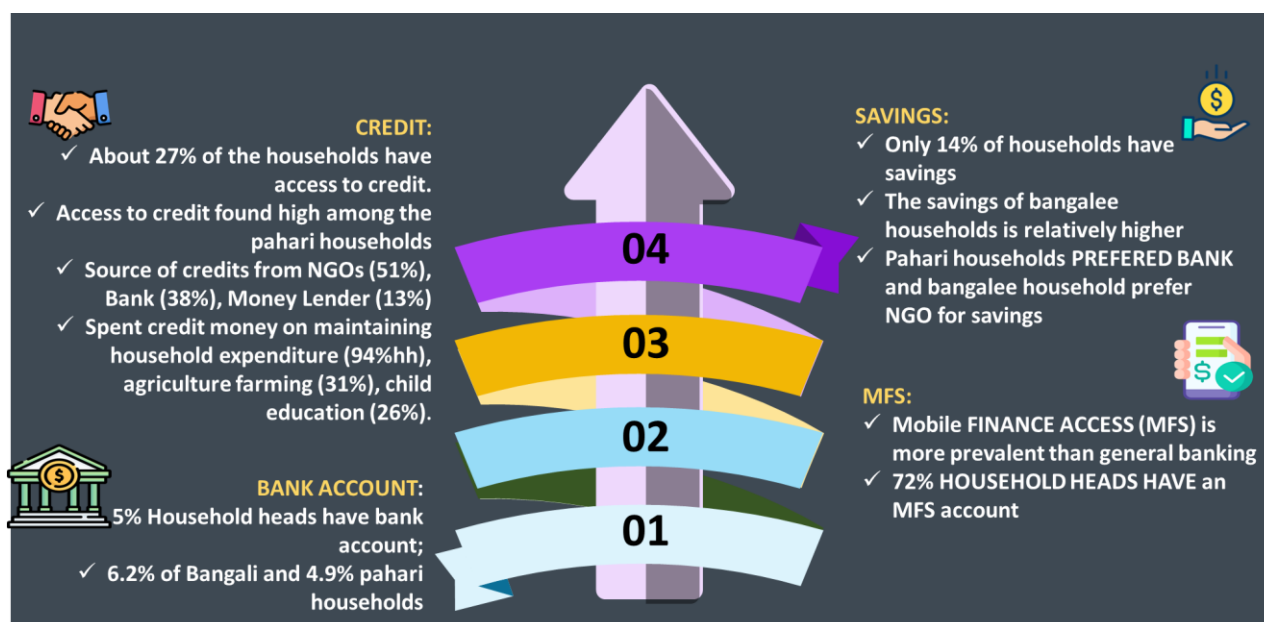
Rangamati	Bangalees	9	9	2	0	1	0	0
	EM	93	93	18	1	18	1	0
	Total	102	102	20	1	19	1	0
Total	Bangalees	72	64	22	6	17	5	7
	EM	144	139	44	2	39	1	3
	Total	216	203	66	8	56	6	10

#### 8.4 Recommendation form Households Savings and Loan:

**Promote Financial Literacy and Savings Initiatives:** The data reveals a low overall savings rate, with only 14% of households having any savings. To enhance financial security, targeted financial literacy programs should be implemented, especially for Paharie households. These programs could focus on the importance of savings, methods to save, and the benefits of formal banking.

**Enhance Access to Formal Financial Services:** The majority of savings are kept in hand or with NGOs, particularly among Paharie households. There is a need to increase access to formal banking services and encourage households to deposit their savings in banks. Financial institutions could collaborate with local communities to provide tailored banking solutions that meet the unique needs of these populations.

**Support Income-Generating Activities:** The data indicates that a large portion of credit is used for household expenditures, with limited investment in income-generating activities. Development programs should focus on supporting households, especially in Paharie communities, to invest in agriculture, small businesses, and education. This could include providing technical assistance, training, and access to markets.



## 9. HOUSEHOLD POVERTY ANALYSIS

### 9.1 Headcount Poverty Ratio

The headcount poverty ratio is calculated using the international poverty line of \$2.15 per person per day. In this study, we have converted \$2.15 by multiplying Tk. 110 per dollar and estimated Tk. 236.5 as the poverty line for PRLC beneficiaries. On the other hand, the annual household income of the PRLC beneficiaries is converted first into per capita annual income by dividing household size and then converted into per capita per day income by dividing 240 as official working days for 2023. Following this process, we calculated per capita per day income for 3420 populations under 799 sample households and then determined the number of populations under the poverty line (Tk. 236.5) by districts and ethnicity.

Table – 9.1 shows the headcount poverty among the PRLC beneficiaries based on this calculation. It reveals that almost all of the population (99.6%) in this study was under the poverty line. Out of the 2508 population in EM households and 912 population in Bangalee’s households, 2496 (99.5%) and 910 (99.8%), respectively were under the per capita income of Tk. 236.5. Accordingly, per capita income for all the population in the female-headed households was under the poverty line. This result confirms that MJF and its partners have selected poor households as beneficiaries of the PRLC project.

**Table – 9.1 Headcount Poverty Ratio (following international poverty line)**

Districts	Ethnicity	Total		Per Capita Income <209.5		Per Capita Income <236.5		Per Capita Income >236.5		HCR
		N	%	N	%	N	%	N	%	
Bandarban	Bangalees	547	43.30%	27	28.7%	546	43.30%	1	100.00%	99.8
	EM	716	56.70%	67	71.3%	716	56.70%	0	0.00%	100.0
	Total	1263	100.00%	94	100.0%	1262	100.00%	1	100.00%	99.9
Khagrachari	Bangalees	295	34.10%	6	20.0%	294	34.40%	1	10.00%	99.7
	EM	569	65.90%	24	80.0%	560	65.60%	9	90.00%	98.4
	Total	864	100.00%	30	100.0%	854	100.00%	10	100.00%	98.8
Rangamati	Bangalees	70	5.40%	8	6.2%	70	5.40%	0	0.00%	100.0
	EM	1223	94.60%	122	93.8%	1220	94.60%	3	100.00%	99.8
	Total	1293	100.00%	130	100.0%	1290	100.00%	3	100.00%	99.8
Total	Bangalees	912	26.70%	41	16.1%	910	26.70%	2	14.30%	99.8
	EM	2508	73.30%	213	83.9%	2496	73.30%	12	85.70%	99.5
	Total	3420	100.00%	254	100.0%	3406	100.00%	14	100.00%	99.6

### 9.2 Multidimensional Poverty Index (MPI)

The Multidimensional Poverty Index (MPI) identifies multiple deprivations at the household level. It is calculated from the values of 10 indicators in three dimensions—health, education, and standard of living. Each person is assigned a deprivation score according to his or her household’s deprivations in each of the 10 indicators. The maximum deprivation score is 100 percent, with each dimension equally weighted; thus, the maximum deprivation score in each dimension is 33.3 percent or, more accurately, 1/3. The health and education dimensions have two indicators each, so each indicator is weighted as 1/6. The standard of living dimension has six indicators, so each indicator is weighted as 1/18. To identify multi-dimensionally poor people, the deprivation scores for each indicator are summed to

obtain the household deprivation score. A cutoff of 1/3 is used to distinguish between poor and non-poor households. If the deprivation score of a household is 1/3 or higher, that household (and everyone in it) is considered multi-dimensionally poor. People with a deprivation score of 1/5 or higher but less than 1/3 are considered to be vulnerable to multidimensional poverty. People with a deprivation score of 1/2 or higher are considered to be in severe multidimensional poverty. A household is MPI-poor if its MPI index value is 0.33 or more.

Based on this calculation, a total of 792 (99.16%) out of 799 households found MPI-poor households with an average deprivation score of 0.351. This result is almost similar to the headcount ratio of this population determined based on the international poverty line of \$2.15. The proportion of the MPI-poor population in Bangalees and EM households was 99.20 with a deprivation average score of 0.376 and 99.16 with an average deprivation score of 0.342, respectively. The same for Bandarban, Khagrachari, and Rangamati was 99.61 with an average deprivation score of 0.341, 98.72 with an average deprivation score of 0.353, and 99.41 with an average deprivation score of 0.359, respectively. These results indicate that Bangalees were comparatively poorer than EM and the people in Bandarban and Rangamati were poorer than the people in Khagrachari.

**Table – 9.2 Multidimensional Poverty Index**

Districts	Ethnicity	Total HH	Poor	Non-poor	Vulnerable poor	Severe poor	Intensity of deprivation	MPI	Contribution of deprivation in dimension to overall multidimensional poverty		
		N.	%	%	%	%	Value	Value	Health (%)	Education (%)	Living Stand. (%)
Bandarban	Bangalees	121	99.17	0.82	27.27	23.14	0.475	0.36	34.91	20.52	15.82
	EM	169	99.22	0.78	24.85	14.2	0.439	0.439	32.02	21.31	19.24
	Total	290	99.61	0.39	25.86	17.93	0.455	0.341	33.38	20.95	17.66
Khagrachari	Bangalees	72	98.43	1.57	23.61	40.27	0.534	0.411	33.63	33.63	14.03
	EM	147	99.30	0.70	36.05	24.48	0.506	0.323	45.74	22.8	21.51
	Total	219	98.72	1.28	31.96	29.68	0.505	0.353	39.87	27.23	17.97
Rangamati	Bangalees	14	99.99	0.01	28.57	28.57	0.446	0.372	46.48	0.09	11.76
	EM	276	98.82	1.18	22.46	22.46	0.468	0.36	39.36	24.51	14.64
	Total	290	99.41	0.59	22.75	22.75	0.467	0.359	39.9	23.75	14.52
Total	Bangalees	207	99.20	0.80	26.08	29.46	0.492	0.376	35.52	24.44	14.94
	EM	592	99.11	0.89	26.52	20.68	0.464	0.342	38.35	23.2	17.1
	Total	799	99.16	0.84	26.41	22.9	0.471	0.351	27.95	17.55	12.27

Among the three dimensions of MPI, the contribution of deprivation in health was higher (about 28%) than education (17.6%) and living standard (12%). This result indicates that malnutrition of the household members particularly, nutritionally vulnerable members such as pregnant and lactating women, adolescent girls, and under-five children is a critical factor for PRLC beneficiary households. This situation is aggravated by the high rate of infant mortality (the current national infant mortality rate is 21.56 deaths per 1000 live births).

Among the three dimensions, the contribution of deprivation in education is mid-level, which is factored by the high rate of drop-out from school (the current national rate of dropout is 14.15). Among

a number of factors for dropout, poverty is the biggest one. The boy students do not complete primary education due to poverty and resort to child labor; while the girl students drop out due to early marriage. Many poor parents think that if the child goes to work instead of going to school, the family income will increase. As a result, they consider the child's education a waste of money (BBS, 2022).

The contribution of deprivation in the living standard is comparatively low but it is still alarming due to the high score in cooking food with wood, cow dung, coal, and straw, building floors, walls, and roofs of the houses with temporary products, and holding inappropriate assets. Other factors, such as access to toilets, safe drinking water, and electricity also require attention for many PRLC households.

### 9.3 Reasons of Poverty

The respondents mentioned various reasons for poverty. The majority of the respondents (92% of all, 96% Bangalee, 91% EM) mentioned lack of scope for IGA as a main reason for poverty; while 61% of the respondents mentioned unemployment of the economically active household members and 57% of the respondents mentioned lack of capital for business and IGA as prime reasons for poverty. In addition to that 19% of respondents mentioned a lack of training to run small businesses or IGA activities and 1% of respondents mentioned the impact of disaster as a reason for poverty. About 77% of the respondents want in-kind support (animals, birds, etc. for rearing, and setting up small businesses) to come out from poverty.

**Table 9.3 Major reasons for poverty**

Districts	Ethnicity	N	Unemployment		Lack of scope for IGA		Lack of capital for business/IGA		Lack of training on business/IGA		Adverse impact of disaster	
			N.	%	N.	%	N.	%	N.	%	N.	%
Bandarban	Bangalees	121	99	81.8	121	100.0	54	44.6	8	6.6	3	2.5
	EM	169	119	70.4	162	95.9	58	34.3	6	3.6	0	0.0
	Total	290	218	75.2	283	97.6	112	38.6	14	4.8	3	1.0
Khagrachari	Bangalees	72	39	54.2	64	88.9	64	88.9	35	48.6	1	1.4
	EM	147	75	51.0	119	81.0	131	89.1	87	59.2	4	2.7
	Total	219	114	52.1	183	83.6	195	89.0	122	55.7	5	2.3
Rangamati	Bangalees	14	7	50.0	13	92.9	2	14.3	0	0.0	0	0.0
	EM	276	147	53.3	258	93.5	149	54.0	13	4.7	3	1.1
	Total	290	154	53.1	271	93.4	151	52.1	13	4.5	3	1.0
Total	Bangalees	207	145	70.0	198	95.7	120	58.0	43	20.8	4	1.9
	EM	592	341	57.6	539	91.0	338	57.1	106	17.9	7	1.2
	Total	799	486	60.8	737	92.2	458	57.3	149	18.6	11	1.4

In FGDs, the members of the extremely poor households mentioned that “Our fathers were poor. They did not have lands for crop cultivation. They earned their livelihood from daily wage labor. We are doing the same. Our kids will do the same because we cannot accumulate any resources for them or give them education or training to choose another profession. Our young sons at their early age have to join daily wage labor to meet the family needs”. They added that the scope for daily wage labor is gradually reducing. In Rangamati, many poor people could work in the fishing boat which has reduced recently as there is not enough fish in the Kaptai Lake. Now, they could go for daily wage labor only in three days of a week. The rest of the days they remained without work. Sometimes, they move to other places for work. Due to the competitive labor market, sometimes they have to work for less wages.

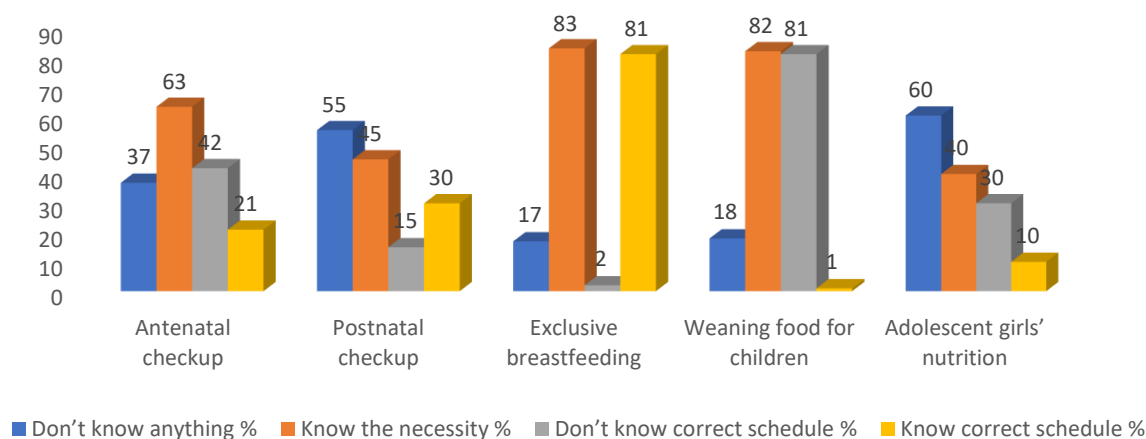
The recent hike in commodity prices has aggravated their poverty situation. To get out of poverty, they want support (financial and technical) for raising cows, goats, and pigs, cultivating vegetables, and entrepreneurship for seeds and fertilizers, etc.

## 10. HEALTH, NUTRITION, AND HYGIENE

### 10.1 Knowledge of Health and Nutrition

The household heads were asked to know if they had basic knowledge about mother and child nutrition. Figure 10.1 presents the results. It shows that 37% of the household heads do not know anything about antenatal checkups and 42% do not know the correct schedule for antenatal checkups. About 55% of the household heads do not know anything about postnatal checkups and 15% do not know the correct schedule for postnatal checkups. Besides, 17% of the household heads do not know anything about exclusive breastfeeding and 2% do not know the correct duration of exclusive breastfeeding. Similarly, 18% of the household heads do not know anything about weaning food and 81% do not know the correct age of the children for starting weaning food.

Figure 10.1 Household Heads' Knowledge on Maternal and Child Health Care



The analysis of the data of the in-depth interview (IDI) with the pregnant and lactating women reveals that their husbands (heads of the households) always liked to take care of them but they could not do it properly due to lack of knowledge and financial inability. One of the participants of IDI mentioned that even though her husband has financial ability still she was not taken for antenatal care because of lack of knowledge. Another participant said that her husband or any family members never advised her to take nutritious food during her pregnancy but she was repeatedly advised by them for providing nutritious food while raising the children.

The majority (72%) of the household heads learned about antenatal, postnatal, exclusive breastfeeding, weaning food, and adolescent girls' nutrition from the health workers, while 6% of them learned it from training, 4% from Farmer Field School (FFS), about 1% from the print and electronic media, and 17% from other sources. Access to health workers for nutritional information found high in Bangalee household heads than in EM household heads. On the other hand, the household heads in Khagrachari district have access less to the health workers than the household heads in Bandarban and Rangamati.

**Table 10.1b Sources of Learning about Maternal and Child Health Care**

Districts	Ethnicity	Total HHHs	Number of HHHs learned about maternal and Child Healthcare											
			Health workers		Training		FFS		E- Media		Print Media		Other (Specify)	
			N.	%	N.	%	N.	%	N.	%	N.	%	N.	%
Bandarban	Bangalee	118	101	85.6%	17	14.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	EM	153	135	88.2%	16	10.5%	0	0.0%	0	0.0%	0	0.0%	2	1.3%
	Total	271	236	87.1%	33	12.2%	0	0.0%	0	0.0%	0	0.0%	2	0.7%
Khagrachari	Bangalee	56	26	46.4%	2	3.6%	4	7.1%	1	1.8%	1	1.8%	22	39.3%
	EM	95	29	30.5%	2	2.1%	22	23.2%	0	0.0%	0	0.0%	42	44.2%
	Total	151	55	36.4%	4	2.6%	26	17.2%	1	0.7%	1	0.7%	64	42.4%
Rangamati	Bangalee	14	12	85.7%	1	7.1%	0	0.0%	0	0.0%	0	0.0%	1	7.1%
	EM	259	200	77.2%	4	1.5%	0	0.0%	1	0.4%	1	0.4%	53	20.5%
	Total	273	212	77.7%	5	1.8%	0	0.0%	1	0.4%	1	0.4%	54	19.8%
Total	Bangalee	188	139	73.9%	20	10.6%	4	2.1%	1	0.5%	1	0.5%	23	12.2%
	EM	507	364	71.8%	22	4.3%	22	4.3%	1	0.2%	1	0.2%	97	19.1%
	Total	695	503	72.4%	42	6.0%	26	3.7%	2	0.3%	2	0.3%	120	17.3%

## 10.2 Nutrition Governance

Nutrition governance in PRLC project areas faces unique challenges due to its geographical, cultural, and socio-political landscape. Given the high rates of malnutrition and food insecurity in the region, coordinated efforts from government agencies, NGOs, and international organizations are essential to address underlying factors such as poverty, limited healthcare access, and poor agricultural productivity. Meanwhile, several projects facilitated "nutrition-sensitive programs" in the region, provided training to the members of the Upazila Nutrition Coordination Committees (DNCCs), Upazila Nutrition Coordination Committees (UNCCs), and Union Multi-Stakeholders' Platforms (MSP). Some of these committees could not functioning properly because trained persons were transferred and some positions remained vacant for long time. Leadership to Ensure Adequate Nutrition (LEAN) project initiated multi-sectoral integrated annual nutrition work plans (union level) which were not supported with necessary budget allocation and dedicated human resources to operationalize it. There were limited budget allocation to organise bi-monthly DNCC/UNCC committee meetings. Communication is a foremost challenge in hilly areas, complicating food distribution and access to nutrition services. National policies like the National Nutrition Policy and the National Plan of Action for Nutrition provide a framework for addressing malnutrition across Bangladesh, including the CHT. However, the implementation of these policies in the CHT requires adaptation to the region's specific needs, as well as targeted interventions to reach vulnerable populations.

## 10.3 Access to Healthcare Services

Table – 10.3 shows access to health care services by the members of the PRLC beneficiary households. It reveals that PRLC beneficiaries have visited different healthcare centers for healthcare services. More than 77% of the PRLC beneficiaries visit UHC, followed by community clinic (36%), union family welfare center (19%), private hospital (12%), homeopath doctor (9%), NGO clinic/hospital (7%), kobiraj (5%), district hospital (4.9%), medical college hospital (3%), and child and mother welfare center (2.9%). In Bandarban, no one visited Kobiraj, Homeopath, District hospital, MCH clinics, private hospitals/doctors, and NGO clinics/hospitals. In Rangamati, Bangalees mostly visited UHC while very few visited community clinics and paramedics.

**Table – 10.3 Healthcare Facilities**

Districts	Ethnicity	Total	MCWC	Kobiraj	Homeo path	UHC	UHFWC	CC	District Hospital	MCH	NGO Clinic/Hospital	Private Hospital/Doctor Chamber	Pharmacy /Para-
		N.	N.	N.	N.	N.	N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	121	0	0	0	91	53	42	0	0	0	0	42
	EM	169	13	0	0	131	47	28	0	0	0	0	16
	Total	290	13	0	0	222	100	70	0	0	0	0	58
Khagrachari	Bangalees	72	1	11	31	39	18	38	9	9	17	28	40
	EM	147	2	30	39	69	28	70	14	14	37	66	77
	Total	219	3	41	70	108	46	108	23	23	54	94	117
Rangamati	Bangalees	14	0	0	0	14	0	1	0	0	0	0	2
	EM	276	7	2	4	273	4	112	16	2	1	0	47
	Total	290	7	2	4	287	4	113	16	2	1	0	49
Total	Bangalees	207	1	11	31	144	71	81	9	9	17	28	84
	EM	592	22	32	43	473	79	210	30	16	38	66	140
	Total	799	23	43	74	617	150	291	39	25	55	94	224

In the FGDs, the participants from extremely poor families in Khagrachari mentioned that they went to the hospitals when there was a complication during the delivery of the baby. They take herbal medicines for normal sickness. The participants from Bandarban mentioned that they faced difficulties in getting healthcare services from the community clinics due to the distance, three kilometers away from their residence. So, they used to go to the village doctors for normal sickness; but they go to the big government hospitals in Lama or Chokoria in case of serious illness such as delivery of a baby, injuries, high blood pressure, heart diseases, etc. Some of them received healthcare services from NGO health workers who visited them occasionally.

## 10.4 Child Health and Nutrition

### 10.4.1 Exclusive Breastfeeding

Table – 10.4.1 describes the exclusive breastfeeding practices in the PRLC beneficiary households. It reveals that 186 out of 799 households have an under-five child; about 44% of these households have exclusively breastfed their children (national average 55%, BDHS 2022). About 42% of the Bangalee households and 44% of the EM households have exclusively breastfed their children. The coverage of exclusive breastfeeding is 46% in Bandarban, 41% in Rangamati, and 42% in Khagrachari. The major reasons for not providing exclusive breastfeeding are lack of knowledge on exclusive breastfeeding (61% of all households, 78% of Bangalee households, and 53% of EM households), unavailability of mothers due to wage laboring outside of their home (12%), not enough milk in mother's breast (26%), and others (1%). Almost all the households in Khagrachari, 61% in Bandarban, and 44% in Rangamati have a lack of knowledge on breastfeeding.

**Table – 10.4.1 Exclusive Breastfeeding Practice in Households**

Districts	Ethnicity	Number of HH have U-5 children	Exclusive breastfed		Reasons for not exclusive breastfeeding				
			N	%	N	Lack of knowledge on exclusive breastfeeding	Unavailability of mothers due to wage laboring outside of home	Not enough milk in mothers' breast	Others
Bandarban	Bangalees	38	15	39.5%	23	60.87	8.70	30.43	0.00
	EM	38	20	52.6%	18	50.00	0.00	50.00	0.00
	Total	76	35	46.1%	41	60.98	4.88	34.15	0.00
Khagrachari	Bangalees	14	7	50.0%	7	85.71	0.00	14.29	0.00
	EM	19	7	36.8%	12	100.00	0.00	0.00	0.00
	Total	33	14	42.4%	19	94.74	0.00	5.26	0.00
Rangamati	Bangalees	3	1	33.3%	2	50.00	50.00	0.00	0.00
	EM	74	31	41.9%	43	65.12	23.26	11.63	0.00
	Total	77	32	41.6%	45	44.44	24.44	28.89	2.22
Total	Bangalees	55	23	41.8%	32	78.13	9.38	12.50	0.00
	EM	131	58	44.3%	73	53.42	13.70	31.51	1.37
	Total	186	81	43.5%	105	60.95	12.38	25.71	0.95

The FGDs with extremely poor women provide different information about exclusive breastfeeding practices in PRLC beneficiary households. Most of them could not be explained breastfeeding properly. They still consider it exclusive breastfeeding if the newborn baby is provided with water and pot milk immediately after birth in case mothers have no milk in their breasts. They put the babies on the breast only when there is enough flow of milk. Sometimes, mothers take herbal medicines to bring the flow of milk into the breast. Mother's nutrition was hardly mentioned as a means for the flow of breast milk. So, the rate of exclusive breastfeeding found through the household survey is questionable.

#### **10.4.2 Weaning Food Feeding**

Table – 10.4.2 describes the weaning food practice in households having under-five children. Out of 186 households having under 5 children, 177 households have provided weaning food to the under 5 children. About 92% of the households provided homemade weaning food to their child, while 12% provided animal milk and rice gruel, and 10% provided pot milk. The reasons for not providing weaning food to the child were unable to buy weaning food items, followed by ignorance, and negligence of the household heads. In IDI, the pregnant and lactating women mentioned that the items of standard weaning food are costly and their families could not afford it. So, they provided their children with rice starch, smashed rice, and sometimes milk and egg if they had a milk cow and egg-laying hen. They did not add vegetables to the weaning food due to cost, but those who had a space in the homestead and grew vegetables added some vegetables to the weaning food. Thus, the overall quality of weaning food, in terms of nutritional values is not as standard as it should be. Moreover, most of the households did not follow standard timing (between the ages of 6-12 months) for weaning food. All these together might impact adversely on the health and nutrition of the children. Particularly, it might be one of the reasons for the high prevalence of stunting among the under-five children of the PRLC beneficiaries.

**Table – 10.4.2 Weaning Food Practice in Households**

Districts	Ethnicity	Total of HH have U-5 child	Weaning food intake		Reasons for not having weaning food			
			Yes	No	Couldn't afford to buy food items	Lack of knowledge on weaning food	Not given importance	Others
Bandarban	Bangalees	38	38	0	0	0	0	0
	EM	38	38	0	0	0	0	0
	Total	76	76	0	0	0	0	0
Khagrachari	Bangalees	14	13	1	1	0	0	0
	EM	19	18	1	0	0	0	1
	Total	33	31	2	1	0	0	1
Rangamati	Bangalees	3	2	1	1	1	0	0
	EM	74	68	6	1	1	1	2
	Total	77	70	7	2	2	1	2
Total	Bangalees	55	53	2	2	1	0	0
	EM	131	124	7	1	1	1	3
	Total	186	177	9	3	2	1	3

### 10.4.3 Vaccination

Table – 10.4.3 describes the vaccination status of the children in the households having under-five children. The study found better vaccination coverage among the PRLC beneficiary households. About 91% of the under-five children in these households are vaccinated. But the respondents could not ensure that their children had received all basic schedule vaccines because they did not know them. The coverage of vaccination of the children was found better in the Paharie households (92%) than the Bangalee's households (89%). Among three hill districts, vaccination coverage is high in Bandarban (95%) followed by Rangamati (90%) and Khagrachari (88%). The reasons for not having vaccination of the children are (1) the center is far away from home, (2) nobody told them to get vaccinated of the children, and (3) others such as negligence, no time to take the child for vaccination, etc.

**Table 10.4.3 Vaccination Status of the Under-five Children**

Districts	Ethnicity	Total U-5 children	Vaccinated		Reasons for not vaccinated		
			No	Yes	Long distance	Nobody told	Others
Bandarban	Bangalees	38	4	34	1	1	2
	EM	38	0	38	0	0	0
	Total	76	4	72	1	1	2
Khagrachari	Bangalees	14	2	12	1	0	1
	EM	19	2	17	0	0	2
	Total	33	4	29	1	0	3
Rangamati	Bangalees	3	0	3	0	0	0
	EM	74	8	66	2	0	6
	Total	77	8	69	2	0	6
Total	Bangalees	55	6	49	2	1	3
	EM	131	10	121	2	0	8
	Total	186	16	170	4	1	11

#### 10.4.4 Anthropometric Measures of Under-Five Children

Anthropometry is the measurement of the human body. Anthropometric measures are used to assess the nutritional status of individuals and population groups and as eligibility criteria for nutrition support programs. Common anthropometric measures are height, weight, and mid-upper arm circumference (MUAC). Some measurements are presented as indices, including height-for-age (HFA), weight-for-age (WFA), weight-for-height (WFH), MUAC-for-age, and body mass index (BMI)-for-age. Each index is recorded as a z-score\* that describes how far and in what direction an individual's anthropometric measurement deviates from the median in the 2006 WHO Child Growth Standards for his or her sex.

For under-five children, HFA measures the level of stunting that reflects chronic malnutrition, WFA measures underweight which reflects both chronic malnutrition and acute malnutrition, and WFH measures wasting which reflects acute malnutrition. All these indices are presented at low for <-2 z-score, moderate for between <-2 z-score to <-3 z-score, and severe for <-3 z-score. A moderate level of WFH is also known as Moderate Acute Malnutrition (MAM), severe level of WFH is known as Severe Acute Malnutrition (SAM).

All three district	Sex				Ethnicity				All	
	Boy		Girl		Bengalees		EM			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>WFH (Wasting)</b>										
Severe	15	7.5	10	5.4	13	10.5	12	4.6	25	6.5
Moderate	12	6.0	10	5.4	6	4.8	16	6.1	22	5.7
Normal	172	86.4	166	89.2	105	84.7	233	89.3	338	87.8
<b>TOTAL</b>	<b>199</b>	<b>100.0</b>	<b>186</b>	<b>100.0</b>	<b>124</b>	<b>100.0</b>	<b>261</b>	<b>100.0</b>	<b>385</b>	<b>100.0</b>
<b>HFA (Stunting)</b>										
Severe	97	45.8	65	33.7	43	34.1	119	42.7	162	40.0
Moderate	43	20.3	51	26.4	36	28.6	58	20.8	94	23.2
Normal	72	34.0	77	39.9	47	37.3	102	36.6	149	36.8
<b>TOTAL</b>	<b>212</b>	<b>100.0</b>	<b>193</b>	<b>100.0</b>	<b>126</b>	<b>100.0</b>	<b>279</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>
<b>WFA</b>										
Severe	42	19.8	25	13.0	26	20.6	41	14.7	67	16.5
Moderate	27	12.7	33	17.1	23	18.3	37	13.3	60	14.8
Normal	143	67.5	135	69.9	77	61.1	201	72.0	278	68.6
<b>TOTAL</b>	<b>212</b>	<b>100.0</b>	<b>193</b>	<b>100.0</b>	<b>126</b>	<b>100.0</b>	<b>279</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>

**Stunting:** Table 10.4.4a shows the nutritional status of the under-five children. It reveals that 63.2% of the under-five children are suffering from stunting (national 24, BDHS 2022); 40% of them are suffering from severe levels of stunting, and 23.2% suffering from moderate levels of stunting. Compared to the girls, more boys are suffering from stunting. Among boys, 46% are suffering from severe and 20% are suffering from moderate levels of stunting, while among girls, 34% are suffering from severe, and 26% are suffering from moderate levels of stunting. The study found significant variation in stunting levels between Bangalee and EM households. In EM households, 43% and 21% of the children are suffering from severe and moderate levels of stunting respectively, while in Bangalee households, 34% and 29% of the children are suffering from severe and moderate levels of stunting respectively. Finally, the results conclude that in general, the boys and the under-five children of EM Community's households are more receptive to stunting.

**Wasting:** Table 10.4.4a shows that on average 12.2% of the under-five children are suffering from wasting (national 11%, BDHS 2022); 6.5% of them are suffering from severe and 5.7% are suffering from moderate level of wasting. As with stunting, more boys are suffering from wasting than girls. Altogether, 13.5% of the boys are suffering from wasting, 7.5% are suffering from severe and 6% are suffering from moderate levels of wasting. On the other hand, 10.8% of the girls are suffering from wasting, and 5.4% are suffering from severe and same from moderate levels of wasting. The prevalence of wasting also varies with regard to ethnicity. About 15.3% of the under-five children in Bangalee's households are suffering from wasting, 10.5% are suffering from severe and 4.8% are suffering from moderate levels of wasting. In EM Community's households, 10.7% of the under-five children are suffering from wasting, 4.6% are suffering from severe, and 6.1% are suffering from moderate levels of wasting.

**Underweight:** Table 10.4.4a shows that on average 31.3% of the under-five children in CHT are suffering from being underweight (national 22%, BDHS 2022); 16.5% of them are suffering from severe and 14.8% are suffering from moderate levels of underweight. As with other indices, more boys are suffering from being underweight than girls. On average, 32.5% of the boys are suffering from underweight, 19.8% are suffering from severe and 12.7% are suffering from moderate levels of underweight. Among under-five girls, 30.1% are suffering from underweight, 19.8% are suffering from severe and 12.7% are suffering from moderate levels of underweight. The prevalence of underweight children was found more in Bangalee's households than in the EM. About 38.9% of the under-five children in Bangalee's households are suffering from underweight; 20.6% are suffering from severe and 18.3% are suffering from moderate underweights. On the contrary, 28% of the under-five children in EM Community's households are suffering from underweight; 14.7% are suffering from severe and 13.3% are suffering from moderate levels of underweight.

Bandarban district	Bandarban (%)		Khagrachari (%)		Rangamati (%)	
	Bangalee	EM	Bangalee	EM	Bangalee	EM
<b>WFH</b>						
Severe	10.2	5.9	13.3	3.4	0.0	4.5
Moderate	5.7	4.4	3.3	10.2	0.0	5.2
Normal	84.1	89.7	83.3	86.4	100.0	90.3
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>HFA</b>						
Severe	33.0	55.0	40.6	63.5	16.7	25.7
Moderate	34.1	10.0	12.5	15.9	33.3	29.4
Normal	33.0	35.0	46.9	20.6	50.0	44.9
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>WFA</b>						
Severe	19.3	21.3	25.0	9.5	16.7	13.2
Moderate	20.5	15.0	12.5	11.1	16.7	13.2
Normal	60.2	63.8	62.5	79.4	66.7	73.5
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## **10.5 Adolescent Health and Nutrition**

### **10.5.1 Impact of Early Marriage on Adolescent Health and Nutrition**

In IDI, the adolescent girls said that about 10 to 15 percent of early marriages happened in the hill area due to the financial crisis of the family. In most cases, adolescent girls run away from home and get married on their own. After marriage, adolescent brides often face health risks due to early pregnancy and childbirth. Since adolescents' bodies are not fully developed, there is a likelihood of complicated pregnancy and delivery, such as obstructed labor, fistula, and maternal mortality. Sometimes, they are targeted for the grievance of other family members, which restricts their access to adequate food intake which exacerbates their nutritional deficiencies. Adolescent mothers are less likely to seek prenatal care and family planning services, further exacerbating reproductive health challenges.

### **10.5.2 Impact of Disaster and Climate Change Impact on Adolescent Health**

In KII, a member of the Upazila Disaster Management Committee (UDMC) mentioned that during disasters, adolescents face many challenges related to health and nutrition due to disruptions in infrastructure, healthcare services, and social support systems. The adolescent girls mentioned that they were always at risk during disasters with regard to personal security and food security. For example, during disasters, adolescent girls go to different shelter centers like schools, colleges, and union parishad along with their families. There are considerable security gaps in the shelter center especially for girls and adolescents. They are always at heightened risk of sexual violence, abuse, and human trafficking. They are disturbed in access to essential medical services and menstrual hygiene practices and lack access to nutritious food, safe drinking water, and adequate sanitation facilities, increasing their risk of malnutrition and infectious diseases.

### **10.5.3 Access to Nutritious Food**

In IDI, adolescent girls mentioned that they always eat family food. The family does not make anything special for them. Rather, due to a lack of adequate knowledge and money, and the far distance of the market from the residence, their families cannot collect necessary food for them. So, they skip meals or intake less than the requirements. Besides, the intake of nutritious food is not ensured for adolescent girls. Due to the current price hike, their households seldom buy fish, chicken, eggs, fruits, etc. They used to eat rice with vegetables. A recent research (FAO Home) shows that in times of scarcity, women tend to prioritize feeding male members of the household, such as husbands and sons, leaving themselves with smaller or less nutritious portions. Almost same trend was observed in ethnic minorities where women's roles in food preparation and distribution are central, but they also reflect broader inequalities, as they tend to eat last or receive smaller portions, especially during lean periods.

### **10.5.4 Access to Healthcare**

Adolescent girls go to the village doctor and community clinic in case of general diseases like fever, cold, cough, and collecting calcium and folic acid, etc. They also get some treatment from the pharmacy. Some adolescents visit District Sadar Hospital for serious illnesses like pregnancy complications due to early marriage, menstrual problems, mental health issues, injuries, etc. Some of the adolescent girls received healthcare services and medicines from NGO health workers who visited them occasionally. The government healthcare facilities are far away from their residents. No one likes to go there unless they have a major illness. Lack of awareness about adolescent healthcare also hinders them from getting proper healthcare.

### **10.5.5 Adolescents' Anthropometric Measures**

Body Mass Index (BMI) of adolescent girls involves comparing their BMI to standard ranges based on age and sex. BMI is a measurement calculated using a person's weight and height and is commonly used to assess whether someone is underweight, normal weight, overweight, or obese. Though BMI

doesn't directly measure body fat or health, other factors such as muscle mass, bone density, and distribution of fat can influence BMI. Therefore, interpreting BMI should be done in conjunction with other assessments and under the guidance of a healthcare professional.

Table – 10.5.5 presents the BMI levels of the adolescents in this study. It found that the majority of the adolescents (about 53% of all adolescents, 43% of the Bangalee adolescents, and 57% of the EM adolescents) were at normal BMI level (18.5 to 24.9), while about 42% of the adolescents in all households, 55% in Bangalee's households and 36% in EM Community's households were at low BMI level ( $\leq 18.5$ ), and about 6% adolescents in all households, 2% in Bangalee and 7% in EM households were at over ( $\geq 25$ ) BMI level. This result suggests that most of the adolescents in the EM households were within a healthy range for their height and age, but concern for Bangalee adolescents who mostly belong to low BMI levels.

**Table 10.5.5: BMI Levels for Adolescent Girls**

Districts	Ethnicity	Number of adolescents girls	Low BMI ( $\leq 18.5$ )	Normal BMI (18.5 to 24.9)	Over $\geq 25$
Bandarban	Bengali	33	54.1	42.6	3.3
	EM	15	23.4	60.9	15.6
	Both	48	38.4	52.0	9.6
Khagrachari	Bengali	14	53.8	46.2	0.0
	EM	30	53.6	46.4	0.0
	Both	44	53.7	46.3	0.0
Rangamati	Bengali	3	75.0	25.0	0.0
	EM	34	34.3	60.6	5.1
	Both	37	35.9	59.2	4.9
All	Bengali	50	54.9	42.9	2.2
	EM	70	36.1	57.1	6.8
	Both	129	41.6	52.9	5.5

## 10.6 Health and Nutrition of Pregnant and Lactation Women (PLW)

### 10.6.1 Impact of Poverty on Health and Nutrition of PLW

In FGD, the women from extremely poor families said that most of the households in this area earn their livelihoods from daily wage labor, but they could not go for daily wage labor every day as there was not enough demand for it. So, they cannot earn enough to meet the basic needs of the households. The nutritious food especially a balanced diet for pregnant and lactating women mostly remained limited to rice and vegetables. They can hardly eat any fruits; only those can eat fruits who have planted fruit trees around their homestead. In IDI, the pregnant and lactating women mentioned that in addition to the financial crisis, the lack of knowledge of the household members about PLW's health and nutrition and the distance of the market significantly impact the balanced nutritious food intake by the PLWs.

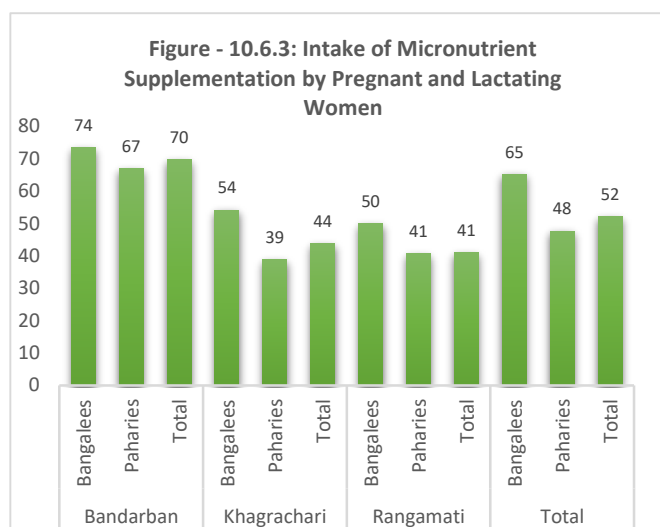
## 10.6.2 Impact of Women Disempowerment and Violence against Women on Health and Nutrition of the PLW

In FGD, most of the poor women said that their husbands are the decision-makers of their families. They are asked seldom for opinions by their husbands while making any decisions. Even husbands make their own decisions regarding purchasing food for the households. They never consider food for the pregnant and lactating women. On the other hand, women cannot buy anything for themselves due to the lack of control over household resources. Moreover, women have limited access to information about maternal health, nutrition, and breastfeeding practices which hinder their ability to adopt beneficial practices for themselves and their children.

In FGD, a few poor women from the extremely poor families, and in IDI, some of the pregnant and lactating women mentioned that they had experienced violence against women. Other research shows if pregnant and lactating women are victims of violence, they experience nutritional deficiencies due to restricted access to food, disrupted eating patterns, and stress-related changes in appetite. Poor nutrition during pregnancy and lactation can increase the risk of maternal complications, fetal growth restriction, and developmental delays in the infant.

## 10.6.3 Micronutrient Supplement

The study explores to know if pregnant and lactating women (PLW) were provided with micronutrient supplements. Figure – 10.5.3 shows the results, which indicate that PLWs in 52% of the PRLC beneficiary households provided micronutrient supplements with iron, folic acid, and multivitamins. They got these supplies from the health and family planning workers. The Bangalee PLWs were more active in receiving iron, folic acid, and multivitamins compared to the EM households. Among the three CHT districts, PLWs in Bandarban were found to be highest in receiving micronutrient supplements, followed by Rangamati and Khagrachari. Of those who did not receive a micronutrient supplement, the majority (80%) of them were ignorant of its benefits, and the rest avoided it for cost.



## 10.6.4 Access to ANC Services

Tables - 10.6.4 presents the status of the PRLC beneficiary households in pursuing ANC services. It indicates that about 37% of the PRLC households have pursued ANC services. Comparatively, the Bangalee households (45%) have pursued more ANC services than the EM' households (34%). Among the three hill districts, the PRLC beneficiary households in Bandarban have the highest ANC services (60%), followed by Khagrachari (25%), and Rangamati (24%). Among the reasons for not having ANC visits, 60% of the households did not know the need for ANC services, 29% of them could not go for it due to financial limitations, 2% of them did not go for discomfort, and 7% for negligence. Of those who go for ANC visits, a few of them (27%) maintained the standard schedule for ANC visits (4 times, 1<sup>st</sup> within the 16<sup>th</sup> week, 2<sup>nd</sup> within the 24<sup>th</sup>-28<sup>th</sup> week, 3<sup>rd</sup> within 32<sup>nd</sup> week, and 4<sup>th</sup> within 36<sup>th</sup> week of gestation). The majority of the households (73%) maintained 1-3 ANC visits.

**Table – 10.6.4a Visiting for ANC Services**

Districts	Ethnicity	Total HH	Do not go for ANC	Go for ANC	Times of ANC Visits		
					Visited 1-3 Times	Visited 4 times	More than 4 times
					N	N	N
Bandarban	Bangalees	121	54	67	55	11	1
	EM	169	63	106	86	20	0
	Total	290	117	173	141	31	1
Khagrachari	Bangalees	72	50	22	14	8	0
	EM	147	115	32	17	14	1
	Total	219	165	54	31	22	1
Rangamati	Bangalees	14	9	5	0	2	3
	EM	276	211	65	44	15	6
	Total	290	220	70	44	17	9
Total	Bangalees	207	113	94	69	21	4
	EM	592	389	203	147	49	7
	Total	799	502	297	216	70	11

The highest number (75%) of ANC visits were made at UHC, followed by UHFWC (21%), community clinic (13%), MCWC (5%), private hospital (2), medical college hospital (1%), district hospital (1%), NGO clinics (1%), and homeopath doctor (1%). About 5% of the households visited a pharmacy or a paramedic instead of visiting any healthcare facilities and they were mostly Bangalee households.

During IDIs, the pregnant and lactating women in Khagrachari mentioned that they did not receive any vaccinations or any other services before and after the birth of the baby and no one came to them and they did not go anywhere to get any services in this regard. Some of the pregnant and lactating women added that there was always a lack of medicines in the community clinics and government hospitals. There was also a lack of gynecologists in proportion to the population of the area which created longer waiting for taking antenatal and postnatal services. All these together demotivated the household heads to take the pregnant and lactating women to clinics or hospitals for antenatal and postnatal care. In Rangamati, all the participants mentioned that they didn't have any idea about antenatal and postnatal care. They never go for it. The main reason is distance and the fragile transportation system which is costly as well due to the water around the area. Usually, traditional birth attendants take care of the pregnant women and the delivery of the child. In case of emergency, pregnant or lactating women were carried by some family members and relatives on their shoulders to the hospital.

**Table – 10.6.4b Status of Receiving ANC Service**

Dhaka	Ethnicity	Total	MCWC	Homeo path	UHC	UHFWC	CC	District Hospital	MCH	NGO Clinic/ Hospital	Private Hosp. Chamber	Pharmacy /Paramedics
		N.	N.	N.	N.	N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	67	0	0	52	16	9	0	0	0	0	4
	EM	106	8	0	76	43	6	0	0	0	0	1
	Total	173	8	0	128	59	15	0	0	0	0	5
Khagrachari	Bangalees	22	0	4	7	3	13	1	2	2	7	4
	EM	32	1	0	22	0	11	1	0	1	0	0
	Total	54	1	4	29	3	24	2	2	3	7	4
Rangamati	Bangalees	5	0	1	4	0	0	0	0	0	0	0
	EM	65	7	0	63	0	0	2	2	0	0	1
	Total	70	7	1	67	0	0	2	2	0	0	1
Total	Bangalees	94	0	5	63	19	22	1	2	2	7	8
	EM	203	16	0	161	43	17	3	2	1	0	2
	Total	297	16	5	224	62	39	4	4	3	7	10

### 10.6.5 Access to PNC Services

Tables - 10.6.5 presents the status of the PRLC beneficiary households in pursuing PNC services. It shows that compared to ANC, a smaller number of PRLC households (23%) pursued postnatal care (PNC). The rate of PNC visits was found high in EM households (24%) than in Bangalee's households (19%). As like as ANC, Bandarban has the highest PNC visits (37%), followed by Khagrachari (20%), and Rangamati (10%). Most of the households (77%) are reluctant to PNC visits; 57% of them felt it was not needed, while 28% avoided it for cost, and 15% did not avail due to lack of information.

**Table – 10.6.5a Access to PNC Services**

Districts	Ethnicity	Total Sample HH	HH not take PNC services	HH visit for PNC services	Frequency of Visit	
		N.	N.	N.	1-2 times	3 times
					N.	N.
Bandarban	Bangalees	121	96	25	25	0
	EM	169	86	83	83	0
	Total	290	182	108	108	0
Khagrachari	Bangalees	72	59	13	13	0
	EM	147	117	30	30	0
	Total	219	176	43	43	0
Rangamati	Bangalees	14	13	1	1	0
	EM	276	248	28	24	4
	Total	290	261	29	25	4
Total	Bangalees	207	168	39	39	0
	EM	592	451	141	137	4
	Total	799	619	180	176	4

The study found that 98% of PNC visits were made for 1-2 times and 2% for 3 times. No one visited for 4 times. As per WHO guidelines, the first PNC visit is within 24 hours after delivery, while the second PNC visit is on the 3rd day after delivery, the third visit is within 7-14 days after delivery, and the fourth visit by 42 days after delivery. Additional visits will be needed for a low-birth-weight baby.

**Table 10.6.5b Status of Receiving PNC Services**

Districts	Ethnicity	Total	Mother and Child welfare center	Upazila Health Complex	Union Health & Family Welfare Center	Community Clinics	District Hospital	NGO Clinic/Hospital	Private Hospital/Chamber	Pharmacy/Paramedics
		N.	N.	N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	25	1	17	12	3	0	0	0	2
	EM	83	11	58	37	3	0	0	0	0
	Total	108	12	75	49	6	0	0	0	2
Khagrachari	Bangalees	13	0	3	0	10	0	0	1	0
	EM	30	1	22	0	7	1	0	0	0
	Total	43	1	25	0	17	1	0	1	0
Rangamati	Bangalees	1	0	1	0	0	0	0	0	0
	EM	28	3	26	0	0	0	0	0	0
	Total	29	3	27	0	0	0	0	0	0
Total	Bangalees	39	1	21	12	13	0	0	1	2
	EM	141	15	106	37	10	1	0	0	0
	Total	180	16	127	49	23	1	0	1	2

The majority of the PNC visits were made at the UHC (71%) followed by UHFWC (27%), CC (13%), and MCWC (9%). There were seldom PNC visits at district hospitals and private clinics/chambers. Two households received PNC services from paramedics/pharmacies. In Bandarban, the households mainly pursued PNC services at UHC, UHFWC, and CC, while the same was pursued in Khagrachari and Rangamati at UHCs and CCs.

### 10.6.6 Anthropometric Measures of the Lactating Women

Table – 10.6.6 presents the BMI level of the lactating women in the PRLC beneficiary households. The results indicate that about 61% of the lactating women in all households (64% in Bangalee households and 59% in the EM households) have normal BMI levels (between 18.5 to 24.9), while about 32% of the lactating women in all households (28% in Bangalee households and 33% in EM Community's households) have over ( $\geq 25$ ) BMI level. Within three districts, more women in Khagrachari and Rangamati were at normal BMI levels than the lactating women in Bandarban. On the other hand, more women in Bandarban than in Khagrachari and Rangamati have a concern about obesity.

**Table - 10.6.6 BMI levels of lactating women**

Districts	Ethnicity	# of lactating women	Low BMI <=18.5	Normal BMI (18.5 to 24.9)	Over =>25
Bandarban	Bangalee	4	6.1	65.2	28.8
	EM	8	9.5	47.6	42.9
	Total	12	8.0	55.3	36.7
Khagrachari	Bangalee	3	20.0	66.7	13.3
	EM	1	2.9	77.1	20.0
	Total	4	8.0	74.0	18.0
Rangamati	Bangalee	0	0.0	0.0	0.0
	EM	7	8.3	63.1	28.6
	Total	7	8.1	61.6	30.2
Total	Bangalee	7	8.4	63.9	27.7
	EM	16	7.9	59.1	33.0
	Total	23	8.0	60.9	31.5

## 10.7 Hygiene Practice

### 10.7.1 Hand Washing Practice

Table – 10.7.1 presents the status of hand-washing practices in the PRLC beneficiary households. It indicates that on average, 86% of the households practice at least one of the five options for hand washing with soap. The members of 71% of households wash their hands with soap after using toilets, 76% wash their hands with soap before taking food, 66% wash their hands before feeding a child, 66% wash their hands before distributing food among household members, and 35% wash hands before and after attending to the patients suffering from diarrhea and other infectious diseases. The average time for washing hands is 12 seconds, which is 8 seconds less than the standard time for hand washing. The enumerators observed that 45% of households have a hand washing station in their houses. The possession of a hand washing station was found high in Rangamati district (60%) followed by Khagrachari (39%), and Bandarban (36%) districts.

**Table – 10.7.1 Hand Washing Practice of Household Members**

Districts	Ethnicity	Total sample HH	Hand Wash with Soap (N=799)				
			After using toilet	Before taken food	Before feeding child	Before distributing food	Before/after attending to a patient
			N	N.	N.	N.	N.
Bandarban	Bangalees	121	102	111	110	111	12
	EM	169	73	124	108	97	7
	Total	290	175	235	218	208	19
Khagrachari	Bangalees	72	69	57	47	47	56
	EM	147	117	101	74	64	73
	Total	219	186	158	121	111	129
Rangamati	Bangalees	14	13	13	12	12	8
	EM	276	193	198	183	207	125
	Total	290	206	211	195	219	133
Total	Bangalees	207	184	181	169	170	76
	EM	592	383	423	365	368	205
	Total	799	567	604	534	538	281

## 10.7.2 Menstrual Hygiene Practice

Menstruation is an important reproductive function in a woman's body. It requires proper care. Good menstrual health and hygiene practices can prevent infections, reduce odors, and help women stay comfortable during their period. Particularly, women should perform five key hygiene practices during the menstruation period: (1) use menstrual products such as sanitary napkins, (2) change menstrual products regularly, (3) avoid superstitions related to menstrual, (4) track and monitor period, (5) contact healthcare providers if there are any irregularities. The study explored menstrual hygiene practices in PRLC beneficiary households administering menstrual product-related questions in the household survey and other issues in the IDI with adolescent girls.

Table – 10.7.2 shows the menstrual products used by the women in the PRLC beneficiary households. It reveals that in 69% of households women use cloth, 29% use sanitary napkins, and 2% use other things. The use of sanitary napkins was found high in Rangamati (48% of households) followed by Khagrachari (25% of households), and Bandarban (14% of households). More women in the Paharie households (34%) use sanitary napkins compared to the women in the Bangalee household (17%). The major reasons for not using sanitary napkins are cost (47%), don't know how to use them (13), feeling shy to use them (13%), disposal of the used napkin (7%), and others (20%).

**Table – 10.7.2 Material Use During Menstruation**

Districts	Ethnicity	Total sample HH	Material Use During Menstruation		
			Cloths	Sanitary napkin	Other (Specify)
		N.	N.	N.	N.
Bandarban	Bangalees	121	116	5	0
	EM	169	133	36	0
	Total	290	249	41	0
Khagrachari	Bangalees	72	46	26	0
	EM	147	114	29	4
	Total	219	160	55	4
Rangamati	Bangalees	14	9	5	0
	EM	276	133	134	9
	Total	290	142	139	9
Total	Bangalees	207	171	36	0
	EM	592	380	199	13
	Total	799	551	235	13

In the in-depth interviews (IDIs), the adolescent girls in Rangamati mentioned that they have early menstruation compared to their mothers or other elders. They don't know the reasons for early menstruation. Usually, mothers or elderly women in the family teach adolescent girls about hygiene practices during menstruation. There is a girl's club in Rangamati; the adolescents learned many things about menstrual hygiene practices from this club.

The adolescent mentioned that they change menstrual materials either clothes or napkins every day. They dispose of the used sanitary napkins but wash the used clothes with soap, dry it in the sun, and reuse it. The adolescent girls mentioned that they have learned about the menstrual superstitions (avoid eating protein, stay away from others, etc.) that their mothers and grandmothers followed but they don't follow them. They also track and monitor their period. Two adolescent girls expressed their concern about irregular periods and excessive bleeding. They don't know how to get the support of healthcare providers to resolve these problems.

### 10.7.3 Defecation

Table - 10.7.3 describes the defecation practices of the PRLC beneficiary household members. It shows that 96% of household members use a toilet for defecation. About 58% of the toilet users use pit toilets, 26% use open drain toilets, 10% use toilets having septic tanks, 5% use hanging toilets, and 1% use others. The pit toilet and septic tank toilet are considered hygienic toilets; 68% of the households use these toilets. The use of pit toilets and septic tank toilets is higher in Bangalee households (73%) than in EM households (66%). On the other hand, the use of open drains and hanging toilets is higher in EM' households (33%) than in Bangalee households (25%). The use of open drain toilets is high in Rangamati (35%), pit toilets in Bandarban (65%), septic tank toilets, and hanging toilets in Khagrachari (12% and 16% respectively).

**Table – 10.6.3 Defecation Practice**

Districts	Ethnicity	Total toilet user	Open-drain toilet users	Pit toilet users	Septic tank toilet users	Hanging toilet users	Other (Specify)
		N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	121	35	68	17	0	1
	EM	140	32	102	4	2	0
	Total	261	67	170	21	2	1
Khagrachari	Bangalees	72	9	51	5	4	3
	EM	147	21	64	22	30	10
	Total	219	30	115	27	34	13
Rangamati	Bangalees	14	4	10	0	0	0
	EM	272	95	150	25	1	1
	Total	286	99	160	25	1	1
Total	Bangalees	207	48	129	22	4	4
	EM	559	148	316	51	33	11
	Total	766	196	445	73	37	15

### 10.7.4 Toilet Ownership

Table – 10.7.4 describes the ownership and location of toilets. Among the toilet users, 89% use their toilet, and 11% use a shared toilet. Ownership of a toilet is almost similar between Bangalee (90%) and EM (89%) households. Within three hill districts, ownership of a toilet is high in Khagrachari (97%) followed by Rangamati (87%), and Bandarban (85%). On the other hand, the use of shared toilets is high in Bandarban (15%) followed by Rangamati (13%), and Khagrachari (3%). As like as the owner of the toilet, users of shared toilets are almost the same in Bangalee (10%) and EM' (11%) households. About 65% of the households have a toilet beside the yard, while 34% have one outside of the homestead, and only 1% have a toilet within their house. In Rangamati, no one has a toilet inside the house.

**Table 10.7.4 Ownership and Location of Toilets**

Districts	Ethnicity	Total toilet users	Ownership status of the toilet		Location of the toilet		
			Only family member used	Shared toilet use	Within house	Beside Yard	Outside of homestead
			N.	N.	N.	N.	N.
Bandarban	Bangalees	121	108	13	2	86	33
	EM	140	115	25	2	66	72
	Total	261	223	38	4	152	105
Khagrachari	Bangalees	72	71	1	2	54	16
	EM	147	142	5	2	77	68
	Total	219	213	6	4	131	84
Rangamati	Bangalees	14	8	6	0	14	0
	EM	272	240	31	0	201	71
	Total	286	248	37	0	215	71
Total	Bangalees	207	187	20	4	154	49
	EM	559	497	61	4	344	211
	Total	766	684	81	8	498	260

**10.7.5 Access to Drinking Water**

Table – 10.7.5 shows the sources of the drinking water for PRLC beneficiary households. It shows that 59% of the households (82% Bangalees and 51% EM) collect drinking water from the deep tube well. Among other households, 20% collect drinking water from natural ponds/streams, 19% collect from supply pipes, and 2% collect from water vans and others. Mostly EM households collect drinking water from the natural ponds/streams. In Rangamati, the majority (71%) of the EM collect drinking water from natural ponds/streams. The same is collected in Bandarban and Khagrachari by 7.5% and 17% of EM households, respectively. Bangalees collect drinking water mostly from deep tube wells in Rangamati and both supply pipe and deep tube wells in Bandarban and Khagrachari. In the FGDs, the women in extremely poor families from Rangamati said that the natural sources of drinking water are reducing gradually. The water quality of these sources has deteriorated. Now, they have to walk far away to collect good drinking water.

**Table – 10.7.5a Sources of Drinking Water**

Districts	Ethnicity	Total	Natural ponds/ streams	Supplied water with pipe	Deep tube well	Supply water with Van	Bottle water	Other (Specify)
		N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	121	1	9	111	0	0	0
	EM	169	21	64	84	0	0	0
	Total	290	22	73	195	0	0	0
Khagrachari	Bangalees	72	1	23	45	1	0	2
	EM	147	25	24	87	0	0	11
	Total	219	26	47	132	1	0	13
Rangamati	Bangalees	14	0	1	13	0	0	0
	EM	276	114	30	132	0	0	0
	Total	290	114	31	145	0	0	0
Total	Bangalees	207	2	33	169	1	0	2
	EM	592	160	118	303	0	0	11
	Total	799	162	151	472	1	0	13

About 51% of households collect drinking water from far distance, while 44% collect from beside the homestead, and 2% collect from their homestead. On average, a household requires 18.6 minutes to walk to collect drinking water. The same requires 21.92 minutes in Bandarban, 15.64 minutes in Khagrachari, and 17.52 minutes in Rangamati. EM requires 20.02 minutes and Bangalees requires 14.52 minutes to collect drinking water. EM require more time due to collecting drinking water from the natural ponds/streams which are located far away from their houses.

**Table 10.7.5b Location and Distance of Drinking Water Sources**

Districts	Ethnicity	Total sample HH	Location of water sources			Average travel times (Minutes)
			Homestead area	Beside house	Far away from house	Mean
			N.	N.	N.	
Bandarban	Bangalees	121	6	47	68	17.11
	EM	169	11	54	104	25.37
	Total	290	17	101	172	21.92
Khagrachari	Bangalees	72	1	52	19	10.29
	EM	147	6	56	85	18.27
	Total	219	7	108	104	15.64
Rangamati	Bangalees	14	0	8	6	14.57
	EM	276	13	135	128	17.67
	Total	290	13	143	134	17.52
Total	Bangalees	207	7	107	93	14.57
	EM	592	30	245	317	20.02
	Total	799	37	352	410	18.60

## 10.8 Homestead Vegetable Garden (HVG)

Table - 10.8 presents the status of the homestead vegetable garden in the PRLC beneficiary households. It reveals that 13% of the households have homestead vegetable gardens. The same is available in 18% of households in Bandarban, 13% of households in Khagrachari, and 7% of households in Rangamati. In Bandarban, more of the EM households (26%), and in Khagrachari and Rangamati, more of the Bangalee households (22% and 13%, respectively) have homestead vegetable gardens. Among the households that have a homestead vegetable garden, 97% of them felt that they did not get any benefits from the vegetable garden. Because these gardens have no enough production to sell for earning income. They do not consider the consumption of vegetables from the garden as a benefit.

Among the households that have no vegetable garden, 80% of them could not do it due to lack of space, 20% could not afford to buy materials for setting a vegetable garden, 16% do not know the technical know-how to raise homestead vegetable garden, 8% did not give importance to it. In the FGD, the women from extremely poor households mentioned that they need to know the benefits of the homestead vegetable garden as well as support from the government or NGOs to set up a homestead vegetable garden. Only four PRLC beneficiary households got support from INGO/NGO to raise homestead vegetable gardens.

**Table – 10.8 Reasons for not having Homestead Vegetable Garden (HVG)**

Districts	Ethnicity	No. of HH have no HVG	Reasons for not having HVG				
			No required space	Cannot afford to buy materials for HVG	Don't know techniques of setting HVG	Did not care	Other (Specify)
			N.	N.	N.	N.	N.
Bandarban	Bangalees	113	110	4	0	0	0
	EM	125	75	51	14	4	0
	Total	238	185	55	14	4	0
Khagrachari	Bangalees	56	48	12	20	14	1
	EM	134	71	46	75	32	1
	Total	190	119	58	95	46	2
Rangamati	Bangalees	12	11	1	0	0	0
	EM	258	244	26	1	9	0
	Total	270	255	27	1	9	0
Total	Bangalees	181	169	17	20	14	1
	EM	517	390	123	90	45	1
	Total	698	559	140	110	59	2

A recent study (BRAC, 2013<sup>1</sup>) shows four-fold benefits of a homestead vegetable garden. It is a primary source of vitamin A for household members, particularly for pregnant and lactating women and children. The homestead garden meets the four pillars of sustainable food security (availability, access, utilization, and stability) and maintaining an alternative local food system that has the potential to be sustainable. Women play a critical role in the operation and management of the vegetable garden. They also earn income from it and contribute to the family expenditure. Many women meet the basic needs of their school-going children from the income of a good homestead vegetable garden. Thus, homestead vegetable gardens help women to be economically empowered and to recognize women's contributions and the significance of their activities.

## 11. FOOD SECURITY AND DIVERSITY

This study used HFIAS to measure household food insecurity which should be understood from the calculation of the following four indicators – (1) household food insecurity access-related conditions, (2) household food insecurity access-related domains, (3) household food insecurity access scale scores, and (4) household food insecurity access prevalence. The results of these four indicators jointly define the food insecurity status of the studied households.

<sup>1</sup> BRAC-AVRDC home garden project was launched in the Barishal & jashore district. Training was given to the beneficiaries (all were women) at the first phase and thereafter seeds were also given to them free of cost to grow vegetable in their homestead areas. In fact, it was a very successful project and the beneficiaries produced good quantity of vegetables from their gardens regularly. This project helped the poor families a lot and besides regular consumption of vegetables, the beneficiaries could sold their surplus and earned money which were spent to purchase other nutritional foods for the family members and could give financial support to their children engaged in education. Home gardens also helped the poor women (beneficiaries) to establish their dignity in the society as well. #To enjoy my you tube video on harvesting of good quality vegetables from the balcony garden please follow the link: <https://www.youtube.com/watch?v=dGsLyesBPBs&t=42s> # also enjoy another video on sweet potato cultivation in the balcony: <https://www.youtube.com/watch?v=viG7Qu1-10A>

## 11.1 Household Food Insecurity Access-related Conditions

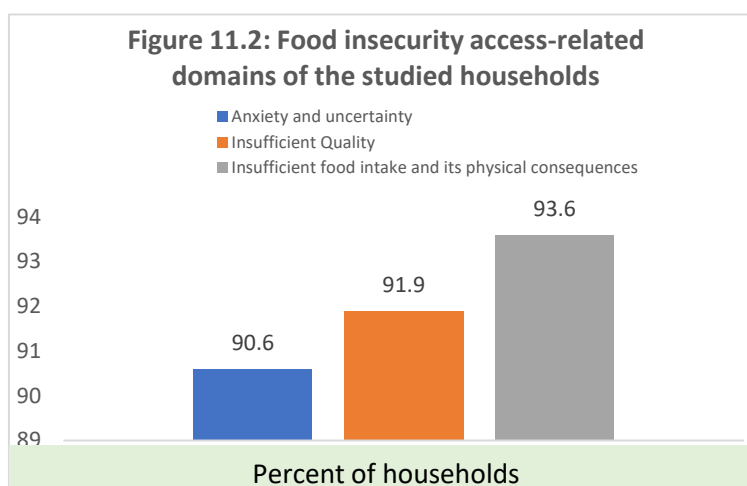
Table – 11.1 presents the proportion of households that experienced food insecurity in a particular condition. The results revealed that almost 91% of the households were worried about food insecurity. Around 94% of the households were unable to eat their preferred foods and limited varieties of foods were consumed by about 94% of the households. Nearly 77 % of the households consumed foods that they would prefer not to eat, and almost 70% consumed smaller meals during the last four weeks of the study period. Fewer than three meals per day were eaten by 75% of the households. More than 34% of the households frequently had no food to eat at home, about 32% went to sleep hungry, and 22% went a full day without eating. These conditions worsen further during the lean period (rainy season) of the daily wage laborer.

**Table – 11.1: Food insecurity access-related condition of the PRLC households**

Indicators	Ethnicity	Total HHs	Households experienced the condition at any time during the recall period	
		Number	Yes (%)	No (%)
Worry about not having enough food	Total	799	90.6	9.4
	Bangalee	207	79.7	20.3
	EM	592	94.4	5.6
Unable to eat preferred foods	Total	799	91.9	8.1
	Bangalee	207	93.7	6.3
	EM	592	91.4	8.6
Eat a limited variety of foods	Total	799	93.6	6.4
	Bangalee	207	90.3	9.7
	EM	592	94.8	5.2
Eat foods that they really did not want to eat	Total	799	76.6	23.4
	Bangalee	207	77.2	22.8
	EM	592	76.4	23.6
Eat a smaller meal	Total	799	70.1	29.9
	Bangalee	207	72.8	27.2
	EM	592	79.2	20.8
Eat fewer meals in a day	Total	799	74.7	25.3
	Bangalee	207	77.8	22.2
	EM	592	73.6	26.4
No food to eat of any kind in the household	Total	799	34.3	65.7
	Bangalee	207	36.2	63.8
	EM	592	33.6	66.4
Went to sleep at night hungry	Total	799	31.9	68.1
	Bangalee	207	30.1	69.9
	EM	592	32.6	67.4
Went a whole day and night without eating anything	Total	799	22.4	77.6
	No	207	24.6	75.4
	Yes	592	21.6	78.4

## 11.2 Household Food Insecurity Access-related Domains

Figure 11.2 shows three household food insecurity access-related domains. It indicates that around 91% of the households experienced anxiety and uncertainty related to food insecurity. About 92% of the households had insufficient or poor-quality foods and almost 94% had inadequate food intake and, as a result, suffered physical consequences.



## 11.3 Household Food Insecurity Access Scale (HFIAS) Score

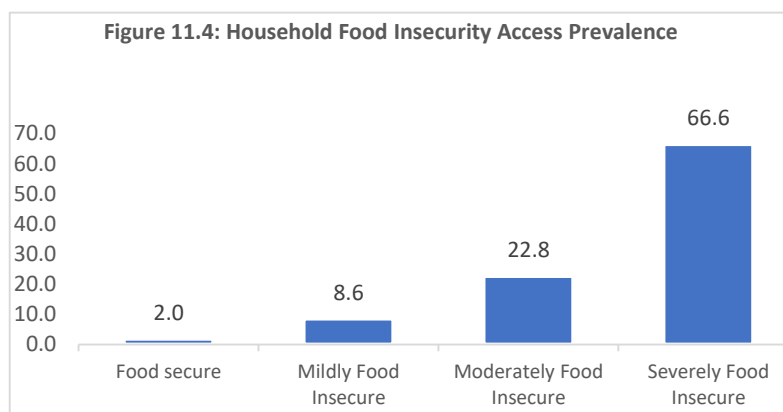
The HFIAS score is a continuous measure of the degree of food insecurity (access) in the household in the past four weeks (30 days). An HFIAS score variable is calculated for each household by summing the codes for each frequency-of-occurrence question. Before summing the frequency-of-occurrence codes, the data analyst checked the data and ensured the code for frequency-of-occurrence as 0 for all cases where the answer to the corresponding occurrence question is “no” (i.e., if 9.1=0 then 9.1.1=0, if 9.2=0 then 9.2.1=0, etc.). The maximum score for a household is 27 (the household response to all nine frequency-of-occurrence questions was “often”, coded with a response code of 3); the minimum score is 0 (the household responded “no” to all occurrence questions, frequency-of-occurrence questions were skipped by the interviewer, and subsequently coded as 0 by the data analyst.) The higher the score, the more food insecurity (access) the household experienced. The lower the score, the less food insecurity (access) a household experienced. The average HFIAS score is the proportion of the sum of household scores for the total number of households.

District	Ethnicity	Valid	Mean	Median	Standard Deviation
Bandarban	Bangalee	121	16.24	18.00	6.66
	EM	169	13.11	11.00	5.74
	Total	290	14.41	12.00	6.32
Khagrachari	Bangalee	72	19.13	24.00	6.78
	EM	147	19.44	24.00	6.02
	Total	219	19.34	24.00	6.27
Rangamati	Bangalee	14	14.07	12.00	5.61
	EM	276	17.35	18.00	6.55
	Total	290	17.19	18.00	6.54
Total	Bangalee	207	17.10	18.00	6.79
	EM	592	16.66	17.00	6.64
	Total	799	16.77	18.00	6.68

Table – 11.3 presents the average HFIAS score for PRLC households categorized by their ethnicity (Bangalees and EM) and geographical variations. It shows 16.77 as the average HFIAS score with a standard deviation of 6.68 for PRLC beneficiary households. The HFIAS score is comparatively higher in the Bangalee households (17.10 with SD 6.79) than in EM households (16.66 with SD 6.64). Within three districts, the HFIAS score is high in Khagrachari (19.34 with SD 6.27) followed by Rangamati (17.19 with SD 6.54) and Bandarban (14.41 with SD 6.32).

## 11.4 Household Food Insecurity Access Prevalence

The prevalence of household food insecurity access was categorized into four groups. The results show that food is secured only for 2% of the PRLC beneficiary households. Among the food-insecure households, 8.6% were mildly food insecure, 22.8% were moderately food insecure, and 66.6% were severely food insecure.



## 11.5 Household Dietary Diversity (HDD)

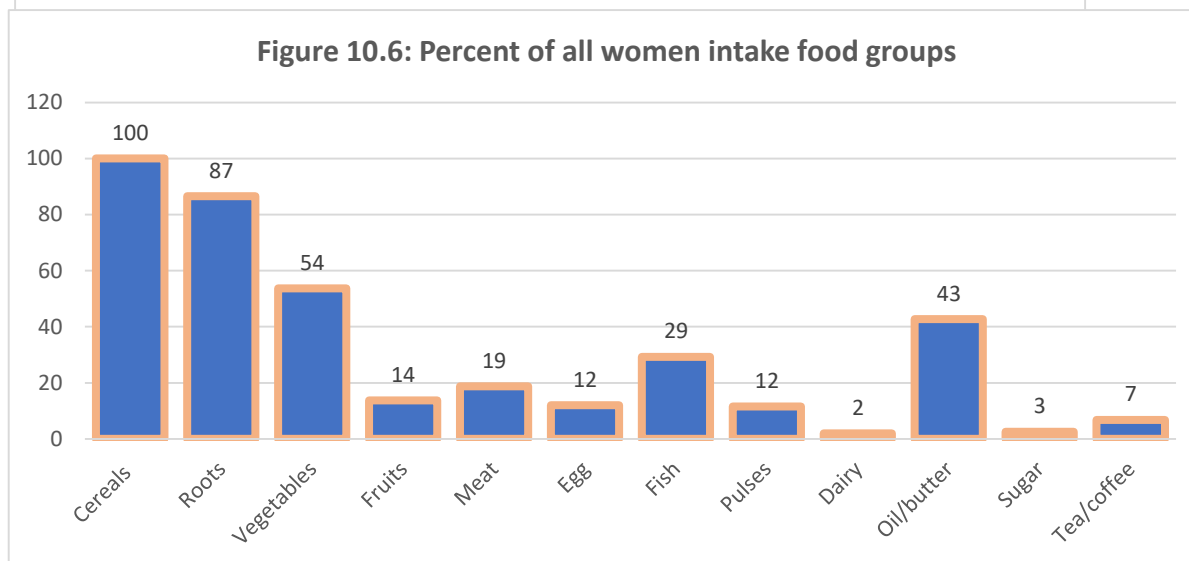
The HDD is calculated from 12 food groups that a household is presumed to intake daily to meet the nutritional need. The food groups are organized based on locally available food. Data on household food consumption was collected using the previous 24 hours as a reference period (24-hour recall). During data collection, enumerators score 1 for the food group if household members consume any item of the corresponding food group or “zero” if not consume. The sum of the scores for the 12 food groups is the dietary diversity score for each household. Then average HDD score is determined from the sum of the dietary score of the households divided by the number of total households. This score reflects the overall food diversity situation in the beneficiary households. The higher the score the better dietary diversity.

Table -11.5 shows HDD scores for PRLC beneficiary households by ethnicity and geographical variation. The results reveal that the overall dietary diversity of PRLC beneficiaries is  $\pm 5.22$ , which is lower than the national average, of  $\pm 6.0$  food groups for the rural population (Huda, Tanvir, et al Popul Med., 2023). The HDD score is slidey higher in Bangalee households ( $\pm 5.53$ ) than the EM’ households ( $\pm 5.1$ ). The HDD score was found high in Khagrachari ( $\pm 5.79$ ) followed by Bandarban (5.28), and Rangamati (4.58). The dominant consumed food groups are cereals (100%), roots (87%), vegetables (61%), fresh and dry fish (32%), and oil (45%).

**Table – 11.5 HDD Scores**

Districts	Ethnicity	Valid N	Mean	Median	Standard Deviation	Maximum	Minimum
Bandarban	Bangalees	121	3.45	3	1.31	8	2
	EM	169	4.23	4	1.34	8	2
	Total	290	3.90	3	1.38	8	2
Khagrachari	Bangalees	72	5.03	5	1.48	9	2
	EM	147	3.99	4	1.32	7	2
	Total	219	4.33	4	1.46	9	2
Rangamati	Bangalees	14	3.36	3	.63	5	3
	EM	276	3.58	3	1.03	8	2
	Total	290	3.57	3	1.01	8	2
Total	Bangalees	207	3.99	4	1.54	9	2
	EM	592	3.87	4	1.23	8	2
	Total	799	3.90	4	1.32	9	2

**Figure -11.5 Percent of households intake food groups**



### 11.6 Minimum Dietary Diversity for Women (MDD-W)

MDD-W is a dichotomous indicator of whether or not women 15–49 years of age have consumed at least five out of 12 defined food groups on the previous day or night. The proportion of women 15–49 years of age who reach this minimum in a population can be used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality.

Table 11.6 presents minimum dietary diversity for women, categorized by ethnicity and region. The result reveals that the average intake of food groups is 3.70 for all women, 3.77 for Bangalee women, and 3.68 for EM women. The average food intake was found a little high in Khagrachari (4.09) followed by Bandarban (3.78) and Rangamati (3.33). On the other, about 10% of the women intake five or more than five food group; 14% of the Bangalee women and 8% of the EM women intake five or more than five food group. This result indicates that a significant number of women in the PRLC beneficiary households intake less than five group. Comparatively, more EM women than Bangalee women intake less number of food groups.

**Table – 11.6 MDD-W**

Districts	Ethnicity	Total HH		<5 Food group		≥5 Food group		Mean Intake	SD
		N.	%	N.	%	N.	%		
Bandarban	Bangalees	121	41.7%	111	44.2%	10	25.6%	3.31	1.19
	EM	169	58.3%	140	55.8%	29	74.4%	4.12	1.32
	Total	290	100.0%	251	100.0%	39	100.0%	3.78	1.33
Khagrachari	Bangalees	72	32.9%	53	28.5%	19	57.6%	4.74	1.49
	EM	147	67.1%	133	71.5%	14	42.4%	3.78	1.32
	Total	219	100.0%	186	100.0%	33	100.0%	4.09	1.45
Rangamati	Bangalees	14	4.8%	14	4.9%	0	0.0%	2.79	.58
	EM	276	95.2%	269	95.1%	7	100.0%	3.36	.96
	Total	290	100.0%	283	100.0%	7	100.0%	3.33	.96
Total	Bangalees	207	25.9%	178	24.7%	29	36.7%	3.77	1.46
	EM	592	74.1%	542	75.3%	50	63.3%	3.68	1.21
	Total	799	100.0%	720	100.0%	79	100.0%	3.70	1.28

## 12. RESILIENCE TO SHOCK

### 12.1 Experience in Shock

About 43% of the households experienced a couple of shocks in the last two years. Experience of shock varies in the households of the three hill districts. The majority of the household experienced a shock in Bandarban (60) followed by Rangamati (41%), and Khagrachari (21%). In all districts, EM households (45%) were affected more by the shocks than the Bangalee households (35%).

Flood was the most prominent shock during this time; 66% of households were affected by flood. There were landslides, tornados, excessive rain, chronic diseases, and pandemics as well. 45% of households were affected by the landslide, 20% of households by tornado, and 16% of households by chronic diseases and pandemics. There were about 3% of households that were affected by local political clashes, earth quack, and earning members had an accident or died. There were a lot of households which have affected by several shocks.

About 47% of the shock-affected households mentioned that they got early warnings about shocks like floods, landslides, excessive rain, tornados, etc. But many of the households (53%) did not get any early warning. So, they were affected more in terms of losing assets, personal injuries, etc.

**Table – 12.1 Major Reasons of Shock**

Districts	Ethnicity	Total	Land sliding	Chronic disease or health disorder of family member	A victim of social/ political vendetta	Damaged by litigation	Tornado	Earth Quack	Flood	Heavy Rain	Earning members fall in accident or died	Disease/ Pandemic
		N.	N.	N.	N.	N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	59	7	0	0	0	0	0	57	27	0	0
	EM	115	59	0	0	1	7	1	89	11	0	0
	Total	174	66	0	0	1	7	1	146	38	0	0
Khagrachari	Bangalees	12	3	10	1	1	3	0	0	0	0	8
	EM	35	12	23	1	0	19	0	0	0	1	13
	Total	47	15	33	2	1	22	0	0	0	1	21
Rangamati	Bangalees	1	0	0	0	0	0	0	0	0	1	0
	EM	118	71	0	0	0	39	1	78	4	0	1
	Total	119	71	0	0	0	39	1	78	4	1	1
Total	Bangalees	72	10	10	1	1	3	0	57	27	1	8
	EM	268	142	23	1	1	65	2	167	15	1	14
	Total	340	152	33	2	2	68	2	224	42	2	22

### 12.2 Impact of Shock on Households

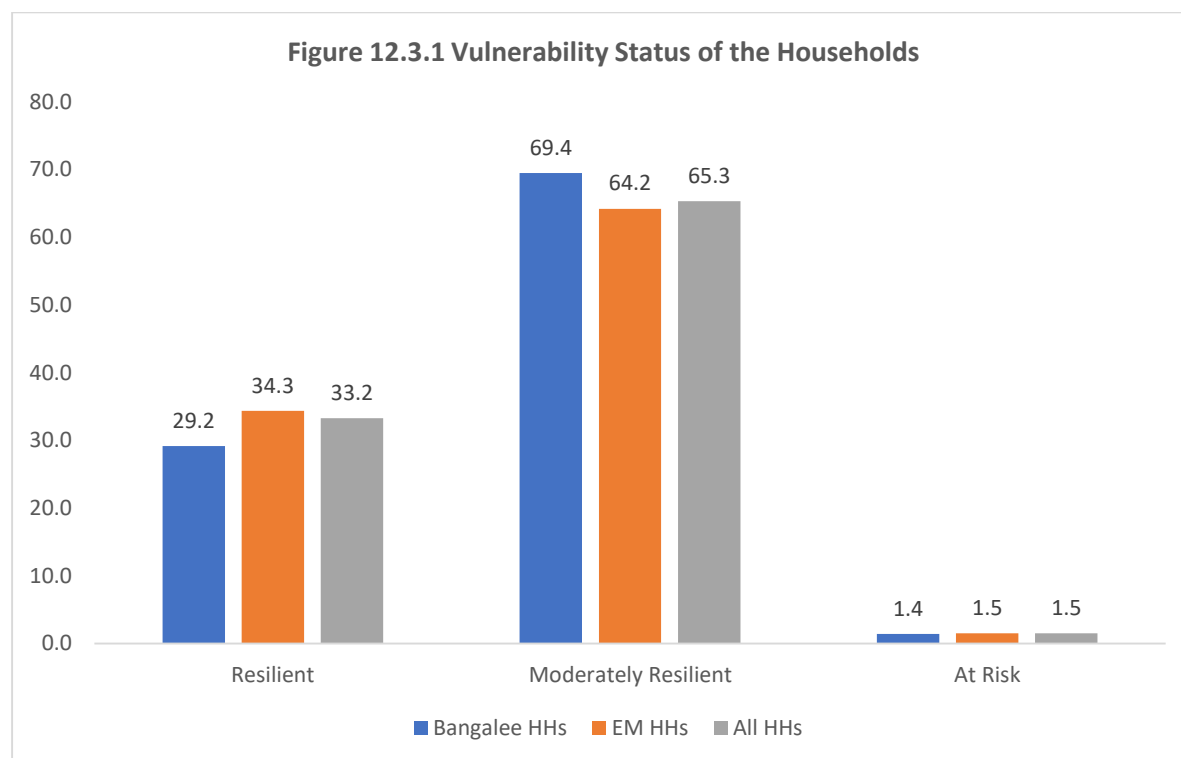
More than 94% of the shock-affected households became very weak financially. They have lost their purchasing power. On the other hand, 89% of households fall into the next level of poverty and 60% of households experienced an increase of unemployment among the economically active family members. In addition to that 9% of households lost their family, and 7% of households entered into forced loans.

**Table – 12.2 Impact of Shock on the Household Income and Assets**

Districts	Ethnicity	Total	Fall down in poverty	Financially weak	Increased unemployment	Family lost asset	Increased credit	No change	Improved family condition	Other (Specify)
		N.	N.	N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	59	51	55	41	2	9	8	0	0
	EM	115	111	113	59	2	1	2	0	0
	Total	174	162	168	100	4	10	10	0	0
Khagrachari	Bangalees	12	12	12	10	2	2	0	0	0
	EM	35	24	34	21	18	5	0	0	0
	Total	47	36	46	31	20	7	0	0	0
Rangamati	Bangalees	1	1	1	1	0	0	0	0	0
	EM	118	102	106	72	5	6	2	0	0
	Total	119	103	107	73	5	6	2	0	0
Total	Bangalees	72	64	68	52	4	11	8	0	0
	EM	268	237	253	152	25	12	4	0	0
	Total	340	301	321	204	29	23	12	0	0

### 12.3 Level of Vulnerability from Shock

The households' vulnerability to natural hazards is measured from five potential occurrences of shock: household's sources of income, living houses, supply of drinking water, access to health care facilities, and access to toilet facilities. Each occurrence was measured from five dimensions: level of probability, level of impact, use of technology to be protected from shock, use of internal resources to recover from shock, and use of external supports to recover from shock. The final results are presented under three categories: resilient, moderately resilient, and at risk.



More than 33% of the households were resilient to shock. Because they got an early warning about the upcoming hazards, used climate-smart technologies to be protected from shocks, and organized household resources smartly to recover from shocks. The result shows that 65% of households were moderately resilient; these households did not get early warning of shocks and they were not consistent in using climate-smart technologies and households' internal resources. They mostly depended on external support. About 2% of households were at risk; they did not get early warning of hazards and had no use of climate-smart technologies, internal resources, and external supports.

## 12.4 Coverage under the Social Safety Net Program (SSNP)

Out of 799 PRLC beneficiary households, only 128 households are covered by the government Social Safety Net Program (SSNP). Bangalee and EM households have almost similar coverage by this program, which is 15% and 16% respectively. However, the variation is found in three hill districts; such as Bandarban has the highest coverage of Bangalee households (20%), while Ragamati has the highest coverage of EM households (25%).

Among the SSNP-covered households, 46% of the households received disability allowance, 24% received widow and helpless women allowance, 16% received VGD, about 9% received poor old age allowance, and 6% received effected with disaster allowance. Remaining received relief, VGF, PLW allowance, and others.

**Table – 12.4 Type of Support Received by PRLC Beneficiary Households**

Districts	Ethnicity	Total HH under SSNP	Poor old age allowance	Relief Program	VGD	VGF	Widow and helpless women's allowance	People with disability allowance	Lactating and Pregnant mother's allowance	Effected with disaster allowance	Other (Specify)
		N.	N.	N.	N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	24	2	2	5	3	6	8	1	2	0
	EM	12	0	1	8	0	1	2	0	0	1
	Total	36	2	3	13	3	7	10	1	2	1
Khagrachari	Bangalees	6	1	0	0	0	3	1	0	1	0
	EM	15	1	0	0	0	8	4	0	3	0
	Total	21	2	0	0	0	11	5	0	4	0
Rangamati	Bangalees	2	0	0	0	0	2	1	0	0	0
	EM	69	7	0	8	0	11	43	0	2	1
	Total	71	7	0	8	0	13	44	0	2	1
Total	Bangalees	32	3	2	5	3	11	10	1	3	0
	EM	96	8	1	16	0	20	49	0	5	2
	Total	128	11	3	21	3	31	59	1	8	2

Each household on average received Tk. 987.00 from Safety Net Programs; EM' households received more (Tk.1187.00) from Safety Net Programs than the Bagalees' households (Tk. 415.00). The receipt of the Safety Net Program support was found high in Rangamati districts and very low in Bandarban district. In FGD, the participants from extremely poor households in Khagrachari mentioned that they did not know about the Safety Net program. Nobody came to them to discuss it. However, they heard someone in their area had received a house. The participants from Bandarban mentioned that they received an old age allowance which is very small. They spent this money on food. The participants in Rangamati mentioned that their household members participated in various Safety Net activities of the

government that included 40-day work programs, allowances for persons with disability, and allowances for girl students. Some of them participated in the interventions of the World Food Program.

About 71% of the SSNP-covered households mentioned that SSNP support did not make any change in their livelihood, while 17% of households claimed a reduction of their poverty, 5% of households claimed an improvement in their financial situation, and 2% of households claimed an increase of asset. Others have used it for self-employment, loan repayment, etc.

About 69% of the SSNP-supported households are somewhat happy and 7% are happy with the support received from the government, but 24% of the households are not happy with this support. The main reasons for dissatisfaction are support is insufficient, lack of transparency, and force to receive less than the allocation.

## **13. WOMEN EMPOWERMENT**

### **13.1 Role in Decision-Making**

Table 13.1 shows women's role in decision-making. It reveals that Women in the majority of the households (88%) play some type of decision-making role. In 57% of households, women help men in decision-making; especially, women provided necessary information in making decision, while in 27% of households, women and men make decisions jointly, and in 3% of households, women make decisions individually. Particularly, women make decisions individually mostly in EM households. Compared to Bangalee households, more EM' households provide opportunities to women for decision-making.

In FGD, the women from extremely poor households mentioned that both the husband and the wife earn and they try to make any family decision together. However, the husband's decision is accepted as the final decision in most of the cases. However, wives play a critical role in child education, marriage, and food purchases, while husbands have full control over household resources. Without the agreement of the husband, wives cannot buy or dispose of any household assets.

The above findings are congruent with the results of a recent study (Parven, 2023) which examined the decision-making ability among the women in the ethnic minority groups (EM) in CHT. The result shows that women in EM households have low decision-making ability across the four decision-making variables- to make large purchases, household matters, domination within the family, and economic decisions. Even without the husband's consent women cannot adopt any family planning methods. When it comes to relative freedom, women cannot still decide whether to send their child to the hospital if sick; particularly, women need to ask their husbands for any big spending including purchasing clothes for the children or any other family necessities.

**Table – 13.1 Women’s Role in Decision Making**

Districts	Ethnicity	Total	Did not play any role	Help men in decision-making process	Jointly make decision	Make decision individually	Other (Specify)
		N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	121	36	67	16	2	0
	EM	169	13	105	49	1	1
	Total	290	49	172	65	3	1
Khagrachari	Bangalees	72	1	37	31	1	2
	EM	147	3	78	58	8	0
	Total	219	4	115	89	9	2
Rangamati	Bangalees	14	2	10	1	0	1
	EM	276	44	162	61	8	1
	Total	290	46	172	62	8	2
Total	Bangalees	207	39	114	48	3	3
	EM	592	60	345	168	17	2
	Total	799	99	459	216	20	5

The scores of WEAI indicators show that women play a dominant role in receiving family planning services while men play dominant role in other areas such as asset purchase, control of household resources, receiving credit, household income and expenditure, women’s membership in an organization, education and marriage of family members, etc.

**Table -13.1b A-WEAI Indicators’ score**

Indicators	Total	Wife		Husband		Both		Others	
	N.	N.	%	N.	%	N.	%	N.	%
Who makes decisions for productive activity and asset purchase?	799	82	10.3%	300	37.5%	416	52.1%	1	0.1%
Who controls household resources	799	111	13.9%	262	32.8%	424	53.1%	2	0.3%
Who decides to take credit?	799	72	9.0%	256	32.0%	469	58.7%	2	0.3%
Who controls family income and expenditure?	799	81	10.1%	235	29.4%	481	60.2%	2	0.3%
Who make decision for women to take membership of an organization?	799	124	15.5%	184	23.0%	489	61.2%	2	0.3%
Who decide the amount of work women should carried out	799	127	15.9%	156	19.5%	515	64.5%	1	0.1%
Who decides on the education of family members?	799	74	9.3%	154	19.3%	570	71.3%	1	0.1%
Who makes decisions for the family's food purchases?	799	71	8.9%	196	24.5%	531	66.5%	1	0.1%
Who decides for marriage of a family member?	799	66	8.3%	171	21.4%	561	70.2%	1	0.1%
Who makes the decision to receive family planning services?	799	121	15.1%	107	13.4%	570	71.3%	1	0.1%

## 13.2 Men’s Role in Women’s Decision Making

Table – 13.2 shows men’s roles in women's decision-making process. Most of the respondents suggest that males should give women various opportunities to participate in making decisions. About 20% of them want equal control over household resources for women, 49% of them expect that men should encourage women to be involved in the decision-making process, and 26% want men should support women to be financially solvent. About 4% of the respondents want men to be engaged in reducing gender discrimination.

**Table – 13.2 Men’s Role in Women’s Decision Making**

Districts	Ethnicity	Total	Equal control over HH resources	Encourage women to participate in decision-making process	Help women to be financially solvent	Engage in reducing gender discrimination	Other (Specify)
		N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	121	13	108	0	0	0
	EM	169	41	125	3	0	0
	Total	290	54	233	3	0	0
Khagrachari	Bangalees	72	7	19	27	17	2
	EM	147	42	14	69	16	6
	Total	219	49	33	96	33	8
Rangamati	Bangalees	14	2	6	5	0	1
	EM	276	56	117	100	0	3
	Total	290	58	123	105	0	4
Total	Bangalees	207	22	133	32	17	3
	EM	592	139	256	172	16	9
	Total	799	161	389	204	33	12

### 13.3 Violence against Women (VAW)

Table – 13.3 presents the occurrence and reasons of VAW in the PRLC beneficiary households. It indicates that 5% of the households (6% of the Bangalee household and 4% of the EM household) have violence against women, which is mostly physical torture. There was no case of violence against women in Rangamati, but 12% of the households in Khagrachari and 3% of the households in Bandarban have violence against women. Most of the violence took place in Bangalee households in Bandarban and the EM households in Khagrachari. The major reasons for VAW were economic crisis of the family (92%) followed by dowry (24%), mental disorder (14%), influence and control over households (11%), and fundamental belief of religion (5%). About 59% of the VAW cases are resolved within the families by the elders of the households, while 41% of them go to the Union and Upazila Parishads for judgment. About 46% of the VAW victims were not happy with the judgment made by the family elders and the Union/Upazila administration. They keep silent for the peace of the families.

**Table – 13.3 Reasons of Violence against Women**

Districts	Ethnicity	Total		Reasons of violence				
		N	VAW	Dowry	Influence & Control	Mental disorder	Religious retardness	Economic crisis of family
Bandarban	Bangalees	121	9	4	1	4	0	8
	EM	169	0	0	0	0	0	0
	Total	290	9	4	1	4	0	8
Khagrachari	Bangalees	72	3	3	1	0	1	3
	EM	147	24	2	1	1	1	23
	Total	219	27	5	2	1	2	26
Rangamati	Bangalees	14	0	0	0	0	0	0
	EM	276	1	0	1	0	0	0
	Total	290	1	0	1	0	0	0
Total	Bangalees	207	12	7	2	4	1	11
	EM	592	25	2	2	1	1	23
	Total	799	37	9	4	5	2	34

In the FGDs, women in the ethnic minority households mentioned that alcohol consumption is a significant issue for domestic violence in their communities. Excessive drinking by men is often linked to domestic violence and conflict between spouses. Husbands who abuse alcohol may exhibit aggressive behavior, leading to physical or emotional abuse towards their wives. Alcohol-related violence escalated during periods of economic hardship, when frustration and stress are exacerbated by financial insecurity.

### 13.4 Child Marriage

69 out of 799 households reported child marriage in their families or communities. Child marriage is happening more in the EM communities/families (64%) than in the Bangalee families/communities (36%). There were no child marriage cases in Rangamati, but 27% of the households/communities in Khagrachari and 3% of the households/communities in Bandarban experienced child marriage in their families or communities. The major cause of child marriage is poverty (61%) followed by family expenditure (32%), insecurity (4%), and others (3%). In IDI, the adolescent girls said that due to poverty their families want that others should take care of their daughters. So, they put pressure on their daughters to get married soon. In most of the cases of child marriage, the girls run away from their houses and get married of their own.

**Table – 13.4a Reasons for Child Marriage**

Districts	Ethnicity	Case of child marriage			Reasons for child marriage			
		Total	No	Yes	Poverty	Insecurity	HH Cost	Others
		N.	N.	N.	N	N	N	N
Bandarban	Bangalees	121	112	9	7	1	1	0
	EM	169	168	1	0	0	1	0
	Total	290	280	10	7	1	2	0
Khagrachari	Bangalees	72	56	16	11	1	4	0
	EM	147	104	43	24	1	16	2
	Total	219	160	59	35	2	20	2
Rangamati	Bangalees	14	14	0	0	0	0	0
	EM	276	276	0	0	0	0	0
	Total	290	290	0	0	0	0	0
Total	Bangalees	207	182	25	18	2	5	0
	EM	592	548	44	24	1	17	2
	Total	799	730	69	42	3	22	2

As a consequence of child marriage, the majority of the households (88%) that have child marriage in their families or communities reported a reduction of family peace due to child marriage, while 84% of them considered child marriage as a cause of maternal mortality, 48% determined it as a factor of violence against women, 15% mentioned it as a reason for mental health disorder of victims, and 7% felt that women trafficking has increased due to increase of child marriage.

**Table 13.4b Problems Raised Due to Child Marriage**

Districts	Ethnicity	Total	Increased maternal mortality	Increased violence against women	Increased Trafficking women	Family peace reduce	Mental health disorder	Other (Specify)
		N.	N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	9	5	6	0	8	2	0
	EM	1	0	0	0	1	0	0
	Total	10	5	6	0	9	2	0
Khagrachari	Bangalees	16	15	7	3	12	3	0
	EM	43	38	20	1	40	5	1
	Total	59	53	27	4	52	8	1
Rangamati	Bangalees	0	0	0	0	0	0	0
	EM	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0
Total	Bangalees	25	20	13	3	20	5	0
	EM	44	38	20	1	41	5	1
	Total	69	58	33	4	61	10	1

## 14. PERSON WITH DISABILITY (PWD)

### 14.1 Prevalence of PWD in Beneficiary Households

Table – 14.1 presents the status of the persons with disabilities (PWD) in the PRLC beneficiary households. It indicates that about 18% of the households have a person with disabilities (PWD). In terms of population, the average prevalence of PWD in PRLC beneficiary households is 4%. The majority of the PWDs found in Rangamati (12%), followed by Bandarban (4%), and Khagrachari (2%). Most of the PWDs (76%) belong to EM households and 24% to Bangalee households. Overall, 64% of the PWDs have physical disorders, 41% have mental and intelligence disorders, 16% have blindness, and 8% have other problems.

**Table – 14.1 Problems of PWDs**

Districts	Ethnicity	Total	Blindness	Physical Disorder	Intelligent Disorder	Mental Disorder	Other (Specify)
		N.	N.	N.	N.	N.	N.
Bandarban	Bangalees	21	3	15	7	10	1
	EM	8	2	4	3	2	0
	Total	29	5	19	10	12	1
Khagrachari	Bangalees	9	1	5	2	4	1
	EM	12	4	3	2	5	1
	Total	21	5	8	4	9	2
Rangamati	Bangalees	5	0	3	1	0	1
	EM	92	14	64	14	10	8
	Total	97	14	67	15	10	9
Total	Bangalees	35	4	23	10	14	3
	EM	112	20	71	19	17	9
	Total	147	24	94	29	31	12

## 14.2 Impact of Natural Disaster on PWDs:

A few recent studies revealed that PWDs in the Chittagong Hill Tracts are disproportionately affected by a complex interplay of geographical, social, economic, and cultural factors that contribute to their marginalization. The natural disasters aggravated this situation. In post-landslide assessments conducted UNDP found that people with disabilities often remain trapped in their homes or are unable to reach higher ground in time, increasing their risk of injury or death. A joint study by UNDP and Handicap International on disaster preparedness in CHT highlighted that shelters, evacuation centers, and transportation facilities in the region are rarely designed to accommodate people with physical or sensory disabilities. As a result, many people with disabilities avoid evacuation entirely, relying instead on inadequate home-based solutions, which leaves them more exposed to disaster risks. Evaluations conducted after the 2017 Rangamati landslide showed that people with disabilities, already living in poverty, faced significant difficulties in recovering from the disaster. Many people with disabilities rely on subsistence farming or daily wage labor, and disasters often destroy these livelihood options.

## 14.3 Government Support for PWDs

Table – 14.3 presents government support received by the PWD’s households. Overall, 54% of the PWDs (about 58% of PWDs in Rangamati, 52% of PWDs in Bandarban, and 38% of PWDs in Khagrachari) received government support. The receipt of government support by PWDs found to be higher in the Paharie households (56%) than Bangalee households (46%). Most of the government supports are provided under the Social Safety Net Programme (SSNP).

**Table – 14.3 PWD Received Govt. Support and Earning Income**

Districts	Ethnicity	Total PWD	Received government support		Earning income		Mean monthly income Tk.
		N	No	Yes	No	Yes	
Bandarban	Bangalees	21	9	12	20	1	14000.00
	EM	8	5	3	8	0	
	Total	29	14	15	28	1	14000.00
Khagrachari	Bangalees	9	8	1	9	0	
	EM	12	5	7	8	4	3350.00
	Total	21	13	8	17	4	3350.00
Rangamati	Bangalees	5	2	3	4	1	3000.00
	EM	92	39	53	79	13	3046.15
	Total	97	41	56	83	14	3042.86
Total	Bangalees	35	19	16	33	2	8500.00
	EM	112	49	63	95	17	3117.65
	Total	147	68	79	128	19	3684.21

## 14.4 PWD’s Income Generating Activities

Above Table – 14. 3 also presents the status of earning income by PWDs. About 13% of the households reported that their PWDs were engaged in income-earning activities. Comparatively, more PWDs in the EM households are engaged in income-generating activities than the PWD in the Bangalee households. About 19% of PWDs in Khagrachari, 14% of PWDs in Rangamati, and 3% of PWDs in Bandarban are engaged in income-generating activities. Their average monthly income of PWDs is around Tk. 3684.00.

In IDI, two PWDs mentioned that they are rearing cows, goats, and poultry as income-generating activities. Some of them are cultivating vegetables. They did not get any training on these activities. They get help from the people around them. They invested in it from the savings of the government disability allowance which is received every three months. The members of the Union Parishad in their areas help them to get disability allowances. They never looked for a job. They suggested if any organization employs PWDs, they should provide them with light work.

#### **14.5 PWD's Access to Healthcare Services**

In IDIs, PWDs mentioned that they go to the nearest health center, i.e., community clinics for general health services. They visit various public and private hospitals at Upazila headquarters, district hospitals or army hospitals if there are any major health issues. They used to go to the health centers by bike, three-wheelers, cars, etc. depending on the road condition. Since there is no special arrangement for PWDs, they always have to struggle to get into the cars. Traveling cost plays a critical role in PWD's access to healthcare services. Sometimes they remained abstain from healthcare services if they cannot arrange traveling costs. At the healthcare facilities, they are always welcomed by the health service providers. Sometimes, the service providers visit them at home.

### **15. SOCIAL COHESION AND PEACEBUILDING**

#### **15.1 Major Issues of Conflicts**

In FGD, the youths in CHT areas mentioned that all the ethnic groups in the hilly areas have very good relations and they are also co-existing with the Bengalees. Currently, there is no conflict between hilly people and Bengalees on land issues. If there is any problem related to land in this area, the headman settles the problem. At present, the most common conflict between ethnic groups and Bengalees is cross-cultural marriage. Some ethnic groups do not accept it because deviation from religion is prohibited in their culture. There are also conflicts between husbands and wives, which turn into a social conflict afterward. The main issue of husband-wife conflict is traditional gender roles which often place women in subordinate position. This imbalance lead to conflicts over household responsibilities, child-rearing, and financial matters. Economic hardships are also a major source of tension between husbands and wives.

#### **15.2 Conflict Resolution Mechanism**

Most of the conflicts are settled by the local community leaders, Karbari, headman, or both. If the conflict goes beyond the control of the Karbari and headsman, Union or Upazila parishad intervene and settle it. Mediation processes involve representatives from various stakeholders, including leaders of the EM and Bagalee communities, government officials, and representatives from civil society organizations working for peace-building in this area. In addition to that recognizing and promoting the cultural diversity of CHT is essential for fostering social cohesion. Also, efforts to preserve indigenous languages, traditions, and practices contribute to strengthening identity and promoting tolerance and understanding among different communities.

#### **15.3 Social Cohesion and Peace Building Event**

Organizing various events such as rallies, public meetings, concerts, street drama, etc. is the most common mechanism for social cohesion and peace building in CHT. The study explores the participation

of the PRLC beneficiary household members in these events. Table -15.3 presents the results categorized by ethnicity and region. It indicates that about 16% of the households across the regions mentioned that their household members have participated in various events held in the region for social cohesion and peacebuilding. The members of the EM households participated more in the events than the Bangalee household members. They mostly participated in public meetings, rallies, concerts, etc. An average of 50-200 people participated in these events. The majority of the event participating households (94%) mentioned that these events have built awareness among the people about social cohesion and peace. They also learned how they should act if there is a conflict. The community leaders and the officials of the hill district councils mentioned that the PRLC project should work on social cohesion and peace-building in CTH areas. They should involve the stakeholders and the government institutions like HDC, CHTRC, Upazila Parishad, Union Parishad, Zilla Parishad, and Unnoyan Parishad to work together for the development of the hilly region. The traditional leaders should be involved in all these activities.

**Table – 15.3 Household Participation in Social Cohesion and Peacebuilding Events**

Districts	Ethnicity	Total HH	Number of HHs participated in social cohesion and peace-building events in the last year					
			Rally	Street Drama	Concert	Public Meeting	Discussion Meeting	Others
			N	N	N	N	N	N
Bandarban	Bangalees	9	1	0	3	3	8	0
	EM	11	0	0	3	5	6	0
	Total	20	1	0	6	8	14	0
Khagrachari	Bangalees	4	1	0	2	3	1	0
	EM	51	12	0	4	31	40	0
	Total	55	13	0	6	34	41	0
Rangamati	Bangalees	1	0	0	0	0	1	0
	EM	49	5	0	0	0	9	39
	Total	50	5	0	0	0	10	39
Total	Bangalees	14	2	0	5	6	10	0
	EM	111	17	0	7	36	55	39
	Total	125	19	0	12	42	65	39

#### 15.4 Role of CHT Accord 1997 in Peace-building

Table -15.4 presents the opinions of the PRLC beneficiaries regarding the role of the CHT Accord 1997 in peace-building. It indicates that about 56% of the household members have heard about the CHT Accord 1997. Comparatively, more EM household members (65%) heard about the CHT Accord than Bangalee household members (33%). More than 45% of the household members who know the CHT Accord believe that this accord has no role in peace-building, while 22% of them believe that this Accord plays a vital role in peace-building, and 25% of them do not know anything about it. More of the EM said that the Accord is not effective, while more of the Bangalees mentioned that the Accord is effective for peace-building in CHT. In KIIs, the community leaders from three hill districts mentioned that the CHT Accord 1997 was not implemented as it was supposed to be implemented. This has created tension in this area. On the other hand, there is a rebel group that did not agree with the CHT Accord, they are very much active in this area and involved in various incidences. The representatives from the Hill District Council mentioned that the government and many NGOs have been implementing various activities/interventions for social cohesion and peace-building in CHT.

**Table – 15.4 Contribution of CHT Accord in Peace-building**

District	Ethnicity	Total HH N	Know the Peace Accord 1997		Peace Accord 1997 Plays a Vital Role in Peace Building			
			No	Yes	No	Yes	Don't know	Others
			N	N	N	N	N	N
Bandarban	Bangalees	121	92	29	21	2	6	0
	EM	169	130	39	5	16	18	0
	Total	290	222	68	26	18	24	0
Khagrachari	Bangalees	72	42	30	0	19	9	2
	EM	147	57	90	21	13	23	33
	Total	219	99	120	21	32	32	35
Rangamati	Bangalees	14	5	9	6	1	2	0
	EM	276	22	254	152	48	54	0
	Total	290	27	263	158	49	56	0
Total	Bangalees	207	139	68	27	22	17	2
	EM	592	209	383	178	77	95	33
	Total	799	348	451	205	99	112	35

It may be noted that the aim of the Peace Accord is to the devolution of power to the CHT Regional Council, granting a degree of autonomy to the region. This allowed for greater local governance and decision-making authority, empowering indigenous communities to manage their affairs and resources. It recognized the cultural, linguistic, and land rights of the indigenous communities, aiming to address their grievances and foster reconciliation. Before the Peace Accord, the CHT was plagued by armed conflict and violence between the indigenous groups and the government. The agreement contributed to a significant reduction in violence and hostilities, creating a more conducive environment for peace-building efforts. The Peace Accord included provisions for the return and rehabilitation of internally displaced persons (IDPs) who had been forced to flee their homes due to the conflict. Efforts were made to facilitate the return of IDPs and provide assistance for their resettlement and integration into society.

### 15.5 Role of Local Volunteer Mediators Forum (LVMF)

The study team had KIIs with two LVMFs; one in Bandarban and other in Rangamati. The LVMF in Bandarban was formed by GRAUS (Gram Unnayan Sangathon) through its Social Cohesion project which was ended on October 2022. The LVMF is currently inactive as there is no support for continuing its activities. On the other hand, there is an active LVMF in Rangamati with 15 members in the committee. This LVMF was also formed previously with a project support and was inactive for about a year. Currently, it is functioning with the support of PRLC project. The LVMFs were formed to ensure social justice for the disputes of the residents of the CHT areas. The LVMF members have received trainings and participated in exchange programs to learn the issues of conflicts and their mitigation mechanism. The utmost effort of the LVMF is that there is no conflict or case went to the police station and build linkages or networks with the multi-sectoral stakeholders in different issues. The LVMF's members have forgot the training they received from the previous project. They want a refresher training to reinforce their skills.

## 16. CONCLUSION AND RECOMMENDATIONS

### 16.1 Conclusion

The baseline study for the PRLC project provides a detailed analysis of the socioeconomic conditions among the beneficiary households. The data, collected through rigorous quantitative and qualitative methods, reveal significant disparities in income, expenditure, savings, and asset accumulation between Bangalee and EM communities.

Quantitative analysis indicates that the majority of households operate below the poverty line, with an average annual income of Tk. 73,294, which is insufficient to meet their average annual expenditure of Tk. 76,436. The high headcount poverty ratio (99.6%) and multidimensional poverty index (MPI) scores highlight the chronic nature of poverty in this region. Female-headed households, constituting 18% of the sample, are particularly vulnerable, with lower income levels and limited access to financial services.

The analysis of livelihood strategies reveals a heavy reliance on traditional occupations such as farming and daily wage labor, which are insufficient to lift households out of poverty. The data suggest that diversification into high-value crops and small businesses could provide more sustainable income streams. Furthermore, the economic engagement of youth is limited, with minimal involvement in skilled professions or entrepreneurial activities.

Critical examination of the data on food security shows pervasive food insecurity, with 66.6% of households experiencing severe food insecurity. This is compounded by low dietary diversity scores (5.22 food groups on average) and suboptimal nutritional outcomes, particularly among children, with high rates of stunting (63%), wasting (12%), and underweight (31.3%).

Healthcare access remains a critical issue, with significant barriers preventing households from obtaining necessary services. Despite a high vaccination rate (91%) for under-five children, other health metrics indicate substantial gaps in antenatal and postnatal care, particularly among pregnant and lactating women. The study also highlights substantial gender disparities, with women having limited decision-making power and control over household resources.

The study also sheds light on social cohesion and peace-building efforts, noting the significant role of local conflict resolution mechanisms. However, cross-cultural tensions and conflicts, particularly regarding land ownership and cultural practices, continue to pose challenges.

### 16.2 Recommendations

The study identifies the following areas for improvement:

#### a) Crop Production

- **Enhanced Access to Crop Production Technologies:** Increase efforts to introduce and disseminate improved crop production technologies, particularly among Paharie and Bangalee households in Bandarban and Khagrachari. Targeted programs should focus on expanding the use of high-yield crop varieties and advanced horticultural practices to boost productivity.
- **Strengthening Agricultural Training and Extension Services:** Address the severe gaps in training and extension services by increasing manpower and outreach, especially in Rangamati and Khagrachari. Initiatives could include mobile agricultural training units and community-based extension services to reach remote areas more effectively.

- **Promoting Crop Diversification:** Encourage diversification of crops beyond rice, especially focusing on high-value crops like turmeric, ginger, and horticultural products that have shown potential in the region. This could enhance income stability and market resilience for local farmers.
- **Improving Market Access and Infrastructure:** Develop better market infrastructure, including storage facilities and transport networks, to reduce the reliance on local markets and allow farmers to sell crops at better prices. Additionally, creating crop collection centers and facilitating connections with wholesalers could increase market reach and income for farmers.
- **Policy Advocacy for Fair Pricing and Tax Reforms:** Advocate for policy changes to address the market syndicate issues and high taxation that reduce farmer profits. This could involve working with local governments to streamline tax processes and ensure fair pricing mechanisms in the market.
- **Support for Commercial Horticulture and Entrepreneurship:** Promote commercial horticulture through the establishment of fruit orchards and vegetable farms, leveraging the ongoing shift from traditional Jum farming. Support new agricultural entrepreneurs with access to credit, technical assistance, and market linkage programs.

#### b) Poultry and Livestock Raising

- **Increase Awareness and Accessibility of Vaccination Services:** Awareness Campaigns: Implement targeted awareness programs to educate households on the importance of vaccinating livestock and poultry to prevent diseases and increase productivity. Mobile Vaccination Units: Introduce mobile vaccination services, especially in remote areas like Khagrachari, Bandarban, and Rangamati, to address the challenges of distance and cost associated with accessing vaccination centers.
- **Promote the Adoption of Improved and Climate-Resilient Technologies:** Training and Capacity Building: Provide training on improved and climate-resilient livestock rearing techniques, particularly in areas where traditional methods dominate, such as in the Paharie communities.
- **Expand Access to Financial and Extension Support:** Microfinance Programs: Develop microfinance programs tailored for livestock and poultry farming, enabling poor households to invest in animals and necessary resources. Collaboration with NGOs and Government: Strengthen partnerships between NGOs, government agencies, and local communities to provide comprehensive support, including training, inputs, and access to markets. Mobile Banking for cash transfer.

#### c) Small Business Operation

- **Encourage Small Business Development:** Provide targeted training and financial support for small business development, especially for EM households, who are less involved in small businesses compared to Bangalee households. Focus on areas with low engagement, such as Rangamati, to diversify income sources.
- **Enhance Livelihood Resilience:** Introduce climate-resilient and improved technologies in both small businesses and crop production, livestock rearing. This can help mitigate the risks of environmental challenges and improve productivity.

#### d) Economic Empowerment

- **Support for Female-Headed Households:** Female-headed households are especially vulnerable, with lower average incomes and expenditures compared to male-headed households. It is crucial to provide targeted financial and social support to these households,

including access to microcredit, vocational training, and social safety nets. Additionally, empowering women through awareness programs to manage finances independently can help reduce the economic disparity within households.

- **Diversification of Income Sources:** With a heavy reliance on wage labor and farming, households would benefit from diversifying their income sources. Encouraging small-scale entrepreneurship, expanding access to markets, and providing training in non-farm sectors can reduce economic vulnerability. Special attention should be given to areas where households struggle to meet expenditures throughout the year, like those reliant on livestock or small businesses.
- **Address Intra-Household Disparities:** The significant disparity in income and expenditure between men and women within households indicates a need for gender-sensitive interventions. Programs should focus on equitable income distribution within households, ensuring that women's contributions are recognized and valued. Promoting gender equality in household decision-making and financial management can help address these disparities.
- **Promote Financial Literacy and Savings Initiatives:** The data reveals a low overall savings rate, with only 14% of households having any savings. To enhance financial security, targeted financial literacy programs should be implemented, especially for Paharie households. These programs could focus on the importance of savings, methods to save, and the benefits of formal banking.
- **Enhance Access to Formal Financial Services:** The majority of savings are kept in hand or with NGOs, particularly among Paharie households. There is a need to increase access to formal banking services and encourage households to deposit their savings in banks. Financial institutions could collaborate with local communities to provide tailored banking solutions that meet the unique needs of these populations.

**e) Health and Nutrition**

- Increase awareness on nutrition and access to healthcare services, focusing on maternal and child health, to reduce stunting, wasting, and underweight conditions.
- Promote nutritional education and provide support for establishing homestead vegetable gardens to improve dietary diversity and nutritional intake.
- Promote exclusive breastfeeding and provide supplementary food support to the poor households having under-five children.

**f) Women Empowerment**

- Strengthen initiatives aimed at enhancing women's decision-making power and control over household resources. This includes providing education and training on financial management and entrepreneurial skills.
- Address gender-based violence and child marriage through community sensitization programs and support services for victims.

**g) Youth Engagement**

- Implement programs to reduce early marriage and increase educational opportunities for children and adolescents, particularly girls. This should include vocational training to improve employability.
- Encourage youth participation in economic activities through skill development programs and support for small businesses.

#### **h) Social Cohesion and Peacebuilding**

- Continue organizing events and activities that promote social cohesion and peacebuilding, ensuring participation from both Bangalee and EM communities.
- Strengthen conflict resolution mechanisms involving local leaders, government officials, and civil society organizations to address underlying issues and promote lasting peace.

#### **i) Infrastructure and Access to Services**

- Improve infrastructure in remote areas to enhance access to healthcare, education, and markets. This includes developing better transportation networks and communication facilities.
- Ensure regular maintenance and availability of essential services, such as water supply and sanitation facilities, to improve overall living conditions.
- By addressing these key areas, the PRLC project can significantly enhance the resilience and livelihoods of beneficiary households, promoting sustainable development and social harmony in the CHT region.

# **ANNEXES**

## ANNEX -1: LIST OF UNIONS AND PARAS UNDER BASELINE STUDY

District	Upazila	Union	Para	HHs	
Bandarban				<b>290</b>	
	Lama			<b>145</b>	
		Gojalia	Buri Ziri Ting Hla Para	13	
			Choto Bomu Headman Para	12	
			Choto Bomu Muslim Para	12	
			Gojalia Headman Para-2	12	
			Sab Mara Ziri	13	
			Total	62	
		Lama Sadar	Asroyon Prokolpo Hindu Para	11	
			Asroyon Prokolpro Muslim Para	12	
			Begun Ziri	12	
			Boillah char & Siley Para 2	12	
			Merakhola Hindu Para	12	
			Merakhola Marma Para	12	
			Merakhola Muslim Para	12	
		Total	83		
		Thanchi			<b>145</b>
			Boli Para	Ailmara Para	18
	Bagan para			12	
	Hindu Para			10	
	Komla Bagan Tripura Para			12	
	Komola Bagan Chakma Para			12	
	Komola Bagan Marma Para			12	
Total	76				
Thanchi	Robert Para		18		
	Suibraini Para		15		
	T&T Para		12		
	Wak Para		12		
	Wkak chaku para		12		
	Total		69		
Khagrachari				<b>219</b>	
	Guimara		<b>110</b>		
		Guimara	18.Kabutor Chara	24	
			19. Indramoni Karbari Para	25	
			26. Thali Para	19	
			Total	68	
		Sindukchari	Bazar Para Bangali	22	
			Lalindra para	20	
			Total	42	
	Laxmichari		<b>109</b>		
		1 No Laxmicahrai	Banorkata Para, Lax	12	
Moiurkhill Para			25		

District	Upazila	Union	Para	HHs	
			Shilachari para	18	
			Total	55	
		2 No Duillatoly	Botgach para	12	
			Duillatoly para	27	
			Member para	15	
			Total	54	
				<b>290</b>	
Rangamati	Belai Chari			<b>145</b>	
		1 No Belai Chari	Baholtoli	25	
			Dighal Para	12	
			Gachkatachara Dausori Para	24	
			Katubdia Para	12	
			Total	73	
		2 No Kengra Chari	Begna Chari	24	
			Merang Chari	12	
			Naraichari	24	
			Sapchari	12	
	Total		72		
	Jurachari				<b>145</b>
		2 No. Banajogichara	Badal para	10	
			Chairman para	9	
			Halyaram para	6	
			Total	25	
		Jurachhari Sadar	Debachara	15	
			Gabachari	16	
			Mitingachari	17	
			Sadar para	12	
Total			60		
Moidong	Jamer Sori	12			
	Muralya Sora	15			
	Pansori Mukh	25			
	Ubuk Sori	8			
	Total	60			
<b>Grand Total</b>				<b>799</b>	

## ANNEX -2: BASELINE SURVEY TOOLS

### 2.1 Household Survey Questionnaire

পরিচিতি (Introduction)	পরিবার প্রধানঃ	পুরুষ	মহিলা
সাক্ষাৎকার প্রদানকারীর আই ডি নং (Respondent ID) .....			
সাক্ষাৎকার প্রদানকারীর নামঃ (REspondent Name) _____			
সাক্ষাৎকার গ্রহণের স্থানঃ (Respondent GPS) অক্ষাংশ (Latitude) ____ দ্রাঘিমাংশ (Longitude): _____			
পাড়াঃ (Para) _____ গ্রামঃ (Village) _____			
ইউনিয়নঃ (Union) _____ উপজেলাঃ (Upazila) _____ জেলাঃ (District) _____			
সাক্ষাৎকার গ্রহণের তারিখঃ (Interview Date) ____ সাক্ষাৎকার প্রদানের সময়ঃ (Time of Interview) ____			
সাক্ষাৎকার গ্রহণকারীর নামঃ (Interviewer Name ) _____			
প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)	
<b>১) পরিবার প্রধানের তথ্য: Household Head Information</b>			
১.১। নামঃ Name			
১.২। বয়সঃ Age	__ বৎসর (পূর্ণ বৎসর) Year (Round)		
১.৩। লিঙ্গ Sex:	কোড নং -----		
১.৪ শিক্ষাগত যোগ্যতা Education	কোড নং -----		
১.৫। প্রধান পেশা Main Occupation	কোড নং -----		
১.৬। সেকেন্ডারী পেশা Secondary Occupation	কোড নং -----		
১.৭। কোন জাতিভুক্ত Race	কোড নং -----		
১.৮। ধর্ম Religion	কোড নং -----		
১.৯। পরিবারের প্রধান কি কোন সংস্থা, সংগঠন, কমিটি, প্রকল্প, ইত্যাদির সহিত সংযুক্ত? Is HH's head engage with any organization, committee or project?	১। হ্যাঁ ২। না ৩। জানিনা	<b>উত্তর ২ বা ৩ হলে Q২নং প্রশ্নে যান</b>	
১.৯.১। উত্তর হ্যাঁ হলে, সংস্থা, সংগঠন, কমিটি, প্রকল্প এর নাম উল্লেখ করুনঃ (If yes, then please mention org/committee/project name)	১। ডিজিটাল প্ল্যাটফর্ম নেটওয়ার্ক Digital Platform Network ২। কৃষক সংগঠন (Farmer Organization) ৩। মা ফোরাম (Mother Forum) ৪। কমিউনিটি বেজড সংগ (CBO) ৫। অন্যান্য (উল্লেখ করুন) (Others)		
১.৯.২। উক্ত সংস্থা, সংগঠন, কমিটি, প্রকল্প থেকে কি ধরনের সেবা বা সহায়তা পেয়েছিলেন/পাচ্ছেন? (With that Organization what sorts of support/service received)  (একাধিক উত্তর দেয়া যাবে Multiple answers allowed)	১। নতুন প্রযুক্তি বিষয়ে তথ্য ও পরামর্শ (Technological Information & Advice) ২। পণ্য বাজারজাত করনে সহায়তা (Product marketing information) ৩। ঋণ সহায়তা (Credit Supp: __ ৪। প্রশিক্ষণ (Training) ৫। স্বাস্থ্য সেবা (Health Service) ৬। খাদ্য সহায়তা (Food Support) ৭। কর্ম সংস্থান (Employment) ৮। শান্তি ও সামাজিক সম্প্রতি বজায় রাখার জন্য পরামর্শ (Advice for peace and social cohesiveness) ৯। অন্যান্য (উল্লেখ করুন) (Others:)_		

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
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২) পরিবারের সদস্যদের তথ্যঃ (Household's member Information)

ক্রমিক নং SI No.	২.১ সদস্যের নাম (HH Member Name)	২.২ বিকলত্ব হা/না Person with Disability (Y/N)	২.৩ বয়স (Age)		২.৪ লিঙ্গ Sex	২.৫ পরিবারের প্রধানের সাথে সম্পর্ক Relationship with HH Head	২.৬ বৈবাহিক অবস্থা Marriage status	২.৭ শিক্ষা Education	২.৮ প্রধান পেশা Mail Occupation	২.৯ অন্য পেশা Other Occupation	২.১০ ব্যাংক হিসাব হা/না Bank Account Yes/No /	২.১১ মোবাইল ব্যাংকিং হা/না Mobile Banking Yes/No	২.১২ কোন সংস্থা/ সংগঠন এর সহিত যুক্ত কিনা? হা/না Is engage with any other org? (Y/N)
			বৎসর (Year)	মাস (Month)									

১													
২													
৩													

**কোডঃ ১.৭ জাতি-** ১। বাঙ্গালী, ২। চাকমা, ৩। মারমা, ৪। ত্রিপুরা, ৫। লুসাই, ৬। পাঞ্ছো, ৭। বোম, ৮। মৌ, ৯। ওঁরাও ১০। তঞ্জঙ্গা, ১১। খুমি, ১২। কিয়াং, ১৩। চাকা। **১.৮ ধর্ম** - ১। ইসলাম, ২। হিন্দু, ৩। খৃষ্টান, ৪। বৌদ্ধ। **২.৪ লিঙ্গ** - ১। পুরুষ, ২। মহিলা, ৩। তৃতীয় লিঙ্গ। **২.৫ পরিবারের প্রধানের সাথে সম্পর্ক-** ১। বাবা, ২। মা, ৩। স্ত্রী, ৪। কন্যা, ৫। পুত্র, ৬। নাতী, ৭। নাতনী, ৮। ভাই, ৯। বোন, ১০। শশুর, ১১। শাশুড়ী, ১২। পুত্র বধু, ১৩। মেয়ের জামাই। ১৪। শালা, ১৫। শালী। **২.৬ বৈবাহিক অবস্থা** - ১। বিবাহিত, ২। অবিবাহিত, ৩। বিধবা/বিপন্নিক, ৪. স্বামী/স্ত্রী আছে কিন্তু খোঁজে নাই, ৫। বিবাহ বিচ্ছেদ, ৬। পৃথক থাকে। **২.৭ শিক্ষা** - ১। প্রাক-প্রাথমিক, ২। প্রাথমিক, ৩। মাধ্যমিক অসম্পন্ন, ৪। মাধ্যমিক পাশ, ৫। উচ্চ মাধ্যমিক অসম্পন্ন, ৬। উচ্চ মাধ্যমিক অসম্পন্ন, ৭। মাতক অসম্পন্ন, ৮। মাতক পাশ, ৯। মাতক উত্তর অসম্পন্ন, ১০। মাতক উত্তর পাশ, ১১। কারিগরি সার্টিফিকেট, ১২। কারিগরি ডিপ্লোমা, ১৩। অনানুষ্ঠানিক। **২.৮/২.৯ পেশা** - ১। কৃষক, ২। ক্ষুদ্র ব্যবসা, ৩। চাকুরী, ৪। দিন মুজুর, ৫। ড্যান/রিপ্লা/অটো চালক/মটরসাইকেল/নৌকা চালক, ৬। হকার, ৭। জেলে, ৮। শিক্ষক, ৯। ছাত্র, ১০। গৃহস্থালি কাজ করে, ১১। অবসর/বৃদ্ধ, ১২। শিশু, ১৩। কাজ করতে সক্ষম নয়, ১৩। মৎস্যজীবী, ১৪। গৃহপরিচারিকা, ১৫। ভিক্ষাবৃত্তি/অন্যের সাহায্যে চলে, ১৬। শিকারি, ১৮। কিছু করে না (বাদাইয়া), ৯৯। অন্যান্য

1.7 Race: 1. Bengali, 2. Chakma, 3. Marma, 4. Tripura, 5. Lucai, 6. Pangko, 7. Boam, 8. Mro, 9. Oraq, 10. Tangchanga, 11. Khumi, 12. Keyang, 13. Chak,  
1.8 Religion: 1. Islam, 2. Hindu, 3. Christian, 4. Buddhist,  
2.4 Sex: 1. Male, 2. Female, 3. Transgender  
2.5 Relationship with HH Head 1. Father, 2. Mother, 3. Spouse, 4. Daughter, 5. Son, 6. Grant son 7. Grant daughter, 8. Brother, 9. Siister, 10. Father-in-laws, 11. Mother-in-laws, 12. Daughter-in-laws, 13. Son-in-laws, 14. Meternal borther 15. Meternal sister  
2.6 Merrital Status 1. Married, 2. Un-Merried, 3. Widdow, 4. Lost Spouse, 5. Divorce, 6. Seperated  
2.7 Education: 1. Pre-Primary, 2. Primary, 3. S.S.C (not completed), 4. S.S.C, 5. H.S.C (not completed), 6. H.S.C, 7. Bachelors (Not completed), 8. Bachelors, 9. Masters (not completed), 10. Masters, 11. Technical Certificate, 12. Diploma, 13. Non-formal education  
2.8/2.9 Occupation: 1. Farmer, 2. Small Business, 3. Service, 4. Day Labor, 5. Van/Ricjshaw/Motor Cycle/ Boat Driver, 6. Hawkar, 7. Fishers, 8. Teacher, 9. Student, 10. household work, 11. Retired/Agade, 12. Child, 13. Unable to work, 14. Maid 15. Begger, 16. Hunter, 17. Nothing, 18. Others

৩) পরিবারের বার্ষিক আয়-ব্যয়ের হিসাব (গত বৎসর) Last Year Income-Expenditure

৩.১ আয়ের উৎসের নাম ও কোড 3.1. Source of Income and Code	৩.২ আয়ের পরিমাণ (টাকা) 3.2 Amount (Taka)	৩.৩ ব্যয়ের খাতের নাম ও কোড 3.3 Expenditure Items and Code	৩.৪ ব্যয়ের পরিমাণ (টাকা) 3.4 Amount (Taka)
১। মুজুরী ও বেতন 1. Salary		১০। খাদ্য 10. Food	
২। ব্যবসা (অকৃষি) 2. Business		১১। পোশাক 11. Cloths	
৩। কৃষি (শস্য) 3. Farming (Agri)		১২। শিক্ষা 12. Education	
৪। কৃষি (মাছ) 4. Farming (Fish)		১৩। স্বাস্থ্য/চিকিৎসা 13. Health treatment	
৫। কৃষি (প্রাণী সম্পদ) 5. Farming (Livestock)		১৪। গৃহ ব্যবস্থাপনা 14. Household Management	
৬। রেমিটেন্স (বিদেশ থেকে প্রাপ্ত) 6. Remittance		১৫। ঋণ পরিশোধ 15. Repay Credit	
৭। ভাড়া, উপহার, দান, রিলিফ, ইত্যাদি 7. House Rent, Gift, Relief		১৬। বিনিয়োগ/সম্পদ ক্রয় 16. Investment/Wealth Purchase	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৮। সেপ্টিনেট কর্মসূচী 8. SafetyNet Intervention	১৭। সঞ্চয়ের কিস্তি 17. Savings Installment	
৯। অন্যান্য 9. Others	১৮। অন্যান্য 18. Others	
<b>৯। মোট আয় (টাকা)</b> <b>9. Total Income (Taka)</b>	<b>১৮। মোট ব্যয় (টাকা)</b> <b>18. Total Expenditure (Taka)</b>	
৩.৫ পরিবারের মহিলা সদস্যদের মোট বার্ষিক আয় 3.5 Total Annual Earned by Women	৩.৬ পরিবারের মহিলা সদস্যদের মাধ্যমে মোট বার্ষিক ব্যয় 3.6 Total Annual Expenditure made by women	
৩.৭ পরিবারের পুরুষ সদস্যদের মোট বার্ষিক আয় 3.7 Total Annual Earned by Men	৩.৮ পরিবারের পুরুষ সদস্যদের মাধ্যমে মোট বার্ষিক ব্যয় 3.8 Total Annual Expenditure Made by Men	
<b>৪) পরিবারের সঞ্চয় ও ঋণের হিসাব</b>		
৪.১ পরিবারের কোন সঞ্চয় আছে কি? 4.1 Any savings in the family	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	<b>যদি ২ ও ৩ উত্তর হয়, Q4.4 যান</b>
৪.২ উত্তর হ্যাঁ হলে, কি পরিমাণ সঞ্চয় আছে? 4.2 If Yes, How much amount (Taka)	টাকা _____	
৪.৩ সঞ্চয় কোথায় গচ্ছিত রাখেন? 4.3 Where are you do savings? একাধিক উত্তর গ্রহণযোগ্য Multiple answers allowed)	১। ব্যাংকে Bank ২। এনজিও NGO ৩। সংগঠন (সমিতি, ক্লাব, গ্রুপ) Organization ৪। হাতে In hand ৫। অন্য স্থান (উল্লেখ করুন) Others (Specify)	
৪.৪ পরিবারের কোন ঋণ আছে কি? 4.4 Is there any credit support received by the family?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	<b>যদি ২ ও ৩ উত্তর হয়, Q5 যান</b>
৪.৫ উত্তর হ্যাঁ হলে, কি পরিমাণ ঋণ আছে? 4.5 If yes, How much credit received?	টাকা -----	
৪.৬ কোথা থেকে ঋণ নেয়া হয়েছে? 4.6 Source of credit একাধিক উত্তর গ্রহণযোগ্য Multiple answers allowed)	১। ব্যাংকে Bank ২। এনজিও NGO ৩। সংগঠন (সমিতি, ক্লাব, গ্রুপ) Organization ৪। মহাজন Local Lender ৫। আত্মীয় Relative ৬। অন্য স্থান (উল্লেখ করুন) Other (Specify)	
৪.৭ কি কারণে ঋণ নেয়া হয়েছে? 4.7 Reasons of taken credit? একাধিক উত্তর গ্রহণযোগ্য Multiple answers allowed)	১। সংসারের কাজে (যমন- বাজার খরচ, ঔষধ, গৃহ মেরামত, ইত্যাদি) For family expenditure ২। কৃষি কাজে (উপকরণ ক্রয়, মজুরী) For Agri-farming ৩। ব্যবসার সম্প্রসারণে For business expansion ৪। সন্তানের লেখাপড়ায় For child education ৫। সম্পদ ক্রয়ে For purchase wealth ৬। অন্যান্য (উল্লেখ করুন) Other (Specify)	

প্রশ্ন (Question)		উত্তর (Answer)		স্কিপিং (Skipping)
৫) পরিবারের সম্পদের বিবরণ (Family Asset)				
৫.১ বর্তমানে পরিবারের দখলে থাকা জমির বিবরণ:) Asset at present in the household				জমি না থাকলে Q৫.২ যান
৫.১.১ দখলের ধরনের নাম ও কোড (Types of ownership)		৫.১.২ পরিমাণ (শতাংশ) Amount (Dec)		৫.১.৩ বর্তমান মূল্য (টাকা) Current Price (Tk.)
১। উত্তরাধিকার সূত্রে প্রাপ্ত Received through inheritent				
২। ক্রয়কৃত Purchased				
৩। বন্ধকী Mortgage in				
৪। দান Gift in				
৫। অন্যান্য (উল্লেখ করুন) Others				
৬। মোট Total				
৫.১.৪ জমির ধরনের নাম ও কোড (Types of Land)		৫.১.২ পরিমাণ (শতাংশ) Amount (Dec)		৫.১.৩ বর্তমান মূল্য (টাকা) Current Price (Tk.)
৭। কৃষি জমি Agri Land				
৮। বনভূমি Forest				
৯। জলাভূমি/পুকুর Pond/Bill				
১০। বসত ভিটা Homestead Land				
১১। পতিত Fellow Land				
১২। মোট Total Land				
৫.২ বর্তমানে পরিবারের দখলে থাকা অন্যান্য সম্পদের বিবরণ Others Asset owned by the household				অন্য সম্পদ না থাকলে Q৫.৩ যান
৫.২.১ সম্পদের নাম ও কোড Asset Name and Code	৫.২.২ একক Unit	৫.২.৪ পরিমাণ Amount	৫.২.৫ বর্তমান মূল্য (টাকা) Current Price	
১। গরু Cow	সংখ্যা (Number)			
২। ছাগল Goat	সংখ্যা (Number)			
৩। হাঁস- মুরগি Poultry	সংখ্যা (Number)			
৪। শুকর Lamb	সংখ্যা (Number)			
৫। খরগোশ Rabbit	সংখ্যা (Number)			
৬। পাখি (কুয়েল/কবুতর/ অন্যান্য) Bird	সংখ্যা (Number)			
৭। নৌকা Boat	সংখ্যা (Number)			
৮। কৃষি যন্ত্রপাতি Agri Mechineries	সংখ্যা (Number)			
৯। ঘর House	সংখ্যা (Number)			
১০। ঘরের আসবাবপত্র Furniture	সংখ্যা (Number)			
১১। গহনা (স্বর্ণ/রূপা) Gold	ভরি			

প্রশ্ন (Question)		উত্তর (Answer)		স্কিপিং (Skipping)
১২। টেলিভিশন Television	সংখ্যা (Number)			
১৩। ফ্রিজ Refrigerator	সংখ্যা (Number)			
১৪। বৈদ্যুতিক পাখা Electric Fan	সংখ্যা (Number)			
১৫। দোকান Shop	সংখ্যা (Number)			
১৬। সাইকেল Bi-Cycle	সংখ্যা (Number)			
১৭। মোটর সাইকেল Motor Cycle	সংখ্যা (Number)			
১৮। মোবাইল Mobile	সংখ্যা (Number)			
১৯। মাছ ধরার জাল Fishing Net	সংখ্যা (Number)			
২০। ইঞ্জিন চালিত রিক্সা/ভ্যান Engine Van/Rickshaw	সংখ্যা (Number)			
২১। অন্যান্য Others Specify	সংখ্যা (Number)			
২২। অন্যান্য (উল্লেখ করুন)	সংখ্যা (Number)			
<b>৫.৩ পরিবারের ঘরের বিবরণ Housing Details</b>				
১। ঘরের মেঝে Floor	১। মাটির Mud ২। বাশ/কাঠ Wood/Bamboo ৩। আধা পাকা (ইটের সলিং) Semi Pacca ৪। পাকা (কনক্রিট) Concrete			
২। ঘরের বেড়া House Fence	১। মাটির Mud ২। শোলা/ছন/বাঁশ/কাঠ Wood/Bamboo/Straw/Stick ৩। টিন Tin ৪। আধা পাকা (ইটের সলিং) Semi Pacca ৫। পাকা (ইটের সলিং ও প্লাস্টার) Concrete			
৩। ঘরের চাল Rooftop	১। শোলা/ছন/বাঁশ/কাঠ Wood/Bamboo/Straw/Stick ২। টিন Tin ৩। পাকা (কনক্রিট) Concrete ৪। তাবু Tent			
<b>৬) পরিবারের দারিদ্রতার বিশ্লেষণঃ Poverty Analysis</b>				
৬.১ পরিবারের সদস্যদের দৈনিক মাথাপিছু গড় আয়ঃ Per Capita Income of family members (৩নং প্রশ্নে প্রাপ্ত পরিবারের মোট বার্ষিক আয়কে প্রথমে ৩৬৫ দিয়ে ভাগ করে ভাগ ফলকে ২নং প্রশ্নে প্রাপ্ত পরিবারের মোট সদস্য সংখ্যা দিয়ে ভাগ করে ভাগ ফল লিখুন)		টাকা Taka _____		
৬.২ বহুমুখী দারিদ্রতার সূচকে (স্বাস্থ্য, পুষ্টি, শিক্ষা, জীবনযাত্রার মান) পরিবারের অবস্থানঃ Household Situation considering poverty indicators (health, education, nutrition and livelihoods level)				
ক্রমিক SI	সূচক Indicator	স্কেল (১/৬) Scale (1/6)		
৬.২.১	পরিবারের ৭০ বৎসরের নীচে কোন লোক অপুষ্টিতে ভুগছে বলে	১/৬ 1/6	হ্যাঁ/না Y/N	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)	
	তথ্য <sup>২</sup> আছে। Any person in the family (below 70 Years old) suffering with malnutrition		
৬.২.২	বিগত ৫ বৎসরের মধ্যে পরিবারের ১৮ বৎসরের নীচে কোন শিশুর মৃত্যু হয়েছে Did any child below 18 years die in last 5 year	১/৬ 1/6	হ্যাঁ/না Y/N
৬.২.৩	পরিবারের যোগ্য (৫ বৎসর বা তার উপর) সদস্যদের কেউই কমপক্ষে ৬ বৎসর পড়াশুনা করে নাই Any children of the family, 5 years and above didn't able to do study for 6 years	১/৬ 1/6	হ্যাঁ/না Y/N
৬.২.৪	পরিবারের স্কুলে যাওয়ার বয়সী কোন শিশু ঐ বৎসর পর্যন্ত স্কুলে যায় নাই যে বয়সে সে ৮ম শ্রেণী পর্যন্ত পড়াশোনা সম্পন্ন করতে পারত Any school going children of the family, which are eligible to do study in class eight, didn't went to School	১/৬ 1/6	হ্যাঁ/না Y/N
৬.২.৫	পরিবারের রান্না হয় গোবর, কাঠ, কয়লা, কাঠকয়লা, গুন্মু, খড় দিয়ে Household cooked food with wood, cowdung, coal, and straw	১/১৮ 1/18	হ্যাঁ/না Y/N
৬.২.৬	পরিবারের পয়ঃ নিষ্কাশন ব্যবস্থা নেই বা অনউন্নত বা উন্নত হলেও অন্যদের সাথে ভাগাভাগী করে ব্যবহার করা হয় No separate latrine facility or not up to the mark, or use shared latrine	১/১৮ 1/18	হ্যাঁ/না Y/N
৬.২.৭	পরিবারের খাবার পানির উৎস নিরাপদ নয়; নিরাপদ পানি আনতে হলে বাড়ী থেকে ৩০ মিনিট হেটে যাওয়া আসা করতে হয় Safe water in the household not hygenic, but for that need to walk 30 mins to collect safe water	১/১৮ 1/18	হ্যাঁ/না Y/N
৬.২.৮	বাড়ীতে বিদ্যুৎ সংযোগ নেই No Electricity connection in the house	১/১৮ 1/18	হ্যাঁ/না Y/N
৬.২.৯	পরিবারের ঘরের মেঝে, দেয়াল ও ছাদ -এর যে কোন একটি অপরিষ্কার জিনিস দিয়ে তৈরী House's floor, wall and roof prepared with temporary product	১/১৮ 1/18	হ্যাঁ/না Y/N
৬.২.১০	পরিবারটিতে নিম্নে উল্লেখিত জিনিসগুলোর একটির বেশী নেইঃ Below items are not available more than one রেডিও Radio টেলিভিশন Television টেলিফোন Telephone কম্পিউটার Computer জন্তু টানার গাড়ী Vehicle with anir	১/১৮ 1/18	হ্যাঁ/না Y/N
<p>যদি কোন পরিবার ১০টি ইনডিকেটরের ৩টি বা তার অধিক ইনডিকেটরে কম স্কোর করে, সেই পরিবারকে দরিদ্র পরিবার বলা হয়। দরিদ্র পরিবারগুলোকে নিম্নের প্রশ্ন ২ টি জিজ্ঞাস করুনঃ If any household provide low score against 3 or above indicators (out of 10 indicator), then that household are poor household.</p>			
<p>৬.৩ আপনার পরিবারের দারিদ্রতার প্রধান কারণসমূহ কি কি? What are the main reasons for poverty?</p> <p>একাধিক উত্তর দেয়া যাবে Multiple answer allowed</p>	<ol style="list-style-type: none"> <li>পরিবারের কর্মক্ষম সদস্যদের বেকারত্ব Household active members unemployeed</li> <li>আয় বৃদ্ধিমূলক কাজের অভাব Not available IGAs</li> <li>আয় বৃদ্ধিমূলক কাজের বা ব্যবসার জন্য মূলধনের অভাব Capital are not available for IGA</li> <li>আয় বৃদ্ধিমূলক কাজের বা ব্যবসার জন্য প্রশিক্ষণের অভাব No training for IGA or business</li> <li>দুর্যোগে আয় বৃদ্ধিমূলক কাজের বা ব্যবসার ক্ষতি</li> </ol>		

<sup>২</sup> পরিবারের কোন সদস্যের পুষ্টিহীনতা আছে বলে ডাক্তার বা কোন সর্বাঙ্গিকর্মী উল্লেখ করেছে। Doctor or health care providers identified malnutrition in any of the household members

প্রশ্ন (Question)		উত্তর (Answer)	স্কিপিং (Skipping)
	হয়েছে IGA and Business are effected with disaster 6. অন্যান্য (উল্লেখ করুন)_____ Others		
৬.৪ দারিদ্রতা উত্তরণের জন্য কি কি পদক্ষেপ নেয়া প্রয়োজন বলে মনে করেন. What are the steps are necessary for reducing poverty,		-----	
<b>৭) পরিবারের জীবনযাত্রার মান বিশ্লেষণ: Household Livelihoods status analysis</b>			
৭.০ পরিবারের জীবিকা নির্বাহের প্রধান অবলম্বন কোনটি? Which one main Livelihood strategy of the household?		১। শস্য উৎপাদন Crop Production ২। প্রাণী সম্পদ Livestock ৩। মৎস্য চাষ Aquaculture ৪। ক্ষুদ্র ব্যবসা Small Business ৫। রিক্সা/ভ্যান চালক Rikshaw/ Van Puller ৬। দিন মুজুরী Day Labor ৭। অন্যান্য (উল্লেখ করুন)___Others__	<b>সংশ্লিষ্ট জীবিকায় যান</b>
<b>৭.১ শস্য উৎপাদন Crop Production</b>			
৭.১.১ আপনার জমিতে কি কি ফসলের চাষ হয়? Types of crop you produced? (একাধিক উত্তর দিতে পারবে Multiple answer allowed)		১। ধান Rice ২। গম Wheat ৩। শাক সবজি Vegetable ৪। কমলা Orange ৫। আদা Ginger ৬। পিয়াজ Onion ৭। রশুন Gralic ৮। আনারস Pineapple ৯। কলা Banana ১০। কুল Plum ১১। পেয়ারা Goaba ১২। কফি Coffee ১৩। ড্রাগন Dragon ১৪। হলুদ Turmaric ১৫। পেপে Papaya ১৬। কাজুবাদাম Peanut ১৭। অন্যান্য (উল্লেখ করুন) Others ১৮। কোন ফসল হয় না No Crop produce	<b>যদি ১৮ উত্তর হয়, Q৭.২ যান</b>
৭.১.১.১ একাধিক ফসল উল্লেখ করলে, প্রধান তিনটি ফসল কি কি? In case of multiple crops, please mentioned main three crops		৩টি ফসলের নাম লিখুনঃ (three crops name) ১। ----- ২। -----	
৭.১.১.২ গত বৎসর কি পরিমাণ জমিতে এই ফসল তিনটি চাষ করা হয়েছে? Last Year how much land cultivated with mentioned three crops? ফসলের নাম লিখুনঃ Crop name ১। ----- ২। ----- ৩। -----		প্রতিটি ফসলের জমির পরিমাণ (শতাংশ) Crops wise land cultivatedঃ ১। ----- শতাংশ Dec ২। ----- শতাংশ Dec ৩। ----- শতাংশ Dec	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৭.১.১.৩ গত বৎসর এই ফসল ৩টি কি পরিমাণে উৎপন্ন হয়েছে? Last Year how much production received from mentioned three crops? ফসলের নাম লিখুনঃ Crop Name ১। ----- ২। ----- ৩। -----	প্রতিটি ফসলের উৎপাদনের পরিমাণ Crops wise production amount (in KG) (কিলোগ্রাম) ১। ----- ২। ----- ৩। -----	
৭.১.২ ফসল চাষের জন্য সরকার বা অন্য সংস্থা থেকে কোন অনুদান পেয়েছেন কি? Have you received any donation for crop cultivation from govt or others?	১। হ্যাঁ Yes ২। না No	উত্তর ২ হলে Q৭.১.৩যান
৭.১.২.১ উত্তর হ্যাঁ হলে, কত টাকা অনুদান পেয়েছেন এবং কখন পেয়েছেন? IF Yes, How much amount received?	টাকা Tk. ----- বৎসর Year-----	
৭.১.৩ আপনি বা আপনার পরিবারের কোন সদস্য শস্য চাষ বিষয়ক কোন প্রশিক্ষণ গ্রহণ করেছেন কি? Have you or any family member received any crop cultivation training?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	উত্তর ১ ও ৩ হলে Q৭.১.৩.২যান
৭.১.৩.১ উত্তর না হলে, কেন প্রশিক্ষণ গ্রহণ করেন নাই? If No, why not received?	১। প্রশিক্ষণের জন্য কোন ডাক পাই নাই Didn't get offer to participate training ২। প্রশিক্ষণ নেয়ার প্রয়োজন মনে করি নাই Didn't feel necessary. ৩। প্রশিক্ষণ সমন্ধে কোন তথ্য জানিনা Don't have information on training. ৪। অন্যান্য (উল্লেখ করুন) Other---	
৭.১.৩.২ উত্তর হ্যাঁ হলে, কি বিষয়ে প্রশিক্ষণ গ্রহণ করেছেন? If Yes, on which topics received training? (একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed)	১। উচ্চ মূল্যের ফসল চাষ High value crop cultivation ২। ফসল চাষে উন্নত প্রযুক্তির ব্যবহার Improve technology used in crop cultivation ৩। জলবায়ু সহিষ্ণু কৃষি Climate resilient agriculture ৪। বাজার বাবস্থাপনা Crop marketing ৫। অন্যান্য (উল্লেখ করুন) Others	
৭.১.৩.৩ কোথা থেকে প্রশিক্ষণ নিয়েছেন? Where did you receive training? Multiple answer allowed (একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed)	১। কৃষক মাঠ স্কুল Farmer Field School ২। অন্য প্রকল্প বা সংস্থা Other project or organization ৩। কৃষি অধিদপ্তর DAE ৪। অন্যান্য (উল্লেখ করুন)Others --	
৭.১.৩.৩.১ কৃষক মাঠ স্কুল থেকে যে সকল কৃষক প্রশিক্ষণ নিয়েছেন তাদের জিজ্ঞাসা করুন- এই স্কুল থেকে নতুন কি জ্ঞান ও দক্ষতা অর্জন করেছেন যা পূর্বে জানা ছিল না Those who received training from FFS, what new	১। শস্য, মাছ, প্রাণী সম্পদ উৎপাদনে জলবায়ু সহিষ্ণু প্রযুক্তি Climate resilient technology in agriculture, aquaculture and livestock	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
knowledge and skill gained from that?	production ২। পরিবারের সদস্যদের পুষ্টি Household member nutrition ৩। সামাজিক সম্প্রীতি ও শান্তি প্রতিষ্ঠা Social cohesiveness and establish peace ৪। অন্যান্য (উল্লেখ করুন) Others -	
৭.১.৩.৪ প্রশিক্ষণের লব্ধ জ্ঞান ও দক্ষতা কতটুকু কাজে লাগাতে পারছেন? How much Acquire knowledge utilize?	১। কাজে লাগাতে পারছি না (Not able to utilized) ২। কিছু কিছু কাজে লাগাতে পারছি (few of the knowledge utilized) ৩। ভালভাবে কাজে লাগাতে পারছি (mostly utilized) ৪। সমস্তটাই কাজে লাগাতে পারছি (fully utilized)	
৭.১.৩.৫ উত্তর ১নং হলে, কেন কাজে লাগাতে পারছেন না? If response other than 1, than why you didn't able to utilized?	-----	
৭.১.৪ আপনার জমিতে উচ্চ মূল্যের ফসল চাষ করা হয় কি? Did you cultivated high value crops in your land?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ ও ৩ হয়, Q৭.১.৫ যান
৭.১.৪.১ উত্তর হ্যাঁ হলে, ফসলের নাম কি? If yes, name of crops please?	-----	
৭.১.৪.২ গত বৎসর কি পরিমাণ জমিতে উক্ত উচ্চ মূল্যের ফসল চাষ করা হয়েছে? Last Year how much land under high value crops cultivation?	শতাংশ Decimal .....	
৭.১.৫ ফসল চাষ করার জন্য সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়েছিলেন কি? For crop cultivation have you received any advice from govt extension?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ ও ৩ হয়, Q৭.১.৬ যান
৭.১.৫.১ উত্তর হ্যাঁ হলে, বিগত মৌসুমে সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর কতবার আপনাকে পরামর্শ দিতে এসেছিল? If Yes, Last season how many times you received advise from Govt Extension officer?	বার Times-----	
৭.১.৫.২ সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়ে আপনি কতটা সন্তুষ্ট? How much you satisfy with such advice from Govt Extension officer?	১। সন্তুষ্ট নই Not satisfy ২। মোটামুটি সন্তুষ্ট As Usual ৩। সন্তুষ্ট Satisfy ৪। অনেক বেশী সন্তুষ্ট Heavy Satisfy	
৭.১.৫.৩ উত্তর না হলে, কি জন্য সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নেন নাই? If No, Why you didn't received advice from Govt Extension?	১। মাঠকর্মীর সাথে যোগাযোগ হয় নাই Not communicated with field staff ২। মাঠকর্মী সময় দেয় নাই Field staff didn't provide time ৩। এই এলাকার মাঠকর্মী নাই Field staff are not available ৪। অন্যান্য (উল্লেখ করুন) Others	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৭.১.৬ আপনার উৎপাদিত ফসল বিক্রি করা হয় কি? What strategy you followed in crop marketing?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ ও ৩ হয়, Q৭.১.৮ যান
৭.১.৬.১ উত্তর হ্যাঁ হলে, কিভাবে ফসল কি করেন? If Yes, How did you sales crops?	১। বাজারে নিয়ে বিক্রি করি Sales in Local Market ২। বাড়ী থেকে বিক্রি করি Sales from Home ৩। ফেরী করে বিক্রি করি Sales crops with moving house to house ৪। ফসল সংগ্রহ কেন্দ্রে নিয়ে বিক্রী করি Sales in Arat ৫। অন্যান্য (উল্লেখ করুন) Others way---	
৭.১.৭ ফসল বাজারজাত করতে কি কোন সমস্যার সম্মুখীন হন? Have you faced any problem in crop marketing?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ ও ৩ হয়, Q৭.১.৮ যান
৭.১.৭.১ উত্তর হ্যাঁ হলে, কি ধরণের সমস্যার সম্মুখীন হন? If yes, what sorts of problem?	-----	
৭.১.৭.২ এই সমস্যাগুলো সমাধানের জন্য কি পদক্ষেপ নেয়া দরকার? For resolving those problem what steps need to take?	-----	
৭.১.৮ আপনাদের এলাকায় বাজারজাত করার জন্য ফসল সংগ্রহ কেন্দ্র আছে কি? Is there any crop collection center in your locality?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ বা ৩ হয়, Q৭.১.৮.৪ যান
৭.১.৮.১ উত্তর হ্যাঁ হলে, এই ফসল সংগ্রহ কেন্দ্রটি কে পরিচালনা করে? If yes, who operate this collection point?	১। ব্যক্তি (পুরুষ) Person (Male) ২। ব্যক্তি (মহিলা) Person (Female) ৩। কমিউনিটি (পুরুষ দল) Community (Male group) ৪। কমিউনিটি (মহিলা দল) Community (Female Group) ৫। অন্যান্য উল্লেখ করুন Others---	
৭.১.৮.২ ফসল বাজারজাত করার জন্য আপনি কি এই কেন্দ্র ব্যবহার করেন? For sales crops have you used that center/point	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ বা ৩ হয়, Q৭.১.৮.৪ যান
৭.১.৮.৩ উত্তর হ্যাঁ হলে, এই কেন্দ্র ব্যবহার করে কি উপকার পেয়েছেন? If yes, Have you got any befeit with using this point/center?  একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed	১। সহজে বাজারজাত করতে পারেছি Easily able to sales crop ২। ভাল দাম পেয়েছি Got better market price ৩। আরদ্বার, পাইকার, ফরিষাদের সহিত যোগাযোগ বেড়েছে Increase connection with traders, whole saler and Aratder ৪। নিরাপদে ফসল বিক্রি করতে পারছি Crop sales are secured ৫। অন্যান্য উল্লেখ করুন Others---	
৭.১.৮.৪ ব্যবহার না করে থাকলে, কি কারণে ব্যবহার করেন না? If No, Why not?	১। কেন্দ্র ব্যবহারকারীর সংখ্যা অধিক Too much saler in this center ২। কেন্দ্রটি দূরে থাকায় পরিবহন খরচ	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed	বেশী Transportation cost high since it far away ৩। বাজারের তুলনায় দাম কম পাওয়া যায় Offer less market price ৪। মালের নিরাপত্তার অভাব Not secure the crops ৫। অন্যান্য উল্লেখ করুন Others---	
৭.১.৮.৫ এই কেন্দ্রের কি ধরণের উন্নয়ন হলে আপনি ইহা ব্যবহার করতে পারবেন? What sorts of development attract you to use this center	.....	
৭.১.৯ ফসল উৎপাদনের জন্য বীজ, সার, কীটনাশক, ভিটামিন কোথা থেকে সংগ্রহ করেন? নিম্নের উত্তর থেকে নির্বাচন করুন। From crop cultivation from where you purchased seed, fertilizer, pesticide and vitamin? ১। নিজের সংগ্রহ থেকে (from own) ২। কমিউনিটির বীজ ব্যাংক থেকে (Community Seed Bank) ৩। বীজ কোম্পানির ডিলার থেকে (From Seed Dealers) ৫। স্থানীয় বাজার থেকে (From Local Market) ৬। ইউনিয়ন/উপজেলা থেকে (From Union/Upazila) ৭। অন্যান্য (উল্লেখ করুন) (From Others) ...	১। বীজ Seed ..... ২। সার Fertilizer..... ৩। কীটনাশক Pesticide ..... ৪। ভিটামিন Vitamin.....	বীজের ক্ষেত্রে যদি উত্তর ২ হয়, Q৭.১.১০ যান; যদি না হয়, ৭.১.১০.১ যান
৭.১.১০ বীজ সংগ্রহের ক্ষেত্রে কমিউনিটির বীজ ব্যাংক - এর কথা উল্লেখ করলে জিজ্ঞাসা করুন, আপনি কি কমিউনিটি বীজ ব্যাংক থেকে বীজ নিয়ে সন্তুষ্ট? Are you happy with community seed bank?	১। সন্তুষ্ট নই Not satisfy ২। মোটামুটি সন্তুষ্ট As Usual Satisfy ৩। সন্তুষ্ট Satisfy ৪। অনেক বেশী সন্তুষ্ট More satisfy	
৭.১.১০.১ বীজ সংগ্রহের ক্ষেত্রে কমিউনিটির বীজ ব্যাংক - এর কথা উল্লেখ না করলে জিজ্ঞাসা করুন, আপনি কি কমিউনিটির বীজ ব্যাংক এর নাম শুনেছেন? Have you heard about community seed bank?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.১.১১ যান
৭.১.১০.২ উত্তর হ্যাঁ হলে, আপনি কেন কমিউনিটির বীজ ব্যাংক থেকে বীজ সংগ্রহ করেন না? If Yes, Why not get seed from community seed bank?	১। বীজের মান ভাল না Seed quality not good ২। আমার কাঙ্ক্ষিত জাতের বীজ নাই Expected seed variety are not available ৩। বীজ ব্যাংকটি দূরে, পরিবহন খরচ বেশী Seed bank far away so transportation cost high ৪। বীজের দাম বেশী Seed price high ৫। অন্যান্য উল্লেখ করুন Others---	
৭.১.১১ মান সম্পন্ন বীজ, সার, ভিটামিন ও কীটনাশকের সরবরাহ নিশ্চিত পেতে কি পদক্ষেপ নেয়া উচিত বলে মনে করেন? What sorts of step necessary to make available quality seed, fertilizer, pesticide and vitamin?	-----	
৭.১.১২ শস্যের উপার্জন থেকে আপনার পরিবারের ভরন পোষনের কতটুকু পূর্ণ হয়? How much family expenditure make up with earning from crop cultivation?	১। ৩ মাস চলে (3 months) ২। ৬ মাস চলে (6 months) ৩। ৯ মাস চলে (9 months) ৪। পূর্ণ বছর চলে (round the year)	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৭.২ প্রাণী সম্পদ Livestock		
৭.২.১ বর্তমানে আপনার পরিবারের কি কি প্রাণী সম্পদ কয়টি করে আছে? At present in your household how many livestock available with type?	১। গরু Cow _____ টি ২। ছাগল Goat _____ টি ৩। শুকর Lamb _____ টি ৪। হাঁসমুরগী Poultry _____ টি ৫। কুয়েল পাখি Cuckoos _____ টি ৬। কবুতর Pigeon _____ টি ৭। খরগোশ Rabbit _____ টি ৮। কোন প্রাণী সম্পদ নেই No Livestock	যদি উত্তর ৮ হয়, Q৭.৩ যান
৭.২.২ উক্ত প্রাণী সম্পদ পালনে নিম্নে উল্লেখিত কোন ধরনের প্রযুক্তি ব্যবহার করছেন? Which technology you used for rearing those livestock? ১। প্রচলিত পদ্ধতি Traditional ২। উন্নত প্রযুক্তি <sup>৩</sup> Improved Technology ৩। জানিনা Don't know	১। গরু কোড নং ----- ২। ছাগল কোড নং ----- ৩। শুকর কোড নং ----- ৪। হাঁসমুরগী কোড নং ----- ৫। কুয়েল পাখি কোড নং ----- ৬। কবুতর কোড নং -----	
৭.২.৩ গত বৎসর আপনার গৃহপালিত পশুদের টিকা দিয়ে ছিলেন? Last Year have you vaccinated your livestock?	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't Know	যদি উত্তর ১ বা ৩ হয়, Q৭.২.৪ যান
৭.২.৩.১ উত্তর না হলে, টিকা না দেয়ার কারণ কি? If No, Reasons of not vaccinated	১। টিকা পাওয়া যায় না Vaccine not available ২। টিকা কেন্দ্র অনেক দূরে Vaccination center far away ৩। টিকা দেয়ার প্রয়োজনীয়তা জানে না Don't know the necessity of vaccination ৪। টিকা দেয়ার খরচ বহন করতে পারেনা Not able to bear vaccination cost ৫। অন্যান্য Others	
৭.২.৪ আপনি বা আপনার পরিবারের কোন সদস্য প্রাণী সম্পদ বিষয়ক প্রশিক্ষণ নিয়েছেন কি? Have you or your family member received any training on livestock?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.২.৫ যান
৭.২.৪.১ উত্তর হ্যাঁ হলে, কি প্রশিক্ষণ নিয়েছেন এবং কোথা থেকে নিয়েছেন? If yes, what types of training and from where?	প্রশিক্ষণের নাম Training name --- প্রতিষ্ঠান Organization -----	
৭.২.৪.২ প্রশিক্ষণের জ্ঞান ও দক্ষতা কাজে লাগিয়ে কি উপকার পেয়েছেন? Have you benefited with using training knowledge and skill?	১। কোন দক্ষতা কাজে লাগাতে পারি নাই (can't use skill) ২। উৎপাদন বৃদ্ধি পেয়েছে (production increased) ৩। ভালো মানের প্রাণী সম্পদ উৎপাদন হচ্ছে (improved quality of livestock)	

<sup>৩</sup> উন্নত প্রযুক্তি- কৃত্তিম প্রজনন, মোটাতাজা করন, উচ্চ ফলনশীল ঘাস উৎপাদন, স্টল ফিডিং পদ্ধতিতে ছাগল পালন, ইত্যাদি

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
	৪। অন্যান্য উল্লেখ করুন Others---	
৭.২.৫ প্রাণী সম্পদ প্রতিপালনের জন্য সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়েছিলেন কি? For livestock rearing have you received any advice from Govt. extension officer?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.৩ যান
৭.২.৫.১ উত্তর হ্যাঁ হলে, গত এক বছরে কতবার সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়েছেন? If yes, how many times you have taken advice from govt extension officer?	----- বার	
৭.২.৫.২ সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়ে আপনি কতটা সন্তুষ্ট? How much are you satisfied with the services of GOB extension officers?	১। সন্তুষ্ট নই Not satisfy ২। মোটামুটি সন্তুষ্ট As usual satisfy ৩। সন্তুষ্ট satisfy ৪। অনেক বেশী সন্তুষ্ট over satisfy	
৭.২.৫.৩ উত্তর না হলে, কি জন্য সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নেন নাই? If no, why didn't take advice from govt. extension officer?	১। মাঠকর্মীর সাথে যোগাযোগ হয় নাই haven't communication with govt. field staff ২। মাঠকর্মী সময় দেয় নাই field staff didn't provide time ৩। এই এলাকার মাঠকর্মী নাই field staff not posted here ৪। অন্যান্য (উল্লেখ করুন) other	
৭.২.৫.৪ প্রাণী সম্পদ প্রতিপালনের জন্য কোন অনুদান পেয়েছেন কি have you received any donation for livestock rearing?	১। হ্যাঁ yes ২। না no	
৭.২.৫.৫ উত্তর হ্যাঁ হলে, কোথা থেকে কত টাকা অনুদান পেয়েছেন? if yes, from where?	টাকা Tk. ----- প্রতিষ্ঠান organization-----	
৭.২.৬ প্রাণী সম্পদের উপার্জন থেকে আপনার পরিবারের ভরন পোষনের কতটুকু পূর্ণ হয়? How much family expenditure make up with earning from livestock rearing?	১। ৩ মাস চলে 3 months ২। ৬ মাস চলে 6 months ৩। ৯ মাস চলে 9 months ৪। পূর্ণ বছর চলে round the year	
<b>৭.৩ মাছ চাষ Aquaculture</b>		
৭.৩.১ আপনি বা আপনার পরিবারের কোন সদস্য মাছ চাষ করেন কি? Have you or your family member cultivated fish?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.৪ যান
৭.৩.২ উত্তর হ্যাঁ হলে, গত বৎসর কত টুকু জায়গায় কি কি মাছ চাষ করে ছিলেন? If Yes, last year how much area cultivated with which type of fish?	জায়গা Area ..... শতাংশ Dec মাছের নামঃ Fish Name .....	
৭.৩.৩ আপনি বা আপনার পরিবারের কোন সদস্য মাছ চাষের উপর কোন প্রশিক্ষণ নিয়েছেন কি? Have you or your family member received any aquaculture training?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.৩.৫ যান
৭.৩.৪ উত্তর হ্যাঁ হলে, কোথা থেকে কি প্রশিক্ষণ নিয়েছেন? If Yes, From where?	প্রশিক্ষণের নাম Training Subject--- প্রতিস্থান Organization.....	
৭.৩.৫ বর্তমানে মাছ চাষের জন্য কোন উন্নত প্রযুক্তি বা কৌশল ব্যবহার করেন কি? Currently have you used any improve technology for aquaculture?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৭.৩.৭ যান

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৭.৩.৬ উত্তর না হলে, কেন ব্যবহার করেন না? If no, why you didn't use?	১। উন্নত প্রযুক্তি সমন্ধে জ্ঞানের অভাব Lack of knowledge on improved technology ২। উন্নত প্রযুক্তি বিষয়ে প্রশিক্ষণ নাই Lack of training on improved technology ৩। অন্যান্য উল্লেখ করুন Others ---	
৭.৩.৭ উত্তর হাঁ হলে, কোন উন্নত প্রযুক্তি বা কৌশল ব্যবহার করেন? If Yes, which improved technology used?	১। বিজ্ঞান সম্মতভাবে পুকুর প্রস্তুত pond preparation scientific way ২। ভাল উৎস দেখে পোনা সংগ্রহ fingerling collection from good source ৩। বিজ্ঞান সম্মতভাবে খাদ্য প্রদান feeding scientific way ৪। পুকুরের পানি নিয়মিত পরীক্ষা করা regular water testing ৫। পুকুরের পানির অক্সিজেন নিয়ন্ত্রন করা maintain water oxygen in the pond ৬। অন্যান্য উল্লেখ করুন Other ---	
৭.৩.৮ মাছ চাষের জন্য সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়েছিলেন কি? Have you received any advice from govt. field staff?	১। হাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.৩.১০ যান
৭.৩.৯ উত্তর হাঁ হলে, গত এক বছরে কতবার সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়েছেন? If Yes, last one year how many times you received advice from govt. field staff?	----- বার times	
৭.৩.৯.১ সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নিয়ে আপনি কতটা সন্তুষ্ট? How much you satisfy with govt. field staff advice?	১। সন্তুষ্ট নই not satisfy ২। মোটামুটি সন্তুষ্ট as usual ৩। সন্তুষ্ট satisfy ৪। অনেক বেশী সন্তুষ্ট over satisfy	
৭.৩.১০ উত্তর না হলে, কি জন্য সংশ্লিষ্ট সরকারী সংস্থার মাঠকর্মীর পরামর্শ নেন নাই? If no, why you didn't take advice from govt. field staff?	১। মাঠকর্মীর সাথে যোগাযোগ হয় নাই can't communicate with field staff ২। মাঠকর্মী সময় দেয় নাই can't provide time field staff ৩। এই এলাকার মাঠকর্মী নাই not available field staff here ৪। অন্যান্য (উল্লেখ করুন) others	
৭.৩.১১ মাছ চাষের জন্য কোন অনুদান পেয়েছেন কি Have you received any donation for fish culture?	১। হাঁ Yes ২। না No	
৭.৩.১২ উত্তর হাঁ হলে, কোথা থেকে কত টাকা অনুদান পেয়েছেন? If yes, from where and how much?	টাকা Tk.----- প্রতিষ্ঠান Organization-----	
৭.৩.১৩ মাছ চাষের উপার্জন থেকে আপনার পরিবারের ভরন পোষনের কতটুকু পূর্ণ হয়? How much family expenditure make up with earning from fish culture?	১। ৩ মাস চলে 3 months ২। ৬ মাস চলে 6 months ৩। ৯ মাস চলে 9 months ৪। পূর্ণ বছর চলে round the year	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
<b>৭.৪ ক্ষুদ্র ব্যবসা নির্ভর পরিবারের জীবনযাত্রার বিশ্লেষণঃ Small Business</b>		
৭.৪.১ আপনি কি ব্যবসা করেন? What types of business you do?	-----	
৭.৪.২ উক্ত ব্যবসা পরিচালনার জন্য কোন প্রশিক্ষণ নিয়েছেন কি? Have you received any training on business operation?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৭.৪.৪ যান
৭.৪.৩ উত্তর না হলে, আপনি কি প্রশিক্ষণের প্রয়োজনীয়তা অনুভব করেন If no, do you need any training for operating business?	১। হ্যাঁ Yes ২। না No	Q৭.৪.৫ যান
৭.৪.৪ উত্তর হ্যাঁ হলে, কোথা থেকে কি প্রশিক্ষণ নিয়েছেন? If Yes, from where you received training?	প্রশিক্ষণের নাম Training Subject -- প্রতিষ্ঠান Organizatio.....	
৭.৪.৫ উক্ত ব্যবসার জন্য কোন আর্থিক সহায়তা পেয়েছেন কি? For this business have you received any financial support?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.৫ যান
৭.৪.৬ উত্তর হ্যাঁ হলে, কত টাকা আর্থিক সহায়তা পেয়েছেন এবং কোথা থেকে পেয়েছেন? If yes, how much money and source?	৭.৪.৬.১ টাকাঃ Tk.----- ৭.৪.৬.২ প্রতিষ্ঠান Organization----	
৭.৪.৭ এই ব্যবসার উপার্জন থেকে আপনার পরিবারের ভরন পোষনের কতটুকু পূর্ণ হয়? How much family expenditure make up with earning from business?	১। ৩ মাস চলে 3 months ২। ৬ মাস চলে 6 months ৩। ৯ মাস চলে 9 months ৪। পূর্ণ বছর চলে round the year	
<b>৭.৫ দিন মুজুর, রিক্সা/ভ্যান চালকের আয় নির্ভর পরিবারের জীবনযাত্রার বিশ্লেষণঃ Income from day labor, Rickswa/van puller</b>		
৭.৫.১ আপনি প্রতিদিন কাজ করতে পারেন কি? Are you able to work daily?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৭.৫.৩ যান
৭.৫.২ উত্তর না হলে, কি কারণে প্রতিদিন কাজ করতে পারেন না? If no, reasons behind not to do work daily	১। প্রতিদিন কাজের চাহিদা থাকে না (lack of labor demand regularly) ২। শারিরিক অসুস্থতা (physical unfit) ৩। এলাকায় অস্থির অবস্থা বিরাজ করে (unstable situation in the locality) ৪। অন্যান্য (উল্লেখ করুন) (Others)	
৭.৫.৩ প্রতিদিন গড়ে কত ঘণ্টা কাজ করেন এবং কত টাকা আয় করেন? Daily how many hours worked? And how much earned?	সময় Duration-----ঘণ্টা টাকা Tk.-----	
৭.৫.৪ এই আয়ে আপনার পরিবারের ভরন পোষনের কতটুকু পূর্ণ হয়? How much family expenditure make up with earning from day labor/rickshaw/ van pulling?	১। ৩ মাস চলে 3 months ২। ৬ মাস চলে 6 months ৩। ৯ মাস চলে 9 months ৪। পূর্ণ বছর চলে round the year	
৭.৫.৫ কি ধরনের সহযোগিতা পেলে আপনার আয়ের ঘাটতি পূরণ হবে? What sorts of assistance is necessary to make up your earnings gap?	-----	
<b>৭.৬ পরিবারের যুবক/যুবতিদের জীবনযাত্রার বিশ্লেষণঃ Youth livelihood strategy (পরিবারের ১৮+ বৎসরের যুবক/যুবতিদের কাজ থেকে জানতে চান)</b>		
৭.৬.১ আপনি কি কোন আয়-উপার্জন মূলক কাজ করেন? Are you engage with any earning activity?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭.৬.৫ যান

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৭.৬.১.১ উত্তর হাঁ হলে, কি ধরনের আয়-উপার্জন মূলক কাজ করে? If yes, what types of earning activity you do?	১। মোবাইল রিপায়ারং Mobile repairing ২। টেইলারিং Tailoring ৩। বিউটি-পারলার Beuty Parler ৪। রাজমিস্ত্রি Construction Mistree ৫। ইলেকট্রিশিয়ান Electritian ৬। ফ্রিলাঞ্চিং Freelancing ৭। ঝালাই Welding ৮। ক্ষুদ্রব্যবসা Small business ৯। কাঠমিস্ত্রী Wood mistree ১০। সেলাই Tailors ১১। দিন মজুর Day Labor ১২। চাকুরী Service ১৩। বাইক সার্ভিস Bike Maker ১৪। আটো চালক Auto Driver ১৫। ফড়িয়া Traders ১৬। অন্যান্য (উল্লেখ করুন) Others	
৭.৬.২ দৈনিক কত সময় এ কাজ করেন এবং সপ্তাহে কয় দিন কাজ করেন? Daily how much time you worked? Weekly how many days worked?	৭.৬.২.১ দৈনিক hrs/day ----- ঘণ্টা ৭.৬.২.২ সপ্তাহে days/week--দিন	
৭.৬.২.১ এ কাজ থেকে দৈনিক কত টাকা রোজগার করেন? Daily how much amount earned?	টাকা Tk. -----	
৭.৬.৩ যদি দৈনিক ৮ ঘণ্টা কাজ না করে থাকে, কি কারণে ৮ ঘণ্টা কাজ করতে পারে না? If you didn't do 8hrs work, then what's the reason?	১। কাজ করার পাশাপাশি লেখাপড়া করি work with study ২। পরিবারের কাজে সময় দেই engage with family work ৩। ৮ ঘণ্টা কাজ করার সযোগ নেই no opportunity for 8 hrs work ৪। অন্যান্য (উল্লেখ করুন) Others	
৭.৬.৪ দৈনিক ৮ ঘণ্টা কাজে জড়িত রাখার জন্য কি পদক্ষেপ নেয়া দরকার বলে আপনি মনে করেন? For engaging 8hrs work daily what sorts of step necessary?	-----	
৭.৬.৫ আপনি কি কোন ভকেশনাল প্রশিক্ষণ নিয়েছেন? Have you received vocational training?	১। হাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৭.6.5.২ যান
৭.৬.৫.১ উত্তর না হলে, কি কারণে ভকেশনাল প্রশিক্ষণ নিতে পারেন নাই? If no, why not able to take vocational training	১। প্রশিক্ষণের জন্য কোন ডাক পাই নাই Didn't get call for training ২। প্রশিক্ষণ নেয়ার প্রয়োজন মনে করি নাই Didn't think necessity of this training ৩। প্রশিক্ষণ সমন্ধে কোন তথ্য জানিনা No idea about training ৪। অন্যান্য (উল্লেখ করুন) Other--	
৭.৬.৫.২ উত্তর হাঁ হলে, কি প্রশিক্ষণ নিয়েছেন? If Yes, types of training received	১। ইলেকট্রিক্যাল ওয়ার্ক এন্ড মেইন্টেনেন্স Electrical work and maintainance ২। এগ্রো মেশিনারি Agro Machinery	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
	৩। কম্পিউটার অপারেশন এন্ড মেইন্টেনেন্স Computer operation and maintainance ৪। ওয়েল্ডিং Welding ৫। অটোমোবাইল Auro mobile ৬। রিফ্রিজারেটর ও এয়ার কন্ডিশনিং Refrigerator and Air conditioners ৭। মুরগী পালন ও ফারমিং Poultry farming ৮। মাছ চাষ ও ব্রিডিং Aquaculture and Breedings ৯। মেশিনটুল অপারেশন Agri Machinery Service ১০। মোবাইল রিপায়রিং Mobile Repairing ১১। গরু মোটাতাজা করন Cow fattening ১২। অন্যান্য (উল্লেখ করুন) Others	
৭.৬.৫.৩ প্রশিক্ষণে শিখা জ্ঞান ও দক্ষতা কাজে লাগাতে পারছেন? How much learnings and skill are used?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৮ যান
৭.৬.৫.৪ উত্তর হ্যাঁ হলে, কি কাজে লাগাতে পারছে? If yes, where you used this skill?	১) উল্লেখিত আয়-উপার্জন মূলক কাজে for income generating activity ২) সামাজিক কাজে social activity ৩) পারিবারিক কাজে family work ৪) ব্যক্তিগত কাজে for personal work ৫) অন্যান্য কাজে (উল্লেখ করুন) others-----	
৭.৬.৫.৫ প্রশিক্ষণের কারণে আপনার আয়-উপার্জন মূলক কাজের সময় এবং আয়ের পরিমাণ বৃদ্ধি পেয়েছে কি? Income generating activity timing and income increased	৭.৬.৫.৫.১। সময় --হ্যাঁ --না Time Y/N ৭.৬.৫.৫.২। আয় --হ্যাঁ --না Income Y/N	
৭.৬.৫.৬ উত্তর হ্যাঁ হলে, কি হারে বৃদ্ধি পেয়েছে? If Yes, what percentage?	১। সময় Time -----% ২। আয় Income -----%	
৮) পরিবারের খাদ্য নিরাপত্তা ও পুষ্টি: Household food security and nutrition		
৮.১ পরিবারের প্রধান হিসাবে গর্ভবতী ও বুকের দুধ দানকারী মা, কিশোরী এবং ৫ বৎসর বয়সের নীচের শিশু এর পুষ্টি ও প্রাথমিক স্বাস্থ্য সেবা সমন্ধে কেমন ধারণা রাখেন? কোড নং: ১। ভালো ধারণা আছে <sup>4</sup> Good ২। মোটামোটি ধারণা আছে <sup>5</sup> Moderate ৩। কোন ধারণা নাই No idea ৪। ভুল ধারণা আছে Wrong idea	<b>কোড নং দিন:</b> ১। গর্ভবতী Pregnant----- ২। বুকের দুধ দানকারী মা Lactating mother----- ৩। কিশোরী Adolescent ----- ৫। ৫ বৎসর বয়সের নীচের শিশু Under Children -----	

<sup>4</sup> এন্টিনাটাল, পোস্টনাটাল, কিশোরী ও শিশুর স্বাস্থ্য ও পুষ্টি সমন্ধে ভালোভাবে জানেন

<sup>5</sup> এন্টিনাটাল, পোস্টনাটাল, কিশোরী ও শিশুর স্বাস্থ্য ও পুষ্টি সমন্ধে কিছু বলতে পারে, কিছু পারে না

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৮.১.১ কারো ক্ষেত্রে উত্তর ১ বা ২ নং হলে, এই ধারণা কোথা থেকে পেয়েছেন?	১। স্বাস্থ্য কর্মী ২। প্রশিক্ষণ ৩। কৃষক মাঠ স্কুল ৪। ইলেক্ট্রনিক মিডিয়া ৫। প্রিন্ট মিডিয়া ৬। অন্যান্য (উল্লেখ করুন) -----	
৮.২ আপনার পরিবারের কোন সদস্য কি সরকারী বা অন্য কোন সংস্থার পুষ্টি কার্যক্রমের উপকারভোগী? Does any one of the family members are beneficial of govt or others nutrition program?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৮.৩ যান
৮.২.১ উত্তর হ্যাঁ হলে, ২নং প্রশ্নে উল্লেখিত সদস্যের ক্রমিক নং, পুষ্টি কার্যক্রমের নাম এবং কি সেবা পায় উল্লেখ করুন? If Yes, please mention which program and what specific service you received?	সদস্যের ক্রমিক নং Members No..... সংস্থার নাম Organization Name ... প্রাপ্ত সেবার নাম (Service Name) --	
৮.৩ পরিবারের দুই বৎসরের নীচে শিশু থাকলে জিজ্ঞেস করুন - জন্মের ৬ মাস বয়স পর্যন্ত শিশুকে কি শুধুমাত্র বুকের দুধ পান করিয়েছে? If under 2years children available in the household, then ask to have you breastfeed to this children up to 6 months old?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৮.৪ যান
৮.৩.১ উত্তর না হলে কি জন্য শুধুমাত্র বুকের দুধ খাওয়াতে পারে নাই? If no, why you didn't able to provide only breast feeding?	.....।	
৮.৩.২ বুকের দুধের সাথে আর কি খাবার খাওয়ানো হয়েছে Beside breast feeding what else you provided	১। পানি Water ২। কৌটার দুধ Pond Milk ৩। ভাতের মাড় Rice Gruel ৪। গরু বা ছগলের দুধ Cow and goat milk ৫। অন্যান্য (উল্লেখ করুন)-Others -	
৮.৪ ছয় মাস বয়স থেকে শিশুটিকে মায়ের দুধের পাশাপাশি অন্য নরম খাবার খেতে দিয়েছে কি? After 6 months old have you feed others soft food to the children?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৮.৪.২ যান
৮.৪.১ উত্তর হ্যাঁ হলে, কি খাবার দিয়েছেন? If Yes, what types of food provided?	১। পরিবারের খাদ্য Family food ২। কৌটার দুধ Pond milk ৩। গরু বা ছগলের দুধ Cow and goat milk ৪। ভাতের মাড় Rice Gruel ৫। অন্যান্য (উল্লেখ করুন)-Others--	
৮.৪.২ উত্তর না হলে, কি কারণে অন্য নরম খাবার দিতে পারে নাই? If no, why didn't provided soft food?	.....	
৮.৪.৩ শিশুটি প্রয়োজনীয় সকল টিকা নিয়েছে কি? Have this child vaccinated?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৮.৫ যান
৮.৪.৪ উত্তর না হলে, কি কারণে নেয় নাই? If no, why not?	১। টিকা কেন্দ্র দূরে Far away from center ২। কেউ মনে করিয়ে দেয় নাই	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
	Nobody told me ৩। সময় পাই নাই Didn't find time ৪। অন্যান্য (উল্লেখ করুন) Others----	
৮.৫ অসুখ বিসুখে আপনার পরিবারের সদস্যরা কোথা থেকে স্বাস্থ্য সেবা গ্রহণ করে? From where take health treatment of Your family member?  একাধিক উত্তর গ্রহণযোগ্য Multiple Answer Allowed	<b>স্বাস্থ্য সেবা কেন্দ্রঃ Health care center</b> ১। মা ও শিশু কল্যাণ কেন্দ্র Child and Mother Welfare Center ২। উপজেলা স্বাস্থ্য কেন্দ্র Upazila Health Complex ৩। ইউনিয়ন পরিবার কল্যাণ কেন্দ্র Union Family Welfare Center ৪। কমিউনিটি ক্লিনিক Community Clinic ৫। জেলা হাসপাতাল District Hospital ৬। মেডিকেল কলেজ হাসপাতাল Medical College Hospital ৭। এনজিও ক্লিনিক/হাসপাতাল NGO Clinic/Hospital ৮। প্রাইভেট হাসপাতাল/ডাক্তার চেম্বার Private Hospital/ Doctor Chamber <b>অন্যান্য (উল্লেখ করুন) Others--</b> - ৯। ফারমেসী/পেরামেডিক্স Farmacy/Paramedics ১০। কবিরাজ Kobiraj ১১। হোমিউপ্যাথ Homeopath	
৮.৫.১ আপনার পরিবারের গর্ভবতী মহিলা Antenatal সেবা নিয়েছে কি? Have your family member taken antenatal care?	১। হ্যাঁ Yes ২। না No	<b>উত্তর ২ হলে Q৮.৫.২ যান</b>
৮.৫.১.১ উত্তর হ্যাঁ হলে, কোথা থেকে কত বার Antenatal সেবা নিয়েছে? If Yes, from where and how many times taken ANC?	১। কত বার (সংখ্যা) Number of times- ২। কোথা থেকে Center-----	
৮.৫.২ আপনার পরিবারের বুকের দুধ দানকারী মা Postnatal সেবা নিয়েছে কি? Have your family member taken postnatal care?	১। হ্যাঁ ২। না	<b>উত্তর ২ হলে Q৮.৫.৩ যান</b>
৮.৫.২.১ উত্তর হ্যাঁ হলে, কোথা থেকে কত বার Postnatal সেবা নিয়েছে? If Yes, from where and how many times taken PNC?	১। কত বার (সংখ্যা) Number of times ২। কোথা থেকে Center-----	
৮.৫.৩ সেবা না নিয়ে থাকলে, কি কারণে নিয়মিত স্বাস্থ্য সেবা নিতে পারে নাই? If didn't take service, then why not?	১। সেবা নেয়ার বিষয়টি জানা ছিল না Don't have idea about to take this health service ২। কেউ সেবা নেয়ার জন্য বলে নাই Nobodies inform us ৩। লজ্জার কারণে সেবা নিতে যাই নাই Feel discomfort to take the service ৪। সেবা নেয়ার জন্য আর্থিক সমর্থ ছিলনা. Financial limitation ৫। কেউ নিয়ে যায় নাই Nobody	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
	bring us to get service ৬। অন্যান্য (উল্লেখ করুন) Others--	
৮.৫.৪ গর্ভবতী ও বুকের দুধ দানকারী মায়েরা মাইক্রোনিট্রিয়েন্ট সাপ্লিমেন্ট যথা- আয়রন, ফলিক এসিড, মাল্টিভিটামিন নিয়েছেন কিনা? Have pregnant and lactating mothers taken micronutrient supplement?	১। হ্যাঁ Yes ২। না NO	যদি উত্তর ১ হয়, Q৮.৬ যান
৮.৫.৫ উত্তর না হলে, কেন নেয় নাই If no, why?	১। এর প্রয়োজনীয়তা জানা নাই no need ২। যোগান দেয়া হয় নাই not found ৩। কিনে খেতে পারে নাই can't purchase ৪। অন্যান্য (উল্লেখ করুন)Others	
৮.৬ আপনি বা আপনার পরিবারের সদস্য কেউ বিজ্ঞান সম্মতভাবে হাত ধোয়ার কৌশল শিখেছেন কি? Any one of your family member learned hand wash system?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৮.৬.২ যান
৮.৬.১ উত্তর হ্যাঁ হলে, কোথা থেকে শিখেছেন? If Yes, from where learned?	১। স্বাস্থ্যকর্মী Health worker ২। প্রশিক্ষণ Training ৩। কৃষক মাঠ স্কুল FFS ৪। অন্যান্য (উল্লেখ করুন) Others	
৮.৬.২ আপনি বা আপনার পরিবারের সদস্যরা নিম্নে উল্লেখিত সময়ে সাবান দিয়ে হাত ধোত করেন কি? Do you or your family member wash hand with soap or not? ১। পায়খানা ব্যবহারের পর After using toilet ২। খাবার খাওয়ার আগে Before taken food ৩। শিশুদের খাওয়ানোর আগে Before feeding child ৪। খাবার পরিবেশনের আগে Before distributing food ৫। অন্যান্য Others -----	১। হ্যাঁ/না Y/N ২। হ্যাঁ/না Y/N ৩। হ্যাঁ/না Y/N ৪। হ্যাঁ/না Y/N ৫। হ্যাঁ/না Y/N	যদি উত্তর না হলে, Q৮.৬.৪ যান
৮.৬.৩ উত্তর হ্যাঁ হলে, কতক্ষণ সময় ধরে হাত ধোত করেন? If Yes, how much time wash hand?	----- সেকেন্ড	
৮.৬.৪ সাক্ষাৎকার গ্রহণকারী লক্ষ্য করুন বাড়ীতে Please observe in the house during survey	৮.৬.৪.১। হাত ধোয়ার জায়গা আছে কিনা Hand wash facility available or not ৮.৬.৪.২। হাত ধোয়ার সবান আছে কিনা - Hand was soap available or not	
৮.৬.৫ সাক্ষাৎকার গ্রহণকারী তার হাত ধোয়ার কৌশল দেখে উত্তর লিখবেন? Interviewer will take response after seeing the handwash process?	১। পেরেছেন (able to see) ২। পারেন নাই (not able to see)	
৮.৭ বাড়ীর প্রাপ্ত বয়স্ক মহিলাদের প্রশ্ন করুন- মাসিকের সময় আপনি কি ব্যবহার করেন? What they used during menstruation (applicable for adult women)?	১। কাপড় Cloths ২। সেনেটারী নেপকিন Sanitary napkeen ৩। অন্যান্য (উল্লেখ করুন) Others --	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
৮.৭.১ কাপড় ব্যবহারকারী মহিলাকে জিজ্ঞাসা করুন- আপনি কিভাবে কাপড় ধৌত করেন? Those who used cloths, how you washed used cloths?	১। শুধু পানি দিয়ে with water only ২। সাবান-পানি দিয়ে with soap and water ৩। অন্যান্য (উল্লেখ করুন) Others--	
৮.৭.২ উক্ত কাপড় কোথায় এবং কতক্ষণ শোকানো হয়? Where and how much time dry used cloths	১। স্থান Place----- ২। সময় Time-----	
৮.৭.৩ সেনিটারী নেপকিন ব্যবহারে সমস্যা কি? What is the problem with sanitary napkin?	১। ক্রয় করতে সমর্থ নয় Not able to purchase ২। ব্যবহার করা জানে না Don't know how to use ৩। ব্যবহার করতে লজ্জা পায় Feel shy to use ৪। ফেলানো জায়গার অভাব/সমস্যা Problem with dustbin ৫। অন্যান্য (উল্লেখ করুন) others --	
৮.৮ আপনি বা আপনার পরিবারের সদস্যবা কোথায় প্রকৃতিক কাজ সারেন? Where you and your family member used toilet?	১। পায়খানায় Specific place ২। জঙ্গলে Jungle	যদি উত্তর ২ হয়, Q৮.৯ যান
৮.৮.১ যদি পায়খানা ব্যবহার করে, সাক্ষাৎকার গ্রহণকারী লক্ষ্য করুন পায়খানাটি কেমন If used specific toilet, during interview please observe	১। খোলা নালা ২। পিট ৩। সেপ্টিট্যাংক ৪। অন্যান্য (উল্লেখ করুন) -----	
৮.৮.২ পায়খানাটির মালিকানার ধরন Ownership of toilet	১। শুধু পরিবারের সদস্যরা ব্যবহার করে Onl family member used ২। অন্য পরিবারের সাথে ভাগাভাগী করে ব্যবহার করে Shared toilet use ৩। অন্যান্য (উল্লেখ করুন) Other---	
৮.৮.৩ পায়খানাটির অবস্থান কোথায়? Where is the toilet?	১। ঘরের ভিতরে/সাথে within house ২। উঠানের পাশে beside Yard ৩। বাড়ীর আঙ্গিনার বাইরে Out of homestead	
৮.৯ পরিবারের খাবার পানি কোথা থেকে সংগ্রহ করুন? From where drinking water collect?	১। প্রাকৃতিক জলাশয় থেকে Natural pond ২। পাইপ দিয়ে সরবরাহ করা পানি supplied water with pipe ৩। নলকুপ/গভীর নলকুপ deep tubewell ৪। ট্রাক দিয়ে সরবরাহ করা পানি supply water with Van ৫। বোতলজাত পানি Bottle water ৬। অন্যান্য (উল্লেখ করুন) Others---	
৮.৯.১ উল্লেখিত পানির অবস্থান কোথায়? Where is source of water?	১। বাড়ীর আঙ্গিনায় homstead area ২। বাড়ির পাশে beside house ৩। বাড়ী থেকে দূরে far away from house	
৮.৯.২ উক্ত স্থান থেকে পানি আনতে কত সময় লাগে? How much time require to collect water?	----- মিনিট Minutes	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)	
৮.১০ আপনার বাড়ীর আংগিনায় সজ্জি বাগান আছে কি? Is there any homestead garden?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ১ হয়, Q৮.১০.২ যান	
৮.১০.১ উত্তর না হলে, সজ্জি বাগান না করার কারণ কি? If not, reasons behind not to do homestead gardening?	.....		
৮.১০.২ উত্তর হ্যাঁ হলে, সজ্জি বাগান করার জন্য কোন সহায়তা পেয়েছেন কি? If yes, have you benefited with homestead gardening?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৮.১০.৪ যান	
৮.১০.৩ উত্তর হ্যাঁ হলে, কি সহায়তা পেয়েছেন এবং কোথা থেকে পেয়েছেন? If yes, what sorts of benefit and how? (একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed)	১। প্রশিক্ষণ Training ২। উপকরণ Materials ৩। পরামর্শ Advice ৪। অন্যান্য (উল্লেখ করুন) Others --		
৮.১০.৪ সজ্জি বাগান নিয়মিত রাখার জন্য কি ধরণের সহায়তা প্রয়োজন বলে আপনি মনে করেন? For continuous gardening what sorts of support is necessary?	-----		
<b>৯) ফাণ্টার স্কেল অনুযায়ী পরিবারের খাদ্য নিরাপত্তা (HFIAS) (স্কারঃ HFIAS Score as per FANTA Scale)</b>			
ক্রমিক	প্রশ্ন	উত্তর	
৯.১	বিগত ৪ সপ্তাহ আপনার পরিবারের যথেষ্ট খাবার থাকবেনা বলে কি আপনি উদ্বেগ ছিলেন Last 4 weeks, somehow you were in tense regarding not available of enough food in your family	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q২ যান
৯.১.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.২	বিগত ৪ সপ্তাহে মধ্যে আপনি বা আপনার পরিবারের কোন সদস্য এমন কোন খাবার খেতে চেয়ে ছিলেন যা সম্পদের অভাবের কারণে খেতে পারেন নাই। Last 4 weeks, you or your family member wanted to take specific food item, which you can't able to manage because scarcity	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৩ যান
৯.২.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.৩	বিগত ৪ সপ্তাহে আপনি বা আপনার পরিবারের কোন সদস্য সম্পদের অভাবের কারণে সীমিত প্রকার খাবার খেয়েছেন Last 4 weeks, you or your family member taken limited food items because of financial scarcity	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৪ যান
৯.৩.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.৪	বিগত ৪ সপ্তাহে আপনি বা আপনার পরিবারের কোন সদস্য সম্পদের অভাবের কারণে এমন খাবার খেয়েছেন যা আসলে	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৫ যান

প্রশ্ন (Question)		উত্তর (Answer)	স্কিপিং (Skipping)
	খেতে চান নাই; অন্য ধরনের খাবার খেয়েছেন। Last 4 weeks, you or your family member taken alternate food, which don't want to take, because of financial scarcity		
৯.৪.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.৫	বিগত ৪ সপ্তাহে আপনি বা আপনার পরিবারের কোন সদস্য যথেষ্ট খাবার ছিলনা বলে প্রয়োজনের তুলনায় কম খেয়েছেন Last 4 weeks, you or your family member taken less food, because of not available enough food	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৬ যান
৯.৫.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.৬	বিগত ৪ সপ্তাহে আপনি বা আপনার পরিবারের কোন সদস্য যথেষ্ট খাবার ছিলনা বলে প্রয়োজনের তুলনায় দিনে কম বার খেয়েছেন Last 4 weeks, you or your family member taken less time food incompare with necessity because of not available enough food	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৭ যান
৯.৬.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.৭	বিগত ৪ সপ্তাহে সম্পদের অভাবের কারণে আপনার পরিবারে কখনও কোন ধরনের খাবার ছিলনা Last 4 weeks, you or your family member having scarcity with food item because of not available enough food	১। হ্যাঁ Yes ২। না NO	যদি উত্তর ২ হয়, Q৮ যান
৯.৭.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
৯.৮	বিগত ৪ সপ্তাহে আপনি বা আপনার পরিবারে কোন সদস্য যথেষ্ট খাবার না থাকার কারণে রাতে না খেয়ে ঘুমিয়ে ছিলেন Last 4 weeks, you or your family member didn't take suffer because of not available enough food	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q৯ যান
৯.৮.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	

প্রশ্ন (Question)		উত্তর (Answer)	স্কিপিং (Skipping)
৯.৯	বিগত ৪ সপ্তাহে সম্পদের অভাবের কারণে আপনি বা আপনার পরিবারে কোন সদস্য সারা দিন ও সারা রাত না খেয়ে ছিল Last 4 weeks, you or your family member didn't take any food because of wealth scarcity	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q১০ যান
৯.৯.১	কত ঘন ঘন এই অবস্থার সৃষ্টি হয় How frequently this situation happened?	১। খুবই কম very few ২। মাঝে মাঝে occasionally ৩। প্রায়শই frequently	
১০) ফান্টার স্কেল অনুযায়ী HDD স্কোরঃ HDD Score as per FANTA			
প্রশ্ন		উত্তর কোড (1=হ্যাঁ, ২= না) Y/N	Item Name
আমি এখন গতকাল দিনে এবং রাতে আপনি বা আপনার পরিবারের সদস্যদের কেউ কি ধরণের খাবার খেয়েছে সে বিষয়ে জানতে চাইব We will discuss now types of food you and your family member taken yesterday			
নীচের খাদ্য তালিকাটি পড়ুন; যদি পরিবারের কেউ খাদ্যটি খেয়ে থাকে তবে উত্তর কোডে ১ লিখুন; যদি না খেইয়ে থাকে তবে ২ লিখুনঃ			
১। ভাত, রুটি, নুডুলস, বিস্কুট এবং চাল, গম, ভুট্টা, জোয়ার, ইত্যাদি থেকে তৈরী খাদ্য। Made food with Rice, Bread, Buscuit, Paddy, wheat, maize etc			
২। আলু, মিষ্টি আলু, গুল, কাসাবা, এবং মূল ও কন্দ (গাজর, মূলা, কচু) থেকে তৈরী খাদ্য। Made food with potato, sweet potato, Taro, roots, bitroot, etc			
৩। যে কোন সব্জি any vegetable			
৪। যে কোন ফল any fruits			
৫। গরু, খাসি, মুরগী, হাঁস, ভেড়া, খরগোস, অন্যান্য পাখী এর মাংস, কলিজা, কিডনি, হৃদপিণ্ড। Cow, mutton, chicken, lamb, duck, etc birds meat			
৬। ডিম Egg			
৭। তাজা বা শুকনা মাছ Dry or fresh fish			
৮। ডাল জাতীয় যে কোন খাবার Pulses			
৯। চিজ, দই, দুধ ও দুধ জাতীয় খাবার Milk, cheess, curds, etc...			
১০। তেল, চর্বি ও মাখন জাতীয় খাবার Oil, Butter etc.			
১১। চিনি, মধু, গুড় জাতীয় খাবার Sugar, Honey, Molass Etc			
১২। অন্যান্য খাবার, যেমন- চা, কফি, ইত্যাদি Tea, Coffee etc.			
১১) ফান্টার স্কেল অনুযায়ী MDD-W স্কোরঃ MDD-W Score as per FANTA			
প্রশ্ন		উত্তর কোড 1=হ্যাঁ, ২= না	
আমি এখন গতকাল দিনে এবং রাতে আপনার পরিবারের মহিলা সদস্যদের কে কি ধরণের খাবার খেয়েছে সে বিষয়ে জানতে চাইব।			

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
নীচের খাদ্য তালিকাটি পড়ুন; গতকাল দিনে এবং রাতে যদি আপনার পরিবারের মহিলা সদস্যদের কেউ খাদ্যটি খেয়ে থাকে তবে উত্তর কোডে ১ লিখুন; যদি না খেইয়ে থাকে তবে শূন্য লিখুন:		
১। শস্যদানা থেকে তৈরী খাদ্য, যেমন- ভাত, জাউ, রুটি, নুডুলস, ইত্যাদি Food from Crops, rice, bread, noodles etc...		
২। মূল ও কন্দাল জাতীয় খাদ্য, যেমনআলু, মিষ্টি আলু, গুল, কাসাবা, এবং মূল ও কন্দ থেকে তৈরী খাদ্য। Food from roots: Potato, Sweet potato, root, etc...		
৩। যে কোন সব্জিবি Any Vegetable		
৪। যে কোন ফল Any fruits		
৫। গরু, খাসি, মুরগী, হাঁস, ভেড়া, খরগোস, অন্যান্য পাখী এর মাংস, কলিজা, কিডনি, বৃদপিণ্ড। Cow, mutton, chicken, lamb, duck, birds meat		
৬। ডিম Egg		
৭। তাজা বা শুকনা মাছ Fresh or dry fish		
৮। ডাল জাতীয় যে কোন খাবার Pulses		
৯। চিজ, দই, দুধ ও দুধ জাতীয় খাবার Milk, cheess, curds, etc...		
১০। তেল, চর্বি ও মাখন জাতীয় খাবার Oil, Chease, Butter etc.		
১১। চিনি, মধু, গুড় জাতীয় খাবার Sugar, Honey, Molass Etc		
১২। অন্যান্য খাবার, যেমন- চা, কফি, ইত্যাদি Tea Coffee etc.		
<b>১২) এন্থ্রোপোমেট্রিক মিজারমেন্ট Anthropometric Measurement</b>		
১২.১ পরিবারের ৬-৫৯ মাস বয়সের শিশুর পরিমাপ করুনঃ 6-59 months aged child measurement of that family	বাহুর মধ্যবর্তী অংশের মাপঃ _ মি মিঃ ওজন _____ কি গ্রা। উচ্চতা _____ সে মিঃ জন্ম তারিখঃ ----- Muscle .....Milimeter Weight.....Kg Height.....cm DoB.....cm	
১২.২ পরিবারের গর্ভবতী ও বুকের দুধ দানকারী মা এর বাহুর মধ্যবর্তী অংশের মাপ এবং ওজন ও উচ্চতা নিন। Pregnant and Lactating mothers muscle measurment with weight and height	বাহুর মধ্যবর্তী অংশের মাপঃ ___ মি মিঃ ওজন _____ কি গ্রা। উচ্চতা _____ সে মিঃ Muscle .....milimeter Weight.....Kg Height.....cm	
১২.৩ পরিবারের কিশোরী (১০-১৯ বৎসর) এর বাহুর মধ্যবর্তী অংশের মাপ এবং ওজন ও উচ্চতা নিন। 10-19 years old girl muscle measurment with weight and height	বাহুর মধ্যবর্তী অংশের মাপঃ __ মি মিঃ ওজন _____ কি গ্রা। উচ্চতা _____ সে মিঃ	

প্রশ্ন (Question)		উত্তর (Answer)			স্কিপিং (Skipping)
		Muscle .....Milimeter Weight.....Kg Height.....cm			
<b>১৩) অভিঘাত (Shock) সহিষ্ণুতা Shock resilientts</b>					
১৩.১ বিগত দুই বৎসর মধ্যে আপনার পরিবার কোন অভিঘাত (শক) এ পরে ছিল কি? Last two years your family fall in the shocks?		১। হ্যাঁ Yes ২। না No			যদি উত্তর ২ হয়, Q১৪ যান
১৩.২ উত্তর হ্যাঁ হলে, কি কারণে অভিঘাত (শক) এ পরে ছিল? If yes, what the reasons?  একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed		১। ভূমি ধস Land sliding ২। ঘূর্ণি ঝড় Tornadoo ৩। সুনামি Sunami ৪। ভূমিকম্প Earth Quack ৫। অতি খরা Drought ৬। বন্যা Flood ৭। অতি বৃষ্টি Excessive Rain ৮। উপার্জনক্ষম লোকের এক্সিডেন্ট বা মৃত্যু Earning members fall in accident or died ৯। মহামারি epidemic ১০। পরিবারের কারো সাস্থ্যহানি / দীর্ঘমেয়াদী অসুস্থতা (দীর্ঘমেয়াদী কোন রোগী ( ক্যান্সার , হার্ট ডিজিস Chronic disease or health disorder of family member ১১। বিদেশে যাওয়ার/ মামলার কারণে প্রতারণিত Illegal Abrod travel or case ১২। ভূমি থেকে উচ্ছেদ Displaced from land ১১০। অন্যান্য (উল্লেখ করুন) Others			
১৩.৩ উক্ত অভিঘাত (শক) সম্বন্ধে পূর্ব সতর্কতা করা হইয়েছিল কি? Had anyone warned you about shocks?		১= হ্যাঁ Yes ২=না No			
১৩.৪ উক্ত অভিঘাত (শক) আপনার পরিবারের আয়, স্বাস্থ্য সেবা, খাবার পানি, পয় নিষ্কাশন, পণ্য বাজারজাত করন, আবাসিক স্থপনা ইত্যাদি ক্ষেত্রে কেমন প্রভাব পরে ছিল এবং কিভাবে প্রভাব মোকাবেলা করেছেন? Above shock how effected in your family income, health, drinking water, toilet, marketing, building structure etc. and how recover those effect?					
ক্রমিক নং	বিষয় Issue	প্রভাবের সম্ভাব্যতা <sup>৬</sup> Effect Probability ০=নাই Nothing ১= কম Less ২=মধ্যম Medium ৩=উচ্চHighly	প্রভাবের গভীরতা <sup>৭</sup> Effected level ০=নাই Nothing ১= কম Less ২=মধ্যম Medium ৩=উচ্চHigh	প্রভাব মোকাবেলায় আপনি কি পদক্ষেপ নিয়ে ছিলেন। Steps taken to protect from shocks	
১।	পরিবারের প্রধান আয়ের উৎস Main earning source of family				

<sup>৬</sup> বিস্তার (coverage) কেমন ছিল

<sup>৭</sup> খতির পরিমাণ কেমন ছিল

প্রশ্ন (Question)		উত্তর (Answer)		স্কিপিং (Skipping)
২।	পরিবারের বাসস্থান Family house			
৩।	খাবার পানি সরবরাহ Drinking water supply			
৪।	স্বাস্থ্য সেবা গ্রহণ Health service			
৫।	পণ্য বাজারজাত করন Product marketing			
৬।	পয় নিষ্কাশন Toilet			
<p><b>কোড:</b> ১। <b>আয়ের উৎস</b> - ১.১ জলবায়ু সহিষ্ণু প্রযুক্তি ব্যবহার করেছি ফলে ক্ষতি কম হয়েছে ১.২ অন্য উন্নত প্রযুক্তি ব্যবহার করেছি ফলে ক্ষতি বেশী হয় নাই ১.৩ সঞ্চয় ব্যবহার করেছি ১.৪ ক্ষতি মোকাবেলায় খাদ্যসহ অন্যান্য খাতে খরচ কমিয়ে ফেলেছি ১.৫ আর্থিক সহায়তা পেয়েছি ২। <b>বাসস্থান</b>- ২.১ উন্নত প্রযুক্তি ব্যবহার করেছি ফলে ক্ষতি বেশী হয় নাই ২.২ অস্থায়ী ঘর বা তারুতে বসবাস করছি ২.৩ ঘর বা আর্থিক সহায়তা পেয়েছি ৩। <b>খাবার পানি</b> - ৩.১ উন্নত প্রযুক্তি ব্যবহার করেছি ফলে পানি সরবরাহ বন্ধ হয় নাই ৩.২ পানি বা আর্থিক সহায়তা পেয়েছি ৩.৩ পানির ব্যবহার কমিয়ে দিয়েছি ৩.৪ কয়েক দিন পানি ব্যবহার করতে পারি নাই ৪। <b>স্বাস্থ্য সেবা গ্রহণ</b>- ৪.১ জরুরী ঔষধ সংগ্রহ করে রেখেছিলাম ৪.২ মেডিকেল টিমের মাধ্যমে স্বাস্থ্য পেয়েছি ৪.৩ কয়েক দিন চিকিৎসা ছাড়া ছিলাম; ৫। <b>পণ্য বাজারজাত করন</b>- ৫.১ কয়েকদিন পণ্য বাজারজাত করা যায় নাই ফলে নষ্ট হয়েছে ৫.২ উন্নত প্রযুক্তি ব্যবহার করে সংরক্ষণ করে রেখেছি ৫.৩ বিকল্প পথে বাজারজাত করেছি ৬। <b>পয় নিষ্কাশন</b>- ৬.১ উন্নত প্রযুক্তি ব্যবহার করেছি ফলে পায়খানা ব্যবহারে অসুবিধা হয় নাই ৬.২ মোবাইল পায়খানা ব্যবহার করেছি ৬.৩ কয়দিন পায়খানা ব্যবহার করতে পারি নাই।</p> <p>Code: 1. Earning source: 1.1 Climate resilient technology used that's why reduce effect 1.2 Others technology used that's why reduce effect, 1.3 Used savings amount 1.4 For reducing effect food and other expenditure reduced 1.5 Received financial support,</p> <p>2. Housing condition: 2.1 Improved technology used that's why reduce effect, 2.2 stay in temporary house, 2.3 house or financial support received,</p> <p>3. Drinking water: 3.1 Used Improved technology that's why didn't stop water supply, 3.2 Water or financial support 3.3 Use of water reduced, 3.4 Few days not able to use water,</p> <p>4. Health service: 4.1 Kept emergency medicine, 4.2. health service received from medical team, 4.3 few days didn't get any health service</p> <p>5. Product marketing: 5.1 few day not able to do product marketing, so that product damaged, 5.2 Product storage with adopting improved technology, 5.3 product marketed with alternative way</p> <p>6. Toilet Swerage: 6.1 No problem in toilet using because of adopting improved technology, 6.2 mobile toilet used 6.3. Few days not able to use toilet</p>				
১৩.৫ সর্বপরি অভিঘাত (শক) এর প্রভাবে আপনার পরিবারের অবস্থান উল্লেখ করুনঃ How your family effected with shocks?		১। আরও দরিদ্র হয়ে পড়েছে fall down in poverty ২। অর্থনৈতিকভাবে আরও দুর্বল হয়ে পড়েছে financially weak ৩। পরিবারের সদস্যদের বেকারত্ব বেড়েছে increased unemployment ৪। পরিবার সম্পদ হারা হচ্ছে family lost asset ৫। পরিবারের ঋণ বেড়েছে Increased credit ৬। পরিবারের অবস্থার কোন পরিবর্তন হয় নাই No change ৭। পরিবারের অবস্থা ভাল হয়েছে Improved family condition ৮। অন্যান্য (উল্লেখ করুন) Others _____		
<b>১৪) সামাজিক সুরক্ষা Social SafetyNet</b>				
১৪.১ আপনি বা আপনার পরিবারের কোন সদস্য কি সরকারের সামাজিক নিরাপত্তা কর্মসূচির সুবিধাভোগী? Is You or any of your family member under Govt. any Social SafetyNet program?		১। হ্যাঁ Yes ২। না No		যদি উত্তর ২ হয়, Q1৫ যান

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
১৪.২ উত্তর হাঁ হলে, কোন কর্মসূচির সুবিধাভোগী? If yes, which program?	১। দরিদ্র বৃদ্ধ ভাতা Poor old age stipend ২। বিধবা ও দুস্থ মহিলা ভাতা Widdow and helpless women stipend ৩। প্রতিবন্ধী ভাতা People with disability stipend ৪। দুরারোগ্য ব্যাধি আক্রান্ত রোগীর সহায়তা Chronic disease stipend ৫। প্রতিমদের সহায়তা Orphanage stipend ৬। চা বাগানের শ্রমিকদের সহায়তা Tea garden labor stipend ৭। গরীব গর্ভবতী/বুকের দুধদানকারী মায়ের সহায়তা Lactating and Pregnant mothers stipend ৮। মুক্তিযোদ্ধা ভাতা Freedom fighters stipend ৯। দুর্যোগে ক্ষতিগ্রস্তদের সহায়তা Effected with disaster stipend ১০। ত্রান কার্যক্রম Relief program ১১। অবাংগালীদের সহায়তা Non bengali program stipend ১২। সরকারি কর্মকর্তাদের পেনশন Pension of Govt. staff ১৩। ভিজিডি VGD ১৪। ভিজিএফ DGF ১৫। জি আরGR ১৬। পাবত্য এলাকার খাদ্য সহায়তা food supply in CHT ১৭। কাজের বিনিময়ে খাদ্য Food for Work ১৮। অন্যান্য (উল্লেখ করুন) Others	
১৪.৩ উক্ত সুবিধা লাভের ফলে আপনার পরিবারের অবস্থার কি পরিবর্তন হয়েছে? Any changes made in your family after receiving such service?	১। দারিদ্রতা কমেছে Reduce poverty ২। অর্থনৈতিক অবস্থার উন্নতি হয়েছে Financial situation improved ৩। পরিবারের সদস্যদের কর্মসংস্থান হয়েছে Employed family members ৪। পরিবার সম্পদ বেড়েছে Increased family asstes ৫। পরিবারের ঋণ পরিশোধ হয়েছে Repayed family credit ৬। কোন পরিবর্তন হয় নাই No Change ৭। অন্যান্য (উল্লেখ করুন) Others_____	
১৪.৪ সামাজিক নিরাপত্তা কর্মসূচির সুবিধাভোগী হতে পেরে আপনি কি রকম সন্তুষ্ট? Are you satisfying with Govt. social safety program?	১। খুব সন্তুষ্ট Heavy Satisfy ২। মোটামুটি সন্তুষ্ট Mostly Satisfy ৩। কম সন্তুষ্ট Less Satisfy ৪। সন্তুষ্ট নই Not Satisfy	
১৪.৫ উত্তর ২-৪ হলে, কি কারণে কম সন্তুষ্ট বা সন্তুষ্ট নন? If answer 2-4, then reasons behind	১। অপ্রতুল সহযোগিতা Insufficient Helf ২। দুর্নীতি Corruption ৩। সচ্ছতার অভাব Lack of transparency ৪। ধরপাকর করে তালিকাভুক্ত হতে হয় Listing with forcibly ৫। বরাদ্দের চেয়ে কম পেয়েছেন less received against allocation ৬। অন্যান্য (উল্লেখ করুন) _Others_____	
১৪.৬ এই অসুবিধাগুলো কিভাবে মোকাবেলা করেছেন? How have you addressed those?		

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
<b>১৫) নারীর ক্ষমতায়ন ও লিঙ্গ সমতা Women Empowerment and Equality</b>		
১৫.১ আপনার পরিবারে শিক্ষা, কর্মসংস্থান, স্বাস্থ্য সেবা, বা অন্যান্য সেবা গ্রহণের জন্য সিদ্ধান্ত নেয়ার ক্ষেত্রে মহিলা কি কোন ভূমিকা পালন করে থাকে? How women had engaged in family decision making on education, health, employment, and others service?	১। কোন ভূমিকা পালন করে না Didn't play any role ২। পুরুষের সিদ্ধান্ত নেয়ার ক্ষেত্রে সহায়তা করে Help to men in decision making process ৩। যৌথভাবে সিদ্ধান্ত নেয় Jointly taken decision ৪। একক ভাবে সিদ্ধান্ত নেয় Individual taken decision ৫। অন্যান্য (উল্লেখ করুন) --Others	যদি উত্তর ২-৫ হয়, Q1৫.৩ যান
১৫.২ উত্তর ১ হলে, কি কারণে কোন ভূমিকা পালন করে না? If answer 1, why didn't play any role?	১। পরিবারে নারীদের গুরুত্ব কম Given less important to women in the family ২। নারীরা দায়িত্বশীল ভূমিকা রাখতে পারেনা Women are not capable to play active role ৩। নারীরা অংশগ্রহণ করতে ভয় পায়। Women are scared to participate in the decision making ৪। অন্যান্য (উল্লেখ করুন) --Others	
১৫.৩ কি পদক্ষেপ নিলে নেতৃত্ব ও সিদ্ধান্ত গ্রহণের ভূমিকায় নারীর অংশগ্রহণ বৃদ্ধি হতে পারে? What initiatives could enhanced women leadership and enrich active participation in decision making process?	১। জ্ঞান ও দক্ষতা বৃদ্ধি করা Knowledge and skill increased ২। ব্যাকআপ সাপোর্ট নিশ্চিত করা Ensure backup support ৩। অর্থনৈতিক ভাবে স্বাবলম্বী করা Financially solvent ৪। নারী নেত্রীদের সহিত যোগাযোগ স্থাপন করা Build communication with women leader ৫। অন্যান্য (উল্লেখ করুন) Others --	
১৫.৪ নারীর ক্ষমতায়ন ও লিঙ্গ বৈষম্য দূর করার জন্য পুরুষদের কি ভূমিকা থাকা দরকার How men can play role in women empowerment and omiting gender discrimination?	১। পুরুষদের সমান শিক্ষা গ্রহণের সুযোগ দেয়া Given opportunity in equal education like men ২। সিদ্ধান্ত গ্রহণে অংশ নেয়ার জন্য উৎসাহিত করা Encourage to participate in decision making process ৩। অর্থনৈতিক ভাবে স্বাবলম্বী হওয়ার সহযোগিতা করা Help to be financially solvent. ৪। লিঙ্গ বৈষম্য দূর করার কাজে পুরুষদের সংযুক্ত করা Engage men in reducing gender discreamination ৪। অন্যান্য (উল্লেখ করুন) --Others	
<b>১৬) মহিলাদের ক্ষমতায়ন (A-WEAI স্কোর) Women Empowerment Score (A-WEAI Score)</b>		
প্রশ্ন Question	উত্তর Answer	
১৬.১ পরিবারের উৎপাদন মূলক কাজের বা সম্পদ ক্রয়ের সিদ্ধান্ত প্রধানত কে নেয়? Who take decision in productive activity and asset purchase?	১। আমি Myself ২। স্বামী Husband ৩। উভয়েই Both ৪। অন্য কেউ Others	
১৬.২ পরিবারের সম্পদের মালিক কে? Who is the owner of family asset?	১। আমি Myself ২। স্বামী Husband ৩। উভয়েই Both ৪। অন্য কেউ Others	
১৬.৩ পরিবারে ঋণ নেয়ার ক্ষেত্রে প্রধানত কে সিদ্ধান্ত নেয়? Who take decision for taking credit?	১। আমি Myself ২। স্বামী Husband ৩। উভয়েই Both ৪। অন্য কেউ Others	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
১৬.৪ পরিবারের আয় ব্যয় কে নিয়ন্ত্রন করে? Who control family income and expenditure?	১। আমি Myself ২। স্বামী Husband ৩। উভয়েই Both ৪। অন্য কেউ Others	
১৬.৫ আপনি কোন সংগঠনের সদস্য হতে চাইলে কে সিদ্ধান্ত দেয়? Who take decision for taking membership of the organization?	১। আমি Myself ২। স্বামী Husband ৩। উভয়েই Both ৪। অন্য কেউ Others	
১৬.৬ পরিবারে আপনার কাজের পরিমাণ কে নির্ধারণ করে? Who gives value to your contribution in the family?	১। আমি Myself ২। স্বামী Husband ৩। উভয়েই Both ৪। অন্য কেউ Others	
<b>১৭) নারীর প্রতি সহিংসতা ও বাল্য বিবাহ Early Marraige and violence against women</b>		
১৭.১ আপনার সমাজে বা পরিবারে নারীর প্রতি সহিংসতার ঘটনা ঘটছে কি? In your society or family had any violence against women?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q১৫.৭ যান
১৭.২ উত্তর হ্যাঁ হলে, কি ধরনে সহিংসতা ঘটছে? If Yes, what types of violence?	১। হত্যা করা Killed ২। মারধর করা Tortured ৩। এসিড নিক্ষেপ Through Acid ৪। শরীরে আগুন দেয়া Body Fire ৫। পাচার করা Human Trafficking ৬। অন্যান্য (উল্লেখ করুন) Others	
১৭.৩ কি কারণে নারীর প্রতি সহিংসতা ঘটছে বলে মনে করেন? What are the reasons for violence against women?	১। যৌতুক Dowry ২। প্রভাব ও নিয়ন্ত্রন বিস্তার For control and influenced ৩। মানুষিক বিকারগ্রস্ততা Mental disorder ৪। ধর্মাত্মতা Religious blindness ৫। অর্থনৈতিক দৈন্যতা Financial influenced ৬। অন্যান্য (উল্লেখ করুন) Others	
১৭.৪ নারীর প্রতি সহিংসতা ঘটলে কি পদক্ষেপ নেয়া হয়? What step taken for stopping violence against women?	১। কোন কিছু করা হয় না Nothing ২। পারিবারিকভাবে মিটানো হয় Resolved within family ৩। ইউনিয়ন পরিষদ/থানায় অভিযোগ করা হয় Complained to the local administration-UP/Upz ৪। কোর্টে মামলা করা হয় Case filled to the court ৫। অন্যান্য (উল্লেখ করুন) Others	
১৭.৫ নারীর প্রতি সহিংসতা ঘটলে যে পদক্ষেপ নেয়া হয় তাতে আপনি কি রকম সন্তুষ্ট? The steps taken for stopping violence, how far you satisfy?	১। খুব সন্তুষ্ট Very Satisfied ২। মোটামোটি সন্তুষ্ট Mostly satisfied ৩। কম সন্তুষ্ট Less Satisfied ৪। অসন্তুষ্ট Not satisfied	
১৭.৬ উত্তর ৩/৪ হলে, আর কি পদক্ষেপ নেয়া দরকার বলে আপনি মনে করেন? If answer 3 or 4 then what step could be appropriate?	-----	
১৭.৭ আপনার সমাজে/পরিবারে বাল্য বিবাহ ঘটছে কি? In you society/ family had early marriage?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q১৮ যান
১৭.৭.১ কি কারণে বাল্য বিবাহের	১। পারিবারিক দারিদ্রতা Poverty	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
ঘটনা ঘটছে? What the reasons for early marriage?	২। মেয়ের নিরাপত্তাহীনতা Insecurity ৩। পারিবারিক খরচ কমানো Reduce family expenditure ৪। আর্থিক লাভ Financial Benefit ৫। অন্যান্য (উল্লেখ করুন) Others	
১.৭.৭.২ বাল্য বিবাহের ফলে আপনার সমাজে বা পরিবারে কি সমস্যা হচ্ছে? What the problem raised because of early marriage?  একাধিক উত্তর গ্রহণযোগ্য Multiple answer allowed	১। মাতৃমৃত্যুর হার বাড়ছে Increased maternal mortality ২। নারীর প্রতি সহিংসতা হচ্ছে Increased violence against women ৩। নারী পাচার হচ্ছে Increased Trafficking women ৪। পরিবারে অশান্তি হচ্ছে Family peace reduce ৫। নারীর মানসিক রোগ হচ্ছে Women Mental disorder increased ৬। অন্যান্য (উল্লেখ করুন) Other	
১.৭.৭.৩ কি পদক্ষেপ নিলে বাল্য বিবাহ প্রতিরোধ করা সম্ভব হবে বলে মনে করেন? What steps can reduce/protect early marriage?	-----	
<b>১৮) প্রতিবন্ধী Person with disability (PWD)</b>		
<b>২নং প্রশ্নের উত্তরে পরিবারে যদি কোন প্রতিবন্ধী থাকে তবে নিম্নের প্রশ্নগুলো করুন: If under Question 2 have response about PWD then below question re applicable</b>		
১৮.১ আপনার পরিবারের প্রতিবন্ধী লোকটির সমস্যা কি? What's the problem of your PWD?	১। দৃষ্টি প্রতিবন্ধী Blindness ২। শারীরিক প্রতিবন্ধী Physical Disorder ৩। বুদ্ধি প্রতিবন্ধী Intelligent Disorder ৪। মানসিক প্রতিবন্ধী Mental Disorder ৫। অন্যান্য (উল্লেখ করুন) Others	
১৮.২ উক্ত প্রতিবন্ধী লোকটি নিম্নে উল্লেখিত সেবা পাওয়ার ক্ষেত্রে কি কোন প্রতিবন্ধকতার সম্মুখীন হয়? ১। শিক্ষা ২। কর্মসংস্থান ৩। স্বাস্থ্য সেবা ৪। সামাজিক নিরাপত্তা কর্মসূচির সুবিধাভুগী ৫। অন্যান্য (উল্লেখ করুন) That PWD faced any difficulties below stated service? - Education - Employment - Health Service - SafetyNet Program - Others	১। -- হ্যাঁ/না Yes/ No ২। -- হ্যাঁ/না Yes/ No ৩। -- হ্যাঁ/না Yes/ No ৪। -- হ্যাঁ/না Yes/ No	<b>যদি সব কয়টির উত্তর না হয়, Q১৮.৪ যান</b>
১৮.৩ কোনটির উত্তর হ্যাঁ হলে, কি ধরনের প্রতিবন্ধকতার সম্মুখীন হয়? If any one response Yes, what types of obstacles they faced?	-----	
১৮.৪ প্রতিবন্ধী লোকটি সরকার বা অন্য কোন সংস্থা থেকে কোন সহযোগিতা পেয়েছে? That PWD received any support from Govts or	১। হ্যাঁ Yes ২। না No	<b>যদি উত্তর ২ হয়, Q১৮.৭ যান</b>

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
other organizations?		
১৮.৫ উত্তর হাঁ হলে, কি ধরনের সহযোগিতা পাচ্ছে? If yes, what types of Support?	১। প্রশিক্ষণ Training ২। সামাজিক নিরাপত্তা কর্মসূচির সুবিধাভুগী Under Safety Net Program ৩। কর্মসংস্থান Employment ৪। অন্যান্য সহযোগিতা (উল্লেখ করুন)---Other Service	
১৮.৬ যদি প্রশিক্ষণ নিয়ে থাকে, কি ধরনের দক্ষতা অর্জন করেছে?	১। বাঁশ-বেত, ২। মৃৎশিল্প, ৩। হস্তশিল্প, ৪। রাজমিস্ত্রি, ৫। কাঠমিস্ত্রি, ৬। রংমিস্ত্রি, ৭। সেলাই, ৮। ইলেকট্রিক, ৯। মেকানিক, ১০। ড্রাইভিং, ১১। কম্পিউটার, ১২। খাদ্য প্রক্রিয়াজাত করণ, ১৩। সেলুন/পার্লার, ১৪। অন্যান্য	
১৮.৭ সে কোন উপার্জনশীল কাজে নিয়োজিত কিনা? Does he engaged any earning activities?	১। হ্যাঁ Yes ২। না No	
১৮.৮ উত্তর হাঁ হলে, মাসে কত টাকা উপার্জন করেন? If Yes, how much earned monthly?	----- টাকা Tk.	
<b>১৯) সামাজিক সম্প্রতি ও শান্তি প্রতিষ্ঠা Social Cohesion and Established Peace</b>		
১৯.১ আপনি আপনার এলাকায় সামাজিক সম্প্রতি ও শান্তি বিষয়ক কোন অনুষ্ঠানের কথা শুনেছেন? Have you heard any social cohesion and peace related initiative organized by your locality/community?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q1৯.৫ যান
১৯.২ উত্তর হ্যাঁ হলে, কি ধরনের অনুষ্ঠানের কথা শুনেছেন? If Yes, What types of initiative you heard	১। রেলী/সমাবেশ Rally or Public Meeting ২। পথ নাটক Street Drama ৩। কনসার্ট Concert ৪। সভা Meeting ৫। আলোচনা অনুষ্ঠান Discussion Meeting ৬। অন্যান্য Others	Q1৯.৪ যান
১৯.৩ আনুমানিক কি পরিমাণ মানুষ এই অনুষ্ঠানগুলোতে যোগদান করেছিল? Approximately how many people participated?	১। <৫০ (<50) ২। ৫০-৯৯ (50-99) ৩। ১০০-১৯৯ (100-199) ৪। ২০০-৪৯৯ (200- 499) ৫। ৫০০+ (500+)	
১৯.৪ সামাজিক সম্প্রতি ও শান্তি বজায় রাখার ক্ষেত্রে সচেতনতা বৃদ্ধির জন্য এই অনুষ্ঠানগুলো কেমন ভূমিকা রাখছে? Does those program/initiatives contribute in building awareness of social cohesion and peace?	১। কোন ভূমিকা রাখে নাই Nothing contribute ২। কিছু কিছু লোক জানতে পেরেছে Few people aware ৩। মোটামুটি সচেতনতা সৃষ্টি হয়েছে Mostly people aware ৪। অনেক সচেতনতা সৃষ্টি হয়েছে Aware people	
১৯.৫। আপনি সামাজিক সম্প্রতি ও শান্তি প্রতিষ্ঠা বিষয়ক কোন প্রশিক্ষণ গ্রহণ করেছেন? Have you received any training on social cohesion and peace?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q1৯.৫.৪ যান

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
১৯.৫.১ উত্তর হাঁ হলে, এই প্রশিক্ষণ থেকে আপনার সামাজিক সম্প্রতি ও শান্তি বিষয়ে কেমন জ্ঞান বৃদ্ধি হয়েছে? If yes, do you think your knowledge increased after receiving training?	১। কোন জ্ঞান বৃদ্ধি হয় নাই Nothing increased ২। কিছু জ্ঞান বৃদ্ধি হয়েছে Few knowledge increased ৩। ভাল জ্ঞান বৃদ্ধি হয়েছে Increased knowledge perfectly	
১৯.৫.২ আপনি প্রশিক্ষণ থেকে লব্ধ জ্ঞান সামাজিক সম্প্রতি ও শান্তি প্রতিষ্ঠা কাজে লাগাতে পেরেছেন কি? Have you used gain knowledge on social cohesion and peace?	১। কাজে লাগাতে পারি নাই Not able to get chance ২। কিছু কিছু কাজে লাগাতে পেরেছি Few knowledge used ৩। ভালোভাবে কাজে লাগাতে পেরেছি Perfectly used knowledge	
১৯.৫.৩ আপনি আপনার জ্ঞান ও অভিজ্ঞতা অন্যদের সাথে বিনিময় করেছেন কি? Have you exchange your knowledge with others?	১। হ্যাঁ Yes ২। না No	
১৯.৫.৪ আপনার সমাজে বা গ্রামে সামাজিক সম্প্রতি ও শান্তি বৃদ্ধির জন্য কি করা উচিত? For peace building and social cohesion what should we can do?	-----	
১৯.৬ সরকারের সাথে ১৯৯৭ সালে স্বাক্ষরিত শান্তি চুক্তির কথা শুনেছে কি? Have you heard signed peace agreement with Govt on 1997?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q19.9 যান
১৯.৬.১ উত্তর হ্যাঁ হলে, পার্বত্য অঞ্চলের সামাজিক সম্প্রতি বজায় রাখার ক্ষেত্রে এই শান্তি চুক্তির ভূমিকা কি? If Yes, for peace building this agreement how much contribute?	১। কোন ভূমিকা নেই No role ২। এই চুক্তিই অশান্তির কারণ This agreement create conflict ৩। শান্তি প্রতিষ্ঠায় ভাল ভূমিকা রাখছে for peace building played vital role ৪। জানিনা Don't know ৫। অন্যান্য (উল্লেখ করুন) Others	
১৯.৭ আপনার এলাকায় Local Volunteer Mediators Forums (LVMF) আছে কি? In your community have Local Volunteer Mediators Forums (LVMF)	১। হ্যাঁ Yes ২। না No ৩। জানিনা Don't know	যদি উত্তর ২ বা ৩ হয়, সাক্ষাৎকার বন্ধ করুন
১৯.৭.১ উত্তর হ্যাঁ হলে, আপনি LVMF এর সহিত সংযুক্ত কি? If Yes, have you involve with LVMF?	১। হ্যাঁ Yes ২। না No	যদি উত্তর ২ হয়, Q19.6.8 যান
১৯.৭.২ উত্তর হ্যাঁ হলে, LVMF সামাজিক সম্প্রতি ও শান্তি প্রতিষ্ঠায় কি ধরনের কার্যক্রম পরিচালনা করে? If Yes, what sorts of activity did LVMF for social cohesion and peace?	-----	
১৯.৭.৩ LVMF এর সহিত যুক্ত থেকে আপনি কতটুকু সন্তুষ্ট? How much you satisfy engaging	১। খুব সন্তুষ্ট Fully Satisfy ২। মোটামোটি সন্তুষ্ট Mostly Satisfy ৩। কম সন্তুষ্ট Less Satisfy	

প্রশ্ন (Question)	উত্তর (Answer)	স্কিপিং (Skipping)
with LVMF?	৪। অসন্তুষ্ট Not satisfy	
১৯.৭.৪ সামাজিক সম্প্রতি ও শান্তি বজায় রাখার ক্ষেত্রে LVMF কতটা কার্যকরীঃ How much effective LVMF for social cohesion and peace building?	১। খুব ভাল কার্যকর Very Useful ২। মোটামুটি কার্যকর Mostly Useful ৩। সামান্য কার্যকর Few Useful ৪। মোটেও কার্যকর নয় Nothing	
১৯.৭.৫ LVMF কে আরও কার্যকরী করার জন্য আপনার পরামর্শ কি? What's your advice for making LVMF more useful?	-----	

## 2.2 KII Checklist for MJF and Partners' Staff

<b>Participants: Staff from MJF Staff and its Partners</b>
Date of Interview: _____ Time of Interview: _____ সাক্ষাৎকার গ্রহণের তারিখঃ _____ সাক্ষাৎকার গ্রহণের সময়ঃ _____ Respondent ID: _____ উত্তরদাতার আইডিঃ _____ Respondent Name: _____ উত্তরদাতার নাম _____ Respondent Sex: _____ Male _____ Female _____ Transgender উত্তরদাতা নারী না পুরুষ? Respondent Organization: _____ উত্তরদাতার প্রতিষ্ঠানের নামঃ _____ Respondent Position in the Organization: _____ উত্তরদাতার পদবিঃ _____ Interviewer Name: _____ সাক্ষাৎকার গ্রহণকারীর নামঃ _____ Note taker Name: _____ তথ্য লিপিবদ্ধকারীর নামঃ _____
<b>Introduction:</b> Good morning/afternoon/evening. শুভ সকাল/দুপুর/বিকাল I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project. আমার নাম ... মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডির জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে। It will be a two-hour discussion. এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে। I'd appreciate your candid views on the questions we are going to ask you. আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশাকরি You are welcome to ask questions or clarification for your understanding. কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন। CIRCLE Associates has assured highest confidentiality for this data collection. এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতিস্ব। Your responses will be presented in the aggregated findings. Your name will not be reflected in the report. রিপোর্ট এ আপনার নাম উল্লেখ থাকবে না। অন্যদের দেয় তথ্যের সাথে আপনার দেয়া তথ্য একত্র উপস্থাপন করা হবে। a) Do you agreed to give interview? __Yes __No

<p>আপনি কি তথ্য প্রদানে আগ্রহী? __হাঁ __ না</p> <p>b) My I record this interview? __Yes __No</p> <p>আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হাঁ __ না</p> <p>c) May we quote your statement in the report? __Yes __No</p> <p>আমরা কি আপনার দেওয়া কোন বক্তব্য রিপোর্টে উল্লেখ করতে পারি? __হাঁ __ না</p>
<p>1. How long are you being involved with PRLC project? কতদিন যাবত আপনি এই প্রকল্পের সহিত যুক্ত আছেন?</p> <p>2. Where are you located/posted? আপনার কর্মস্থল কোথায়?</p> <p>3. What is your role in this project? এই প্রকল্পে আপনি কি দায়িত্বে আছেন?</p>
<p><b>Project Area Selection প্রকল্প এলাকা নির্বাচন:</b></p> <ul style="list-style-type: none"> <li>• What process did you follow to identify Project Area (District&gt;Upazila&gt;Union and Village) কি পদ্ধতিতে প্রকল্প এলাকা নির্বাচন করা হয়েছে বা হচ্ছে।</li> <li>• What are the criteria considered for project area selection. প্রকল্প এলাকা নির্বাচন এর জন্য কি কি বিষয় বিবেচনা করা হয়েছে?</li> <li>• Is there any issue arrised during selection of project area? What are those issues? প্রকল্প এলাকা নির্বাচন করতে কোনো সমস্যায় পড়েছিলেন কি? পড়লে কি ধরনের সমস্যা?</li> </ul> <p><b>Project Benefiteries Selection প্রকল্প উপকারভোগী নির্বাচন:</b></p> <ul style="list-style-type: none"> <li>• What process did you follow to identify project beneficieries কি পদ্ধতিতে প্রকল্প এর উপকারভোগী নির্বাচন করা হয়?</li> <li>• What are the criteria used for beneficiary selection প্রকল্প উপকারভোগী নির্বাচন এর জন্য কি কি বিষয় বিবেচনা করা হয়েছে?</li> </ul>
<p><b>Poverty Status দারিদ্রতা বিবরণ:</b></p> <ul style="list-style-type: none"> <li>• How do you define poor households? What are the reasons for poverty? আপনার মতে দরিদ্র পরিবার কোনগুলো? তাদের দারিদ্রতার কারণ কি?</li> <li>• What disparities did you observe in the reasons of poverty in different segments of the population; for example, ethnic minorities, Bengalis, etc.? বিভিন্ন জাতিগোষ্ঠীর (যেমন- নৃগোষ্ঠী, বাঙ্গালী, ইত্যাদি) মানুষের মধ্যে দারিদ্রতার কি ধরনের পার্থক্য লক্ষ্য করেন?</li> <li>• Do you think existing laws, rules, and regulations for CHT areas required to be changed for harmonizing with the exiting poverty reduction policies of Bangladesh. If yes, please explain as per following dymentions: আপনি কি মনে করেন যে বাংলাদেশের দারিদ্র দূরীকরণের বর্তমান নীতির সাথে মিল রেখে পার্বত্য অঞ্চলের আইন, নিয়ম, নীতির পরিবর্তন করা প্রয়োজন? কি ধরনের পরিবর্তন প্রয়োজন নিম্নের বিষয়গুলোর আলোকে ব্যাখ্যা করুন: <ul style="list-style-type: none"> <li>- reduce poverty in the woman headed and man headed households, নারী প্রধান ও পুরুষ প্রধান পরিবারের দারিদ্রতা নিরসন</li> <li>- improve resilience for shocks from disaster and climate change, দুর্ঘটনা ও জলবায়ু পরিবর্তনের ক্ষতি মোকাবেলায় সক্ষমতা বৃদ্ধি</li> <li>- increase full time equivalent jobs কর্ম সংস্থান বৃদ্ধি</li> <li>- access to different services like health care services, extension services, education, safety net program, etc স্বাস্থ্য সেবা, সম্প্রসারণ সেবা, শিক্ষা সেবা, সামাজিক নিরাপত্তা কর্মসূচিসহ বিভিন্ন কর্মসূচিতে অংশগ্রহণ করা</li> <li>- improve health and nutrition for pregnant and lactating women, adolescent, and children গর্ভবতি এবং দক্ষদানকারী মা, কিশোরী, ও শিশু স্বাস্থ্য ও পুষ্টি উন্নয়ন।</li> </ul> </li> </ul>
<p><b>Social Safety Net Program সামাজিক নিরাপত্তা কর্মসূচি:</b></p> <ul style="list-style-type: none"> <li>• What is the budgetary allocation for the social safety net services in this union/upazila/district. At present, what percent of the marginalized and ethnic people covered under this program? Is there any problems for the marginalized and ethnic people to be included in this program. What steps should be taken for full coverage of this people under the safety net program. এই ইউনিয়ন/উপজেলা/জেলার সামাজিক নিরাপত্তা কর্মসূচির বরাদ্দ কত? বর্তমানে শতকরা কত ভাগ দরিদ্র ও নৃগোষ্ঠীর লোক এই কর্মসূচির অন্তর্ভুক্ত রয়েছে। দরিদ্র ও নৃগোষ্ঠীর লোকদের এই কর্মসূচিতে অন্তর্ভুক্ত হতে কি ধরনের সমস্যা হয়। শতভাগ অন্তর্ভুক্তির জন্য কি পদক্ষেপ নেয়া প্রয়োজন?</li> <li>• Does this union/upazila/district have a committee to look after the social safety net program? Is this committee</li> </ul>

active? What are the activities have you planned for this committee and what changes are you expecting from this endeavour? এই ইউনিয়ন/উপজেলা/জেলায় সামাজিক নিরাপত্তা কর্মসূচির জন্য কোন কমিটি আছে। এই কমিটি কতটা সচল। এই কমিটির সাথে কি ধরনের কাজ করার পরিকল্পনা করেছেন; কি ধরনের পরিবর্তন আশা করেন?

#### **Food and Nutrition খাদ্য ও পুষ্টি:**

- What is the status of nutrition governance system in CHT. Is there any well defined policy framework to address various aspects of nutrition, including food safety, dietary guidelines, nutrition education, and the promotion of breastfeeding, among others. How this project likes to work for improving nutrition governance system? পার্বত্য অঞ্চলে পুষ্টি কার্যক্রম কিভাবে পরিচালিত হচ্ছে। পুষ্টির বিভিন্ন বিষয় যেমন খাদ্য নিরাপত্তা, খাদ্য গ্রহণের নীতি মালা, পুষ্টি শিক্ষা, বুকের দুধ খাওয়ানোর জন্য উদ্ভুদ্ধ করা, ইত্যাদি কার্যক্রমের জন্য কোন নীতি বা গাইডলাইন আছে কি? এই অঞ্চলের পুষ্টি প্রশাসন পদ্ধতির উন্নয়নের জন্য আপনার প্রকল্প কি কি কার্যক্রম গ্রহণ করবে।
- What are the nutritional programs implemented by the government in this area? What percent of the people covered by these programs. What are the supports people received from these programs? এই অঞ্চলে সরকার কি ধরনের পুষ্টি কার্যক্রম বাস্তবায়ন করেছে। কত ভাগ লোক এই কর্মসূচির সুবিধাভূগী। এই কর্মসূচি থেকে তারা কি ধরনে সুবিধা পায়।
- Situation of Food availability, accessibility and consumption dynamics of balanced food of project beneficiaries প্রকল্প এলাকায় খাদ্য গ্রহণ, খাদ্যদের প্রাপ্যতা, সুস্বাদু খাবার গ্রহণে অত্র এলাকার জনসাধারণের মধ্যে কোন ভিন্নতা আছে কি? থাকলে কারা বেশি সুযোগ সুবিধা ভোগ করে

#### **Access to Service and Inputs (সেবা ও ইনপুট গ্রহণ)**

- What is the status of the following services in CHT area? What are the barriers do people face in access to these services? পার্বত্য অঞ্চলে নিম্নলিখিত সেবা সমূহের অবস্থা কেমন? উক্ত সেবাসমূহ গ্রহণ করতে এই এলাকার জনসাধারণ কি ধরনের সমস্যার সম্মুখীন হচ্ছে:
  - কৃষি উপকরণ সংগ্রহে
  - কৃষি সম্প্রারণ সেবা গ্রহণে
  - স্বাস্থ্য সেবা গ্রহণে
  - শিক্ষা সেবা গ্রহণে
  - সরকারী প্রণোদনা গ্রহণে
  - পণ্য বাজারজাত করনে
  - আর্থিক সহায়তা বা লোন গ্রহণে
  - নিরাপদ খাবার পানি সংগ্রহে
  - পয়ঃনিষ্কাশন
  - প্রতিবন্ধী সেবা গ্রহণে

#### **Disaster Management (দুর্যোগ ব্যবস্থাপনা)**

- Is functional disaster management committee available in this union/upazila/district? If they are not functional, what are the interventions needed to be undertaken to activate these committees? What the activities these committees undertaken during an event of disaster? অত্র ইউনিয়ন/উপজেলা/জেলা এ কার্যকরী দুর্যোগ ব্যবস্থাপনা কমিটি আছে কি? দুর্যোগ প্রতিরোধ বা প্রতিকারের জন্য এই কমিটি কেমন ভূমিকা পালন করে? এই কমিটিগুলো সক্রিয় করার জন্য কি ধরনের কর্মসূচি গ্রহণ করা দরকার? দুর্যোগের সময় এই কমিটি গুলো কি ধরনের কাজ করে থাকে? দুর্যোগে ক্ষতিগ্রস্ত সকল পরিবার কি এই কমিটির সহায়তা পায়?

#### **Conflict Mitigation and Peacebuilding বিরোধ নিষ্পত্তি ও শান্তি প্রতিষ্ঠা**

- What is the impact of tense situation/conflict on the development activities in CHT area. How social cohesion and peace building interventions are moving on? What is your strategy to work in this situation? বিরোধ এবং অশান্ত পরিবেশ পার্বত্য অঞ্চলের উন্নয়নে কি ধরনের প্রভাব বিস্তার করে? এ এলাকায় সামাজিক সম্প্রতি ও শান্তি প্রতিষ্ঠায় কি ধরনের কর্মসূচী বাস্তবায়িত হচ্ছে? আপনি কি পরিকল্পনা নিয়ে এই এলাকায় কাজ করার চেষ্টা করছেন?

#### **Line Departments (সংশ্লিষ্ট সরকারি সংস্থা)**

- Which line departments are related to your project? What is your approach to work with them? Do they know about climate smart IFM-FFS? Are they participate in joint monitoring? আপনার প্রকল্পের সাথে কোন কোন সরকারী সংস্থা জড়িত? তারা কি ক্লাইমেট স্মার্ট সমন্বিত কৃষক মাঠ স্কুল সমক্ষে জানে? তারা কি যৌথ মনিটরিং কর্মসূচিতে অংশগ্রহণ করে?

### 2.3 KII Checklist for Stakeholders (MoCHTA, CHTRC, HDC)

<b>Participants: Stakeholders (MoCHTA, CHTRC, HDC)</b>	
Date of Interview: _____	Time of Interview: _____
সাক্ষাৎকার গ্রহণের তারিখ:	সাক্ষাৎকার গ্রহণের সময়:
Respondent ID: _____	
উত্তরদাতার আইডি:	
Respondent Name: _____	
উত্তরদাতার নাম	
Respondent Sex: ____ Male ____ Female ____ Transgender	
উত্তরদাতা নারী না পুরুষ?	
Respondent Organization: _____	
উত্তরদাতার প্রতিষ্ঠানের নাম:	
Respondent Position in the Organization: _____	
উত্তরদাতার পদবি:	
Interviewer Name: _____	
তথ্য গ্রহণকারীর নাম:	
Note taker Name: _____	
তথ্য লিপিবদ্ধকারীর নাম:	
<b>Introduction:</b>	
Good morning/afternoon/evening.	
শুভ সকাল/দুপুর/বিকাল	
I am .....With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project.	
আমার নাম মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডির জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে।	
It will be a two-hour discussion.	
এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে।	
I'd appreciate your candid views on the questions we are going to ask you.	
আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশাকরি	
You are welcome to ask questions or clarification for your understanding.	
কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন।	
CIRCLE Associates has assured highest confidentiality for this data collection.	
এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতি দ্বি।	
Your responses will be presented in the aggregated findings. Your name will not be reflected in the report.	
রিপোর্ট এ আপনার নাম উল্লেখ থাকবে না। অন্যদের দেয় তথ্যের সাথে আপনার দেয়া তথ্য একত্র উপস্থাপন করা হবে।	
a) Do you agreed to give interview? __Yes __No	আপনি কি তথ্য প্রদানে আগ্রহী? না
b) My I record this interview? __Yes __No	আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হ্যাঁ __ না
c) May we quote your statement in the report? __Yes __No	আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __ না
১. What is your responsibility in your organization? What interventions have you undertaken for the following purposes? আপনার সংস্থায় আপনি কি ধরনের দায়িত্ব পালন করছেন? আপনার সংস্থা পার্বত্য অঞ্চলের দারিদ্রতা দূরীকরণে নিম্নে উল্লেখিত বিষয়সমূহের উপর কি ধরনের কর্মসূচী বাস্তবায়ন করছেন?	
ধ. দারিদ্রতা দূরীকরণে	
ন. শিশু, কিশোরী, ও মহিলাদের পুষ্টি উন্নয়নে	
প. নতুন কর্মসংস্থান সৃষ্টিতে	
ফ. কৃষি উৎপাদনে ক্লাইমেট স্মার্ট প্রযুক্তির ব্যবহার	
ব. পণ্য বাজারজাত করন	
ভ. নিরাপত্তা বেষ্টীতে অন্তরভুক্তি করন	
ম. দুর্যোগের অভিঘাত মোকাবেলার জন্য দক্ষতা অর্জন	

- য. নারীর ক্ষমতায়ন ও লিঙ্গ বৈষম্য দূরীকরণ
- র. সামাজিক সম্প্রতি ও শান্তি প্রতিষ্ঠায়
- ল. নারীর প্রতি সহিংসতা ও বাল্যবিবাহ দূরীকরণ
- শ. প্রতিবন্ধী ও বিকলাঙ্গ লোকদের সেবা প্রদান
- ষ. পার্বত্য অঞ্চলের আইন ও নিয়ম নীতিসমূহকে সামঞ্জস্যপূর্ণ করা

২. What percent of the poor households are being beneficiary of these programs? দরিদ্র পরিবারের শতকরা কতভাগ এই কর্মসূচির সবিধাভোগী।
৩. Are there any barriers for the poor households in accessing to these supports? If yes, what is your suggestions to overcome these barriers? এই কর্মসূচীতে অংশগ্রহণের ক্ষেত্রে গরিব পরিবারগুলো কি কোন বাঁধার সম্মুখীন হচ্ছে? এই বাধা দূর করার জন্য আপনার পরামর্শ কি?
৪. Do you feel that you have earned necessary skills for implementing these programs? If not, what are the skills you need to know for effective implementation of these programs? এই কর্মসূচী বাস্তবায়নে যে দক্ষতার প্রয়োজন তার সব কিছু কি আপনি অর্জন করেছেন মনে করেন? সফলভাবে এই কর্মসূচীসমূহ বাস্তবায়নের জন্য আপনার আর কি ধরনের দক্ষতা অর্জনের প্রয়োজনীয়তা রয়েছে।
৫. Do you know PRLC project implemented by MJF? Are you being involved in PRLC project? If answer is yes, how are you being involved with PRLC project? মানুষের জন্য ফাউন্ডেশন কর্তৃক পরিচালিত পিআরএলসি প্রকল্প সমন্ধে আপনি জানেন কি? আপনি কি এই প্রকল্পের সাথে সম্পৃক্ত? কিভাবে সম্পৃক্ত আছেন?
৬. Are PRLC's activities aligned with your responsibilities? How PRLC project can help you in delivering the above mentioned services? পিআরএলসি কার্যক্রম আপনার দায় দায়িত্বের সাথে সামঞ্জস্যপূর্ণ কি? উপরে উল্লেখিত সেবাসমূহ প্রদানের ক্ষেত্রে পিআরএলসি প্রকল্প আপনাকে কিভাবে সহায়তা করতে পারে?
৭. Did you receive capacity building training from PRLC project. Did you learn about climate smart integrated farm management farmer field school and your role in monitoring and backstopping. How many times you have participated in joint monitoring visit? আপনি কি পিআরএলসি প্রকল্প থেকে সক্ষমতা তৈরী বিষয়ক প্রশিক্ষণ নিয়েছেন? আপনি কি ক্লাইমেট স্মার্ট সমন্বিত খামার ব্যবস্থাপনার কৃষক মাঠ স্কুল বাস্তবায়ন এবং মনিটরিং ভিজিট ও ব্যাকস্টপিং সহায়তা দেয়ার কৌশল জেনেছেন? আপনি কত বার কমিউনিটিতে মনিটরিং ভিজিটে গিয়েছেন?
৮. CHT is a tense area. What is your strategy to address this situation. What is your suggestions for PRLC to work for social cohesion and peace building? পার্বত্য এলাকায় সামাজিক সমপ্রীতি বজায় রাখা ও শান্তি প্রণয়নে পিআরএলসি কি ভূমিকা পালন করতে পারে?
৯. Do you think that harmonization of CHT laws, rules and regulations with the mainstream laws is essential?
১০. আপনি কি পার্বত্য এলাকার আইন, নীতি ও বিধিনিষেধ মূলধারার আইনের সহিত সমন্বয় করা জরুরী মনে করেন?
১১. If yes then please explain some key advantages or potential outcomes of the harmonization of CHT laws, rules and regulations. উত্তর হাঁ হলে, পার্বত্য এলাকার আইন, নীতি ও বিধিনিষেধ মূলধারার আইনের সহিত সমন্বয় করার উপকারিতা সমন্ধে ব্যাখ্যা করুন।
১২. Is there any initiative taken so far on harmonization of CHT laws, rules and regulations, please briefly mention. If yes, then what is the progress made so far পার্বত্য এলাকার আইন, নীতি ও বিধিনিষেধ মূলধারার আইনের সহিত সমন্বয় করার কোন উদ্যোগ নেয়া হয়েছিল কি? নিয়ে থাকলে, এর অগ্রগতি কোন পর্যায়ে।

## 2.4 KII Checklist for Stakeholders (Local leaders, teachers, and traditional leaders)

<b>Participants: Stakeholders (Local leaders, including teachers, circle chiefs, and traditional leaders)</b>	
Date of Interview: _____	Time of Interview: _____
সাক্ষাৎকার গ্রহণের তারিখ:	সাক্ষাৎকার গ্রহণের সময়:
Respondent ID: _____	
উত্তরদাতার আইডি:	
Respondent Name: _____	
উত্তরদাতার নাম	
Respondent Sex: _____ Male _____ Female _____ Transgender	
উত্তরদাতার নারী না পুরুষ?	
Respondent Organization: _____	
উত্তরদাতার প্রতিষ্ঠানের নাম:	
Respondent Position in the Organization: _____	
উত্তরদাতার পদবি:	
Interviewer Name: _____	
তথ্য গ্রহণকারীর নাম:	
Note taker Name: _____	
তথ্য লিপিবদ্ধকারীর নাম:	
<b>Introduction:</b>	
Good morning/afternoon/evening. শুভ সকাল/দুপুর/বিকাল	
I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project. আমার নাম মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডির জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে।	
It will be a two-hour discussion. এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে।	
I'd appreciate your candid views on the questions we are going to ask you. আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশাকরি	
You are welcome to ask questions or clarification for your understanding. কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন।	
CIRCLE Associates has assured highest confidentiality for this data collection. এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতি দিচ্ছে।	
Your responses will be presented in the aggregated findings. Your name will not be reflected in the report. রিপোর্ট এ আপনার নাম উল্লেখ থাকবে না। অন্যদের দেয় তথ্যের সাথে আপনার তথ্য একত্র উপস্থাপন করা হবে।	
a) Do you agreed to give interview? __Yes __No আপনি কি তথ্য প্রদানে আগ্রহী? __হ্যাঁ __না	
b) My I record this interview? __Yes __No আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হ্যাঁ __না	
c) May we quote your statement in the report? __Yes __No আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __না	
1. What is your main profession? What is your role in your community? আপনার প্রধান পেশা কি? আপনার সমাজের জন্য আপনি কি ধরনের দায়িত্ব পালন করেন বা সামাজিক কি ধরনের কার্যকলাপের সাথে জড়িত?	
2. Do you know PRLC project implemented by MJF? Are you being involved in PRLC project? আপনি মানুষের জন্য ফাউন্ডেশন বাস্তবায়িত পিআরএলসি প্রকল্প সম্বন্ধে জানেন কি? আপনি কি এই প্রকল্পের সাথে সম্পৃক্ত?	
3. If answer is yes, how are you being involved with PRLC project? যদি হ্যাঁ হয়, আপনি কিভাবে এই প্রকল্পের সাথে সম্পৃক্ত?	

8. You probably know that PRLC is working with poor households in CHT areas. Can you tell me what is the underlying cause of poverty in this area? আপনি জানেন পিআরএলসি প্রকল্প সিএইসটি তে গরীবদের নিয়ে কাজ করছে, আপনি কি জানেন এই এলাকায় কেন দারিদ্রতার হার বেশি?

৫। What is your organization or you doing to overcome this poverty?  
আপনার সংস্থা বা আপনি এই দারিদ্রতা দূরী করনের জন্য কি করতেছেন?

৬। How they can come out from this poverty situation? কিভাবে পরিবার গুলো দারিদ্রতা মুক্ত হাতে পারে?

৫. How do you feel the role of the community in the following activities: নিম্নে উল্লেখিত বিষয়ে কমিউনিটির উদ্যোগ কেমন হওয়া উচিত?

- Community market collection point (বাজারজাতকরনের জন্য কমিউনিটি ফসল সংগ্রহ কেন্দ্র)
- Community seed bank (কমিউনিটি বীজ ভান্ডার)
- Community role in awareness building on nutrition and primary health care services (পুষ্টি, ও প্রাথমিক চিকিৎসা সেবা সম্পর্কে সচেতনায় কমিউনিটির ভূমিকা)
- Capacity building of the community on disaster preparedness and resilience (দুর্যোগ ব্যবস্থাপনা নিয়ে সচেতন করা ও সক্ষমতা তৈরি)
- Community role in social cohesion (সামাজিক সমপ্রীতি তৈরি)

## 2.5 KII Checklist for Local Volunteer Mediator Forums

**Participants: Member of Local Volunteer Mediators Forums**

Date of Interview: \_\_\_\_\_ Time of Interview: \_\_\_\_\_  
সাক্ষাৎকার গ্রহণের তারিখ: \_\_\_\_\_ সাক্ষাৎকার গ্রহণের সময়: \_\_\_\_\_

Respondent ID: \_\_\_\_\_  
উত্তরদাতার আইডি: \_\_\_\_\_

Respondent Name: \_\_\_\_\_  
উত্তরদাতার নাম \_\_\_\_\_

Respondent Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender  
উত্তরদাতা নারী না পুরুষ? \_\_\_\_\_

Respondent Organization: \_\_\_\_\_  
উত্তরদাতার প্রতিষ্ঠানের নাম: \_\_\_\_\_

Respondent Position in the Organization: \_\_\_\_\_  
উত্তরদাতার পদবি: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_  
তথ্য গ্রহনকারীর নাম: \_\_\_\_\_

Note taker Name: \_\_\_\_\_  
তথ্য লিপিবদ্ধকারীর নাম: \_\_\_\_\_

**Introduction:**  
Good morning/afternoon/evening.  
শুভ সকাল/দুপুর/বিকাল

I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project.  
আমার নাম মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডির জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে।

It will be a two-hour discussion.  
এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে।

I'd appreciate your candid views on the questions we are going to ask you.  
আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশাকরি

You are welcome to ask questions or clarification for your understanding.  
কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন।

<p>CIRCLE Associates has assured highest confidentiality for this data collection.          এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতিষ্ক।          Your responses will be presented in the aggregated findings. Your name will not be reflected in the report.          রিপোর্ট এ আপনার নাম উল্লেখ থাকবেনা। অন্যদের দেয় তথ্যের সাথে আপনার তথ্য একত্র উপস্থাপন করা হবে।</p> <p>a) Do you agreed to give interview? __Yes __No          আপনি কি তথ্য প্রদানে আগ্রহী? __হ্যাঁ __ না</p> <p>b) My I record this interview? __Yes __No          আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হ্যাঁ __ না</p> <p>c) May we quote your statement in the report? __Yes __No          আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __ না</p>
<p>১. What is the objective of the local volunteer mediator forum? How many members are in your forum? What are the activities of this forum? How are you implementing these activities? লোকাল ভলিউন্টার মিডিয়েটর ফোরামের উদ্দেশ্য পেশা কি? আপনার ফোরামে কত জন সদস্য আছে। এই ফোরামের প্রধান কাজ কি? কিভাবে এই কাজ গুলো বাস্তবায়ন করেন?</p> <p>২. When have you enrolled as a member of the local volunteer mediator founr? What support have you received to be a member of the volunteer mediator forum? আপনি কখন ভলিউন্টার মিডিয়েটর ফোরামের মেম্বার হিসাবে নাম লিখিয়েছেন। ভলিউন্টার মিডিয়েটর ফোরামের মেম্বার হিসাবে তৈরী হওয়ার জন্য আপনি কি ধরনের সহায়তা পেয়েছেন?</p>
<p>৩. Did you receive training on conflict mitigation and peacebuilding? If yes, who have trained and when? আপনি বিরোধ মীমাংসায় এবং শান্তি প্রতিষ্ঠার উপর কোন প্রশিক্ষণ পেয়েছেন কি? উত্তর হ্যাঁ হলে, কোথা থেকে প্রশিক্ষণ পেয়েছেন এবং কখন পেয়েছেন?</p> <p>৪. Do you feel need for any other training? If yes, what training are you expecting? আপনার আরও প্রশিক্ষণের প্রয়োজন আছে বলে মনে করেন কি? উত্তর হ্যাঁ হলে, কি বিষয়ে প্রশিক্ষণ নিতে আপনি আগ্রহী?</p>
<p>৫. Do you know PRLC project implemented by MJF? Are you being involved in PRLC project? এমজেএফ পরিচালিত পিআরএলসি প্রকল্প সমন্ধে আপনি কি জানেন? আপনি কি এই প্রকল্পের সাথে সম্পৃক্ত?</p> <p>৬. If answer is yes, how are you being involved with PRLC project? উত্তর হ্যাঁ হলে, আপনি কিভাবে এই প্রকল্পের সাথে সম্পৃক্ত এবং কি কাজে জড়িত আছেন?</p>
<p>৭. What activities you usually do for conflict mitigation and peacebuilding in CHT areas? পার্বত্য এলাকার বিরোধ মীমাংসায় এবং শান্তি প্রতিষ্ঠায় আপনি কি ধরনের কাজ করে থাকেন।</p> <p>৮. What challenges did you find while working for conflict mitigation and peacebuilding in CHT areas? পার্বত্য এলাকার বিরোধ মীমাংসায় এবং শান্তি প্রতিষ্ঠায় কাজ করতে গিয়ে আপনি কি ধরনের প্রতিকূলতার সম্মুখীন হয়েছেন?</p> <p>৯. What would you suggest PRLC should implement interventions for conflict mitigation and peacebuilding in CHT areas? পার্বত্য এলাকার বিরোধ মীমাংসায় এবং শান্তি প্রতিষ্ঠায় পিআরএলসি কি ধরনের কর্মসূচি বাস্তবায়ন করতে পারে?</p>

## 2.6 FGD Guidelines for Extremely Poor People and Vulnerable Women

Participants: Extreme Poor People and Vulnerable Women			
Date of FGD (এফজিডি'র তারিখ): _____ Time of FGD (এফজিডি'র সময়): _____			
Name of FGD Moderator(এফজিডি পরিচালনাকারী): _____			
Name of Note taker (তথ্য লিপিবদ্ধকারীর নাম): _____			
Name (নাম)	Age (বয়স)	Sex (লিঙ্গ)	Address (ঠিকানা)
<p><b>Introduction:</b></p> <p>Good morning/afternoon/evening. শুভ সকাল/দুপুর/বিকাল</p> <p>I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project. আমার নাম মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডি'র জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে।</p> <p>It will be a two-hour discussion. এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে।</p> <p>I'd appreciate your candid views on the questions we are going to ask you. আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশাকরি</p> <p>You are welcome to ask questions or clarification for your understanding. কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন।</p> <p>CIRCLE Associates has assured highest confidentiality for this data collection. এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতিষ্ক।</p> <p>Your responses will be presented in the aggregated findings. Your name will not be reflected in the report. রিপোর্ট এ আপনার নাম উল্লেখ থাকবে না। অন্যদের দেয় তথ্যের সাথে আপনার তথ্য একত্র উপস্থাপন করা হবে।</p> <p>Do you agreed to give interview? __Yes __No আপনি কি তথ্য প্রদানে আগ্রহী? __হ্যাঁ __ না</p> <p>b) My I record this interview? __Yes __No আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হ্যাঁ __ না</p> <p>c) May we quote your statement in the report? __Yes __No আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __ না</p>			
<p>Services delivery points</p> <p>1. Do you have the following service delivery points. If yes, what is its distance and how many hours required to go there?</p> <ol style="list-style-type: none"> <li>Government Primary School</li> <li>Government hospital/community clinic</li> <li>Government offices, specially UNO, UAO, UHFWO, USWO, etc.</li> <li>Union parishad</li> <li>Market places</li> <li>Collection centres</li> <li>Common places such as metallic road, grazing field, mouza reserve forest, water bodies, etc.</li> </ol>			
<p>About PRLC:</p> <p>1. Do you know PRLC project implemented by MJF? Are you being involved in PRLC project? আপনি কি জানেন পিআরএলসি প্রকল্প পরিচালনা করতেছেন এমজেএফ? আপনারা কি এই প্রকল্পের সাথে সম্পৃক্ত?</p> <p>2. If answer is yes, how are you being involved with PRLC project? যদি হ্যাঁ হয়, কতদিন ধরে এই প্রকল্পের সাথে সম্পৃক্ত? কতজন?</p>			
<p><b>Poverty:</b></p> <p>3. What are the key factors for your extreme poverty and vulnerability? আপনার দারিদ্রতা মূল কারণ গুলো কি কি?</p>			

8. Are you continuously going down to the next level of poverty? আপনি কি ক্রমাগতভাবে দারিদ্রতার নীচের পর্যায়ের দিকে যাচ্ছেন?
৫. What support do you need to come out from poverty? এই দারিদ্রতা থেকে বের হতে কি ধরনের সহযোগিতা দরকার?
৬. Are you all a participant of the government safety net program? If some of them are not, why? আপনারা কি সরকারি নিরাপত্তা বেটনির অংশিজন? যদি কেউ না থাকেন, কি কারণে থাকতে পারেন নাই।
7. Those who are participants, can you tell me how is this program benefiting you to get out of poverty? আপনারা বলতে পারবেন কিভাবে এই প্রোগ্রাম আপনাদের দারিদ্রতার অবস্থান থেকে বের হয়ে আসতে সহায়তা করছে?

**Adolescent and Mothers Nutrition:**

৮. What are the consequences if pregnant and lactating women, and adolescents suffer from long-term malnutrition? গর্ভবতি ও দুগ্ধদানকারী মা এবং কিশোরী দীর্ঘ দিন পুষ্টিহীনতায় ভুগলে কি সমস্যা হয়?
৯. What is the relationship between dietary habits during adolescence and the risk of developing chronic diseases in adulthood? বলুনতো পরিনত বয়সের ক্রনিক রোগ হওয়ার ঝুঁকির সাথে কিশোরী বয়সের খাদ্যাভ্যাসের সম্পর্ক কি?
১০. Why pregnant and lactating women, and adolescents can not access to the balanced nutritious food? গর্ভবতি ও দুগ্ধদানকারী মা এবং কিশোরী কেন সুস্বাদু পুষ্টিকর খাবার খেতে পায় না?
11. How do socio-economic factors influence the nutritional choices of adolescents, pregnant and lactating women? কিশোরী এবং গর্ভবতি ও দুগ্ধদানকারী মাদের পুষ্টিকর খাদ্য গ্রহণের ক্ষেত্রে পরিবারের আর্থ সামাজিক অবস্থান কতটুকু প্রভাবিত করে?
১২. What extent household members and community people responsible for pregnant and lactating women, and adolescents' access to balanced nutritious food? How all these problems can be overcome? গর্ভবতী ও দুগ্ধদানকারী মা এবং কিশোরীদের সুস্বাদু পুষ্টিকর খাবার গ্রহণে পরিবারের সদস্য এবং সমাজের লোকদের দায় দায়িত্ব কি? কিভাবে এই সমস্যা দূর করা যেতে পারে?
13. Can you explain why children are not provided with exclusive breastfeeding and complementary feeding as per their need? বলুনতো শিশুরা কেন ছয় মাস বয়স পর্যন্ত শুধুমাত্র বুকের দুধ এবং ছয় মাস বয়সের পরে সম্পূর্ণ খাদ্য পায় না?

**Health Service:**

১৪. What are the barriers to accessing health services for adolescents, pregnant, and lactating women? how can they be addressed? গর্ভবতী ও দুগ্ধদানকারী মা এবং কিশোরীদের স্বাস্থ্য সেবা গ্রহণে বাঁধা কি? কিভাবে এই বাঁধাসমূহ দূর করা যেতে পারে।
১৫. What are the problems pregnant and lactating women faced in accessing health care facilities for antenatal and postnatal care? How can they be addressed? এন্টিনাটাল ও পোস্টনাটাল সেবা পেতে গর্ভবতি ও দুগ্ধদানকারী মায়েরা কি ধরনের সমস্যায় পড়ে? কিভাবে এই বাঁধাসমূহ দূর করা যেতে পারে।
16. What role do community clinics or school-based health clinics play in improving access to healthcare for adolescents? কিশোরীদের স্বাস্থ্য সেবা গ্রহণে কমিউনিটি ক্লিনিক অথবা স্কুল কেন্দ্রিক স্বাস্থ্য ক্লিনিক কি অবদান রাখে?
17. Are you a beneficiary of any local government nutritional status improvement intervention/program. If not, what are the challenges in access to these programs? If yes, can you tell us about the support you received from these programs? আপনি কি স্থানীয় সরকারের পুষ্টি কর্মসূচীর উপকারভূগী। যদি না হউন, কি কারণে হতে পারেন নাই? যদি উপকারভূগী হয়ে থাকেন, এই কর্মসূচি থেকে কি ধরনের সহায়তা পেয়েছেন?

**Women Empowerment:**

১৮. Idea on women empowerment in the CHT area? Is woman can play a significant role in household decision making in this area? পার্বত্য এলাকায় নারী ক্ষমতায়ন কি রকম (পরিবারে এবং বাহিরে)? পরিবারের সিদ্ধান্ত গ্রহণে নারীদের অংশগ্রহণ কেমন? নারীর ক্ষমতায়নে আপনাদের কোন উদ্দ্যোগ আছে কি?
19. Idea on women empowerment in the CHT area? Is woman can play a significant role in household decision making in this area? সিএইসটি তে নারী ক্ষমতায়ন কি রকম (পরিবারে এবং বাহিরে)? পরিবারের সিদ্ধান্ত গ্রহণে নারীদের অংশগ্রহণ কেমন? নারীর ক্ষমতায়নে আপনাদের কোন উদ্দ্যোগ আছে?

২০. What are the situations for violence against women and child marriage in this area? Do you have any interventions to reduce violence against women and child marriage. নারী নির্যাতন এবং বাল্য বিবাহ এর অবস্থা কেমন? এসব দূরীকরণে আপনাদের কোন উদ্যোগ আছে?
21. How violence against women and child marriage affects pregnant and lactating women and adolescents' health care and nutrition? নারী নির্যাতন এবং বাল্য বিবাহ কি প্রভাব ফেলতে পারে গর্ভবতি ও দুগ্ধদানকারী নারীদের স্বাস্থ্য সেবা ও পুষ্টি গ্রহণে?

## 2.7 FGD Guidelines for Youths

<b>Participants:</b> Male and female youths			
Date of FGD (এফজিডি তারিখ): _____ Time of FGD (এফজিডির সময়): _____			
Name of FGD Moderator (এফজিডি পরিচালনাকারী): _____			
Name of Note taker (তথ্য লিপিবদ্ধকারীর নাম): _____			
Name (নাম)	Age (বয়স)	Sex (লিঙ্গ)	Address (ঠিকানা)
<b>Introduction:</b>			
Good morning/afternoon/evening. শুভ সকাল/দুপুর/বিকাল			
I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project. আমার নাম মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডির জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে।			
It will be a two-hour discussion. এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে।			
I'd appreciate your candid views on the questions we are going to ask you. আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশা করি			
You are welcome to ask questions or clarification for your understanding. কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন।			
CIRCLE Associates has assured highest confidentiality for this data collection. এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতিবদ্ধ।			
Your responses will be presented in the aggregated findings. Your name will not be reflected in the report. রিপোর্টে এ আপনার নাম উল্লেখ থাকবে না। অন্যদের দেয় তথ্যের সাথে আপনার তথ্য একত্র উপস্থাপন করা হবে।			
Do you agreed to give interview? __Yes __No আপনি কি তথ্য প্রদানে আগ্রহী? __হ্যাঁ __না			
b) My I record this interview? __Yes __No আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হ্যাঁ __না			
c) May we quote your statement in the report? __Yes __No আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __না			

1. Please briefly tell us about the current situation of community cohesion and bondage among various ethnic groups in your locality. Has the situation improved or deteriorated over time?
2. How does the community resolve and manage conflicts and whom do they usually seek assistance from on this type of matter when required? Do you think the conflicts are fully resolved, and community cohesion sustained after taking such initiatives?
3. Is there any civil society or rights activists or government platform on conflict resolution, conflict management and peacebuilding in your locality? If yes, please tell us in detail. If no, do you think such platform would be useful and effective?
4. Are local women and youth actively involved with the conflict resolution and peacebuilding process/ platform? If yes, then please explain how.
5. Have you ever heard of the conflict mediation process and how do you think conflicts are managed through mediation?
6. Please suggest some key steps for ensuring and strengthening community cohesion, conflict resolution and peacebuilding.
7. Have you received any training on social cohesion and peacebuilding?
8. If yes, what were these?
9. If yes, is it enhanced your knowledge on social cohesion and peacebuilding?
10. If yes, have you applied your training's learning?
11. If yes, have you shared your training's learning?
12. Pls suggest how to increase social cohesion and peacebuilding in your community/village.

## 2.8 In-depth Interview (IDI) for Pregnant and Lactating Women

<b>Participants:</b> Pregnant and <b>Women</b>	
Date of Interview: _____	Time of Interview: _____
সাখ্যাৎকার গ্রহনের তারিখঃ	সাখ্যাৎকার গ্রহনের সময়ঃ
Respondent ID: _____	
উত্তরদাতার আইডিঃ	
Respondent Name: _____	
উত্তরদাতার নাম	
Respondent Sex: ___ Male ___ Female ___ Transgender	
উত্তরদাতা নারী না পুরুষ?	
Respondent Organization: _____	
উত্তরদাতার প্রতিষ্ঠানের নামঃ	
Respondent Position in the Organization: _____	
উত্তরদাতার পদবিঃ	
Interviewer Name: _____	
তথ্য গ্রহনকারীর নামঃ	
Note taker Name: _____	
তথ্য লিপিবদ্ধকারীর নামঃ	
<b>Introduction:</b>	
Good morning/afternoon/evening.	
শুভ সকাল/দুপুর/বিকাল	
I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project.	
আমার নাম মানুষের জন্য ফাউন্ডেশনের অনুমতি সাপেক্ষে সার্কেল এসোসিয়েট আমাকে পিআরএলসি প্রকল্পের বেইজলাইন স্টাডির জন্য কি ইনফরমেন্ট ইন্টারভিউ করার জন্য নিয়োগ করেছে।	
It will be a two-hour discussion.	
এই আলোচনার জন্য দুই ঘণ্টা সময় লাগবে।	

I'd appreciate your candid views on the questions we are going to ask you.  
আলোচ্য প্রশ্নগুলোর উপর আপনার সত্য ও সতস্ফূর্ত মতামত আশাকরি

You are welcome to ask questions or clarification for your understanding.  
কোন প্রশ্ন বুঝার জন্য আপনি আমাকে প্রশ্ন করতে পারেন বা ব্যাখ্যা চাইতে পারেন।

CIRCLE Associates has assured highest confidentiality for this data collection.  
এই আলোচনার সকল তথ্য গোপন রাখার জন্য সার্কেল এসোসিয়েট প্রতিশ্রুতিষ্ক।

Your responses will be presented in the aggregated findings. Your name will not be reflected in the report.  
রিপোর্ট এ আপনার নাম উল্লেখ থাকবেনা। অন্যদের দেয় তথ্যের সাথে আপনার দেয়া তথ্য একত্র উপস্থাপন করা হবে।

a) Do you agreed to give interview? \_\_Yes \_\_No  
আপনি কি তথ্য প্রদানে আগ্রহী? \_\_হ্যাঁ \_\_ না

b) My I record this interview? \_\_Yes \_\_No  
আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? \_\_হ্যাঁ \_\_ না

c) May we quote your statement in the report? \_\_Yes \_\_No  
আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? \_\_হ্যাঁ \_\_ না

1. What are the consequences if pregnant and lactating women, and adolescents suffer from long-term malnutrition? Reasons behind pregnant and lactating women, and adolescents' suffering from malnutrition? গর্ভবতি ও দুগ্ধদানকারী মা এবং এডলোচেন্ট পুষ্টিহীনতায় ভুগলে কি সমস্যা হয়? কেন পুষ্টিহীনতায় ভুগে?

2. Why pregnant and lactating women, and adolescents can not access to the balanced nutritious food? কেন গর্ভবতি ও দুগ্ধদানকারী মা এবং এডলোচেন্টরা সুস্বাদু পুষ্টিকর খাবার পাই না?

3. What extent household members and community people responsible for pregnant and lactating women, and adolescents' access to balanced nutritious food? সমাজের বা পরিবারের কাদের দায়িত্ব গর্ভবতি ও দুগ্ধদানকারী মা এবং এডলোচেন্টদের সুস্বাদু পুষ্টিকর খাবার নিশ্চিত করা?

4. How all these problems can be overcome? কিভাবে এই সমস্যা দূর করা যেতে পারে?

5. Can you explain why children are not provided with exclusive breastfeeding and complementary feeding as per their need? কেন শিশুরা মাতৃ কালীন দুগ্ধ এবং স্পূরক দুগ্ধ পায় না?

6. What are the problems pregnant and lactating women faced in accessing health care facilities for antenatal and postnatal care? সঠিক স্বাস্থ্য সেবা পেতে গর্ভবতি ও দুগ্ধদানকারী মারা কি ধরনের সমস্যায় পড়ে?

7. Are you a beneficiary of any local government nutritional status improvement intervention/program. If not, what are the challenges in access to these programs?  
If yes, can you tell us about the support you received from these programs?  
এখানে কেও আছেন সরকারি পুষ্টি প্রোগ্রাম এর আওতায়? না হলে কেন না? হ্যাঁ, হলে কিভাবে?

8. Idea on women empowerment in the CHT area? Is woman can play a significant role in household decision making in this area? সিএইসটি তে নারী ক্ষমতায়ন কি রকম (পরিবারে এবং বাহিরে)? পরিবারের সিদ্ধান্ত গ্রহনে নারীদের অংশগ্রহণ কেমন? নারীর ক্ষমতায়নে আপনাদের কোন উদ্যোগ আছে কি?

9. What are the situations for violence against women and child marriage in this area? Do you have any interventions to reduce violence against women and child marriage. নারী নির্যাতন এবং বাল্য বিবাহ এর অবস্থা কেমন? এসব দূরীকরণে আপনাদের কোন উদ্যোগ আছে?

10. How violence against women and child marriage affects pregnant and lactating women and adolescents' health care and nutrition? নারী নির্যাতন এবং বাল্য বিবাহ কি প্রভাব ফেলতে পারে গর্ভবতি ও দুগ্ধদানকারী নারীদের স্বাস্থ্য সেবা ও পুষ্টি গ্রহণে?

11. Are women worked with comparative less workload and got longer leisure time during pregnancy and lactating period? গর্ভবতি ও দুগ্ধদান কালীন নারীরা কি তুলনামূলক কম কাজ করে অথবা অতিরিক্ত বিশ্রাম নেয়?

## 2.9 In-depth Interview (IDI) for Adolescent Girls

<b>Participants: Adolescent Girls</b>	
Date of Interview: _____	Time of Interview: _____
সাখ্যাৎকার গ্রহনের তারিখঃ	সাখ্যাৎকার গ্রহনের সময়ঃ
Respondent ID: _____	
উত্তরদাতার আইডিঃ	
Respondent Name: _____	
উত্তরদাতার নাম	
Respondent Sex: _____ Male _____ Female _____ Transgender	
উত্তরদাতা নারী না পুরুষ?	
Name of village: _____	Name of union: _____
গ্রামের নামঃ	ইউনিয়নএর নামঃ
Name of Upazila: _____	Name of district: _____
উপজিলার নামঃ	জেলার নামঃ
Interviewer Name: _____	
তথ্য গ্রহনকারীর নামঃ	
Note taker Name: _____	
তথ্য লিপিবদ্ধকারীর নামঃ	
<b>Introduction:</b>	
<p>Good morning/afternoon/evening. I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project. It will be a two-hour discussion. I'd appreciate your candid views on the questions we are going to ask you. You are welcome to ask questions or clarification for your understanding. CIRCLE Associates has assured highest confidentiality for this data collection. Your responses will be presented in the aggregated findings. Your name will not be reflected in the report.</p>	
<p>a) Do you agreed to give interview? __Yes __No আপনি কি তথ্য প্রদানে আগ্রহী? --- হ্যাঁ ---- না</p>	
<p>b) My I record this interview? __Yes __No আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? -- হ্যাঁ ---- না</p>	
<p>c) May we quote your statement in the report? __Yes __No আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __ না</p>	
<p>1. What are the key factors influencing adolescent early marriage? কোন বিষয়গুলো প্রভাবিত করে এডোলেসেন্টদের অপরিপক্ব বিবাহ করতে?</p>	
<p>2. How do poverty, disaster, and climate change impact the overall health and well-being of adolescents? কিভাবে দারিদ্রতা, প্রাকৃতিক দুযোগ, অ্যান্ড বেশয়িক পরিবর্তন প্রভাবিত করে এডোলেসেন্টদের সাহু্য এবং অর্থনীতিক অবস্থান?</p>	
<p>3. What is the relationship between dietary habits during adolescence and the risk of developing chronic diseases in adulthood? কিশোরীদের খাদ্যাভ্যাসের সাথে দীর্ঘ মেয়াদি রোগের সম্পর্ক কি?</p>	
<p>4. How do socio-economic factors influence the nutritional choices of adolescents? কিশোরীদের সুসম খাবার বা পুষ্টিগুণ সম্পন্ন খাবার গ্রহণে আর্থ সামাজিক অবস্থান কতটুকু প্রভাবিত করে?</p>	
<p>5. What are the barriers to the adoption of healthy eating habits among adolescents? এডোলেসেন্ট বয়সে সুসম খাবার বা পুষ্টিগুণ সম্পন্ন খাবার নিচ্ছিতে বাঁধা সমূহ গুলো কি কি?</p>	
<p>6. What are the barriers to accessing health services for adolescents, and how can they be addressed? কিশোরীদের স্বাস্থ্য সেবা গ্রহণে বাঁধা সমূহ গুলো কি কি? এবং কিভাবে দূর করা যাই/ এসব বাঁধা দুরিকারানে কি ধরনের উদ্ব্গ নেয়া যেতে পারে।</p>	
<p>7. What role do community clinics or school-based health clinics play in improving access to healthcare for adolescents? কিশোরীদের স্বাস্থ্য সেবা গ্রহণে কমিউনিটি ক্লিনিক অথবা স্কুল কেন্দ্রিক স্বাস্থ্য ক্লিনিক কি অবদান রাখে?</p>	

## 2.10 In-depth Interview (IDI) People with disabilities

<b>Participants:</b> People with disabilities	
Date of Interview: _____ সাখ্যাৎকার গ্রহনের তারিখঃ	Time of Interview: _____ সাখ্যাৎকার গ্রহনের সময়ঃ
Respondent ID: _____ উত্তরদাতার আইডিঃ	Respondent Name: _____ উত্তরদাতার নাম
Respondent Sex: ____ Male ____ Female ____ Transgender উত্তরদাতা নারী না পুরুষ?	Name of village: _____ গ্রামের নামঃ
Name of Upazila: _____ উপজিলার নামঃ	Name of union: _____ ইউনিয়নএর নামঃ
Interviewer Name: _____ তথ্য গ্রহনকারীর নামঃ	Name of district: _____ জেলায় নামঃ
Note taker Name: _____ তথ্য লিপিবদ্ধকারীর নামঃ	
<b>Introduction:</b>	
<p>Good morning/afternoon/evening. I am ..... With the concurrence of MJF, CIRCLE Associates has appointed me to conduct Key Informant Interview (KII) for the Baseline Study of the PRLC project. It will be a two-hour discussion. I'd appreciate your candid views on the questions we are going to ask you. You are welcome to ask questions or clarification for your understanding. CIRCLE Associates has assured highest confidentiality for this data collection. Your responses will be presented in the aggregated findings. Your name will not be reflected in the report.</p>	
<p>a) Do you agreed to give interview? __Yes __No আপনি কি তথ্য প্রদানে আগ্রহী? __হ্যাঁ __ না</p>	
<p>b) My I record this interview? __Yes __No আমি কি আমাদের আলোচনা রেকর্ড করতে পারি? __হ্যাঁ __ না</p>	
<p>c) May we quote your statement in the report? __Yes __No আমরা কি আপনার দেওয়া কথা রিপোর্টে উল্লেখ করতে পারি? __হ্যাঁ __ না</p>	
<p>1. How do physical and architectural barriers impact the access of disabled individuals to healthcare facilities and services? শারীরিক ভাবে অক্ষম ব্যক্তিদের স্বাস্থ্য কেন্দ্রে যেতে ও স্বাস্থ্য সেবা পেতে বাঁধাগুলো কি? সেগুলো কিভাবে দূর করা যেতে পারে?</p>	
<p>2. What are the healthcare information and communication challenges faced by individuals with disabilities, and how can these be addressed? শারীরিক ভাবে অক্ষম ব্যক্তিদের জন্য স্বাস্থ্য কেন্দ্রের তথ্য পেতে ও যেতে সমস্যা গুলো কোথায়? সেগুলো কিভাবে দূর করা যেতে পারে?</p>	
<p>3. How can health policies and systems be reformed to ensure equitable access to healthcare services for individuals with disabilities? এসব সমস্যা দূরীকরণে পরিবর্তিত স্বাস্থ্য নীতি বা পদবর্তী কিভাবে শারীরিক ভাবে অক্ষম ব্যক্তিদের জন্য সমঅধিকার নিশ্চিত করবে?</p>	
<p>4. What are the challenges faced by students with disabilities in accessing inclusive and quality education at various levels of the education system? শারীরিক ভাবে অক্ষম স্কুল ছাত্ররা কিধরণের সমস্যায় পড়েন একসঙ্গে গুনগত শিক্ষা গ্রহণে?</p>	
<p>5. How effective are different models of inclusive education in promoting academic achievement and social integration for students with disabilities? এই সমস্যা দূরীকরণে কি করা যেতে পারে?</p>	
<p>6. How do teacher attitudes and perceptions impact the educational outcomes of students with disabilities, and what interventions can address potential biases? শিক্ষকের ধারণা ও ব্যবহার শারীরিক ভাবে অক্ষম স্কুল ছাত্রদের প্রতি কতটুকু প্রভাব ফেলে? এই সমস্যা দূরীকরণে কি করা যেতে পারে?</p>	

7. What are the barriers to employment faced by individuals with disabilities, and how do these barriers vary across different industries and occupations? শারীরিক ভাবে অক্ষম চাকুরী জীবীরা চাকুরী ক্ষেত্রে কি ধরনের সমস্যার সন্মুখীন হয়? সেগুলো কিভাবে দূর করা যেতে পারে?
8. What role do employer attitudes and organizational cultures play in shaping the employment experiences of individuals with disabilities? চাকুরীদাতার মনোভাব ও সংস্থার সংস্কৃতি কতটুকু সহায়ক শারীরিক ভাবে অক্ষম চাকুরী জীবীদের প্রতি?
9. What are the economic and social benefits of promoting greater inclusivity in the workforce for individuals with disabilities? শারীরিক ভাবে অক্ষম চাকুরী জীবীদের অন্তর্ভুক্তি সংস্থা আর্থিক ও সামাজিক ভাবে কতটুকু উপকৃত হতে পারে ?

### ANNEX - 3: PRLC INDICATORS WITH BASELINE DATA

Results	Indicator	Disaggregation	Baseline value
Impact (Overall objective )	<b>Goal:</b> To contribute to poverty reduction and resilient livelihoods of extremely poor households in the three Chittagong Hill Tracts (CHT) districts of Bangladesh		
	1) Proportion of population below the international poverty line	<b>a) Headcount poverty ratio</b> <ul style="list-style-type: none"> <li>• Overall</li> <li>• EM population</li> <li>• Bangalee Population</li> </ul> <b>b) Multidimensional poverty Index Score</b> <ul style="list-style-type: none"> <li>• Poor population</li> <li>• Vulnerable poor</li> <li>• Severe poor</li> </ul>	99.6% 99.5% 99.8% <b>0.351</b> 99.20% 26.41% 22.9%
	2) Prevalence of stunting among the children under five years (Aligned with SDG 2.2.1)	<ul style="list-style-type: none"> <li>• <b>Boys:</b> <ul style="list-style-type: none"> <li>- Severe</li> <li>- Moderate</li> <li>- Normal</li> </ul> </li> <li>• <b>Girls:</b> <ul style="list-style-type: none"> <li>- Severe</li> <li>- Moderate</li> <li>- Normal</li> </ul> </li> <li>• <b>All groups:</b> <ul style="list-style-type: none"> <li>- Severe</li> <li>- Moderate</li> <li>- Normal</li> </ul> </li> </ul>	45.8% 20.30% 34.0% 33.7% 26.4% 39.9% 40.0% 23.2% 36.8%
	3) Prevalence of wasting among the children under five years (Aligned with SDG 2.2.1)	<ul style="list-style-type: none"> <li>• <b>Boys:</b> <ul style="list-style-type: none"> <li>- Severe</li> <li>- Moderate</li> <li>- Normal</li> </ul> </li> <li>• <b>Girls:</b> <ul style="list-style-type: none"> <li>- Severe</li> <li>- Moderate</li> <li>- Normal</li> </ul> </li> <li>• <b>All Groups:</b> <ul style="list-style-type: none"> <li>- Severe</li> <li>- Moderate</li> <li>- Normal</li> </ul> </li> </ul>	7.5% 6.0% 86.4% 5.4% 5.4% 89.2% 6.5% 5.7% 87.8%
	4) Proportion of beneficiary households with increased resilience to climate change and other shocks (Aligned with SDG 13)	<ul style="list-style-type: none"> <li>• <b>HHS Resilient to shock:</b> <ul style="list-style-type: none"> <li>- Bangalee HHS</li> <li>- EM HHS</li> <li>- All HHS</li> </ul> </li> <li>• <b>Moderately Resilient to shock:</b> <ul style="list-style-type: none"> <li>- Bangalee HHS</li> <li>- EM HHS</li> <li>- All HHS</li> </ul> </li> <li>• <b>At High Risk for shock:</b> <ul style="list-style-type: none"> <li>- Bangalee HHS</li> <li>- EM HHS</li> <li>- All HHS</li> </ul> </li> </ul>	29.2% 34.3% 33.2% 69.4% 64.2% 6.3% 1.4% 1.5% 1.5%

Results	Indicator	Disaggregation	Baseline value
	<b>Outcome 1.</b> Sustained livelihoods and income generation amongst the target households in the CHT districts		
Outcome (s) (Specific objective(s))	1.1. Number of full time equivalent (FTE) jobs created/sustained through the intervention supported producers, businesses and Vocational Education and Training (VET) graduates	<ul style="list-style-type: none"> <li>• <b>FTE job crated for HHs:</b> <ul style="list-style-type: none"> <li>- Bangalee HHs</li> <li>- EM HHs</li> <li>- All HHs</li> </ul> </li> <li>• <b>FTE job crated by sex:</b> <ul style="list-style-type: none"> <li>- Male</li> <li>- Female</li> <li>- All</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>0.73</li> <li>0.63</li> <li>0.67</li> <li>0.66</li> <li>0.68</li> <li>0.67</li> </ul>
	1.2 Percentage of beneficiary households in target communities with increased agricultural production (disaggregated by sex of household head)	<ul style="list-style-type: none"> <li>• <b>Agricultural (crop, livestock, fisheries) production by HHs:</b> <ul style="list-style-type: none"> <li>- All households</li> <li>- Male headed households</li> <li>- Female headed households</li> </ul> </li> <li>• <b>Crop production by HHs:</b> <ul style="list-style-type: none"> <li>- All household</li> <li>- Male headed household</li> <li>- Female headed household</li> </ul> </li> <li>• <b>Mean Crop production by male headed HHs</b> <ul style="list-style-type: none"> <li>- Rice</li> <li>- Vegetable</li> <li>- Ginger</li> <li>- Turmeric</li> <li>- Banana</li> <li>- Pineapple</li> </ul> </li> <li>• <b>Mean Crop Production by female headed HHs:</b> <ul style="list-style-type: none"> <li>- Rice</li> <li>- Vegetable</li> <li>- Ginger</li> <li>- Turmeric</li> <li>- Banana</li> <li>- Pineapple</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>76%</li> <li>81%</li> <li>52%</li> <li>52%</li> <li>59%</li> <li>21%</li> <li>9.4 kg/dec</li> <li>9.5 kg/dec</li> <li>5.4 kg/dec</li> <li>9.8 kg/dec</li> <li>20.5 kg/dec</li> <li>13.5 kg/dec</li> <li>14.15 kg/dec</li> <li>6.35 kg/dec</li> <li>6.25 kg/dec</li> <li>9.87 kg/dec</li> <li>23.75 kg/dec</li> <li>22.50 kg/dec</li> </ul>
	1.3. Percentage of beneficiary households in target communities whose mean monthly expenditure has increased (disaggregated by sex of household head)	<ul style="list-style-type: none"> <li>• <b>Mean Monthly Expenditure (BDT)</b> <ul style="list-style-type: none"> <li>- Male headed households</li> <li>- Female headed households</li> <li>- All households</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>6,863</li> <li>5,878</li> <li>6,371</li> </ul>
	<b>Outcome 2.</b> Improved nutritional wellbeing of the target households, particularly women and children, in the CHT districts		
	2.1 Percentage of participant households food secured according to Household Food Insecurity Access Scale (HFIAS))	<ul style="list-style-type: none"> <li>• <b>HFIAS Score:</b> <ul style="list-style-type: none"> <li>- EM HHs</li> <li>- Bangalee HHs</li> <li>- All HHs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>16.66 (SD 6.64)</li> <li>17.10 (SD 6.79)</li> <li>16.77 (SD 6.68)</li> </ul>

Results	Indicator	Disaggregation	Baseline value
	2.2 Mean Household Dietary Diversity Score (HDDS) in the target areas	<ul style="list-style-type: none"> <li>• <b>HHD Score (Mean):</b></li> <li>– EM HHs</li> <li>– Bangalee HHs</li> <li>– All HHs</li> <li>• <b>MDD-W Score:</b></li> <li>– EM HHs</li> <li>– Bangalee HHs</li> <li>– All HHs</li> </ul>	3.87 3.99 3.90 3.68 3.77 3.70
	2.3 Percentage of children under two years of age who were exclusively breastfed in the target areas (disaggregated by sex and district)	<ul style="list-style-type: none"> <li>• <b>Exclusive breastfeeding:</b></li> <li>– EM children</li> <li>– Bangalee children</li> <li>– All children</li> </ul>	44.3% 41.8% 43.5
	2.4. Proportion of programme participant women demonstrating increased empowerment and household decision making authority (food purchasing, children's education and marriage, control over resources)	<ul style="list-style-type: none"> <li>• <b>Women make decision for:</b></li> <li>– Purchasing food</li> <li>– Children's education</li> <li>– Marriage of family members</li> <li>– Control over family resources</li> </ul>	8.9% 9.3% 8.3% 13.9%
<b>Outcome 3.</b> Increased investment of resources by the Government aimed at the most vulnerable regions and population segments in the CHT districts			
	3.1. Percentage of extremely poor households in the target communities that have access to safety net programme	<ul style="list-style-type: none"> <li>• <b>Access to safety net programs:</b></li> <li>– EM HHs</li> <li>– Bangalee HHs</li> <li>– All HHs</li> </ul>	16.2% 15.5% 16.0%
	3.2. Percentage of extremely poor households in the target communities that have access to primary level healthcare facilities	<ul style="list-style-type: none"> <li>• <b>Access to healthcare facilities</b></li> <li>– UHC</li> <li>– UHFWC</li> <li>– Community Clinics</li> <li>– District Hospital</li> <li>– NGO/private clinics</li> <li>– Kabiraj, pharmacy, homeo, etc.</li> <li>• <b>Access to ANC services</b></li> <li>– Went 4 times for ANC visit</li> <li>– Went &lt;4 times for ANC visit</li> <li>– Went &gt;4times for ANC visits</li> <li>– All ANC visits</li> <li>• <b>Access to PNC services</b></li> <li>– Went 1-2 times for PNC visit</li> <li>– Went 3 times for PNC visit</li> <li>– All PNC visits</li> </ul>	(Multiple) 77.0% 18.8% 36.4% 0.5% 18.6% 42.6% 8.8% 27.0% 1.4% 37.2% 22.0% 0.5% 22.5%
	3.3. Percentage of budgetary allocation for the social safetynet services for marginalized and ethnic people in the target areas	No data	

Results	Indicator	Disaggregation	Baseline value
	<b>Outcome 4.</b> Improved implementation of pro-poor policies, and social cohesion activities in the CHT areas		
	4.1. Number of harmonized laws, rules and regulations (disaggregated by concerned authority/level)	0	
	4.2. Number of community social cohesion and peacebuilding initiatives implemented by Local Volunteer Mediators Forums (LVMF)	0	

