

QUALITATIVE MONITORING OF SHIREE INTERVENTIONS: CMS5 INTERVENTION
TRACKING- CMS5 End-line

REFLECTIONS ON THE INTERVENTION (3) FOR MARIUM BEGUM

Shiree Q2 Research on Extreme Poverty in Bangladesh			
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CMS Reference	1	326- 99999_5264 (Household ID from CMS1)	
Interviewee name	Name: Marium Begum	Sex: Female	Age: 33 (Y) Ethnicity/Religion: Bangladeshi Muslim
Union, Upazila and Zila	Current Address: Kamrangirchar, Dhaka		Permanent Address: <u>Father's house of Marium: Upazilla: Naria, Zilla: Sariatpur, Division: Dhaka</u> <u>Father-in-law's house of Marium: Upazilla: Kanaipur, Zilla: Faridpur, Division: Dhaka</u>
Date of Interview	April 06, 2015		
Well-being Status	Nov-Dec 2010 (Just before the intervention)	Mar-Apr 2013 (after 34 months of intervention)	May 2015 (after 37 months of intervention)
	Destitute(1)	Moderate poor	Working extreme poor
Livelihoods before and after the intervention	1. Marium Housewife Badal (Husband) 1. Rented rickshaw puller	1. Marium Domestic helper (since April 2013 doing part-time work for 1,000 taka per month plus some food 2. Husband Pulling own rickshaw received via project compensation option 3. Eldest son Working as a trainee for a furniture-making factory/ workshop with food and	1. Marium (33 y) Domestic helper (since April 2013 doing part-time work for 1,000 taka per month plus some food 2. Husband Pulling own rickshaw received via project compensation option 3. Eldest son (14 Y) Working as a trainee for a furniture-making factory/ workshop with food and accommodation as payment

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		accommodation as payment	<p>Second son (12 Y) Working as trainee at tailoring shop with no payment</p> <p>Eldest daughter (8 Y) Attending a Madrasa (Islamic school) in Kamrangirchar</p> <p>Second daughter (4 Y) Attending a BRAC pre-primary school in Kamrangirchar</p> <p>Third daughter (3 Y)</p>
Productive asset of IGA owned working capital	None	<p>1. They own rickshaw received via the project compensation option.</p> <p>2. Recently they have given 10,000 taka to her father-in-law to purchase 3 decimals of homestead land in the village</p>	<p>1. Husband occasionally pull rickshaw as his health condition is not favourable to do so</p> <p>2. Wife regularly works as a housemaid.</p> <p>2. First and second son work as trainee in a furniture and tailor shop with no salary</p>
Marital status and household composition	Married with 5 children (between 6 months and 9 years old)	Married with 4 children (between 2.5 and 11 years old). The eldest son is now living with his employer's family and is a trainee at a furniture-making workshop.	Married with 4 children (between 4 and 14 years old). The two eldest son are now living with his employer's family and is a trainee at a furniture-making workshop.
Keywords	Parent-in-laws, illiteracy, road accidents and sickness, <i>Mastaans</i> , child labour, domestic helper, life insurance, re-establishment.		

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INTRODUCTION:

In 2013, Marium's husband *Badal* got severe injury in his leg. The consequences were extreme as he took hospital admission at the *Shohorawardy* hospital in the capital city for consecutive 22 days. During this time, the household income dropped and even was stopped. They became highly dependent on their savings. The worst consequences of that injury lasted long and worsened the household's wellbeing. He (*Badal*) had to stay away from regular rickshaw pulling. Therefore, the household's income began to shrink. However Marium was keeping work continue as a housemaid with minimal salary. In slum setting, the social net-works seems loose; therefore, the community supports in any form either cash or kinds tend to be less in compare to rural location in Bangladesh. The household received no supports from neighbors or relatives either in the form of cash or kind. The relation between Marium's family and her parents-in-laws was not good; therefore, they did not receive any financial assistance during that hardship. Although Marium had good relation and maintained regular communication with her own parent, they could not provide any financial supports during these bad days. *Badal's* financial condition acerbated through the loss of working capital by a fruit business. Furthermore, he was defrauded a substantial amount on money by his uncle. Big family size (5 members) also contributed to descend his family well-being to extreme poverty level.

WELL-BEING STATUS OF THE FAMILY AT THE ENDLINE:

The well-being status of the family was measured by three basic elements i.e. diets, employment and assets (income generating). We have described what extent the family corresponds to three elements.

Diets: Due to the financial hardship in last one year, the household diets have been significantly reduced. The family tried to cope up with the reduced incomes through skipping number of meals and/or taking meals with cheap food stuff – mostly flat rice or rice with potatoes and lentils. Most of the days, the family took 2 meals in a day. The

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mother of household stated ***“I try to take rice with potatoes or lentils as it costs minimal. My purposes are to feed my child at least 2 times a day. No matter if it is plat rice and/or potatoes. I took a piece of tilapia fish last week. Meanwhile, I skipped few meals but nobody knows it. It is matter of sorrow that I have no food in my home”***. The situations got worsen as the longtime hortal and blockage was enforcing over the country. The income was shrunken due to hortal and blockade they stated. The family was highly relying on the cheap dishes. No side dishes were taken in the past 15 days.

Employment:

The family consists of five members. Husband is the key incomes earner; while wife is working as a housemaid in Kamrangirchar area. After losing major part of working capital in fruit business, the key incomes earners (husband) started pulling rented rickshaw. Then, they received another rickshaw from DSK-Shiree project intervention under the compensation package. Unfortunately, they lost it as the traffic police seized it in accuse of having no road permit or license. As result, the husband started pulling rented rickshaw aging. Meanwhile, he caught prolong typhoid which cost huge medical expense couple with abstain from regular work. Consequently, the incomes of the household dropped and expenditure went up due to medical cost. The husband usually pull rickshaw 3-4 days in a week earing 200-300 TK. per day. Marium earn TK 1000 in a month as a housemaid. 14 years Mominul, the eldest son is learning furniture work in furniture shop in the locality (Kamrangirchar area). He is not paid by cash. The middle elder son is 12 years old. He is learning tailoring work in Kamrangirchar with no cash payment. 8 years Khadiza, the eldest daughter goes to BRAC School in Kamrangirchar. Munna is 4 the smallest son also goes to BRAC School. And the small daughter is 3 years old.

Household assets: The family does not have any cash savings. They took a life insurance with Sadharan Bima Corporation where they deposited TK. 5400. Some household assets including ceiling fan and some furniture were sold out to meet medical expense. They have some cheap furniture and cooking pots now. Marium's husband will be

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expected to inherit 8 decimal homestead lands in her father in law's village home. However, they are not very optimistic for that as they don't maintain good relation with her father in law. Marium's husband stated ***"I have been married with Marium for 15 years. I left my parental home since long age. I could not take the responsibilities for taking care of my parents. Therefore, I don't expect their assets."*** However, Marium's parents have comparatively good financial ability. However, they hope no financial supports from them as they do not maintain good connections with them. They have TK 1200 as saving with DSK micro-credit program. Besides, they have load of TK 4000-5000 with local money laundering Samity (cooperation)

IDENTIFICATION OF VULNERABILITY SOURCES AND LEVEL OF EXPOSURE TO/PREPAREDNESS FOR HAZARD:

Frequent health hazard and poverty: According to Marium's words ***"the underlying reason for trapping into poverty is the frequent health hazard. While we struggle for increasing our incomes; therefore, the family well-being, we are struck by health shocks. Frequent diseases of my husband pose us dual burdens - high health care expense and un-employment."*** Marium's husband health condition poses the family in a situation that hinders the upward mobility from poverty trap. As we mentioned that he got a severe motor (vehicle) accident in 2013 which required huge financial expense couple with ending family incomes. Following long time treatment regime, they started to pull rickshaw at the beginning of 2015. However, he was again caught typhoid fever. That fever requires longtime bed rest and abstains from work. Furthermore, adherence to treatment procedure is must to recover from illness. Due to having no other income or financial supports, he may not comply with the necessary medical treatment regime. For example, he could not take full-time bed rest during the fever. He had to work to run the family. The consequences of such non-compliance with treatment requirement acerbate his health further. Then, the illness requires higher expensive medical intervention. In him word ***"The doctor advised not to pull rickshaw for some days. How***

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can I obey the advices? I had to run my family. If I stay at my home it will cost higher as my family undergo huger. Today I have not gone for work. So, I don't know how I can manage a minimum meal that is mandatory before taking drugs. The fact is non-compliance with medicine and abstain from work during the illness deteriorated the health condition at large.

Illness and access to medical information: according to the information, the family informed that they did not have good information about where they can have good services for treatments and rehabilitation. The household affirmed that after being caught by fever, they went to local medicine shop and received some drug following the advices of shop keeper. Usually the medicine shop keepers lack adequate medical knowledge and perform wrong diagnosis in many cases. Consequently, the patients don't get recover, instead, develop complications. In Badal cases, they received drugs from nearby medicine outlet several times; however, the condition got deteriorated. Finally, they visit a MBBS physician and typhoid fever was being diagnosed on February 28, 2015. In Badal words ***"I don't have information on where to go in case of illness. I thought medicine shop keepers are doctors. They can give good medicine and advices. But they gave few medicines that were not working. My condition was going worse. They I went on Boro(a Bangla word means good or knowable) (MBBS) doctor. But it was late so I had to expense tk 2700."*** Due the high medical expense, they borrowed TK. 3000 from money laundering family (cooperation).

PROGNOSIS FOR FUTURE RESILIENCE:

The family has been facing a continuous health shock that impacted negatively over the well-being of the family. In future, there might have little scope for improving this condition as they have already spent their savings for medical expenses. But still, the husband is undergoing serious health problem. Access to care in public health facilities especially, for chronic disease is limited. Therefore, the likelihood of getting low cost health care in public health facilities might not supportive for this family. On the other

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hand, the family has little or no access to social capital/network where they might be provided some sorts of help in regard to accessing health care. Considering all the current circumstances, in future, the family might have the following adverse circumstances and coping up mechanism.

Resilience and coping up mechanism

Name: Marium				
SI	Type of hazard	Likelihoods /Frequency	Impacts	Coping strategies
01	Health shocks	High	High (Dropped family incomes Medical expense went up to Tk. 65000 till date (interview) Intangible pains)	Take new loan, reduced quality and quantity of meal, children dropped out from school
02	Irregular income	High	High	dropped meal
03	Hortal/ Blockade	Moderate	moderate	Reduced expense on food, skip side dish
04	Dropout of child from school	moderate	high	Cut up house tutor, admit to madrasa/ brac school
05	Lack of cash	moderate	moderate	Depends on children while they will do paid work
06	Seize rickshaw by traffic police	high	high	No hope to recover, try to by new one while they have money

ANALYSIS:

The household well-being significantly influenced by health shock of a key income earner (husband) of the family. Some other, socio-economic factors i.e. seizing rickshaw by policeman, loss of capital in fruits business, ever long lasting hortal/blockade exacerbated the situation. The family had spent almost all their saving in medical treatment. Unfortunately, the outcomes of care seeking process are not

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notable. They moved from one health facility to another (public vs. private hospital, general vs. specialized hospital) but their problem was not addressed effectively. This is not unusual among the poor in urban slum to move haphazardly while they get sick because of lack of adequate information. The consequence of such event is very negative as they spend their saving for medical expense with no health outcomes. This family might have limited communication over the program people (DSK); therefore, they failed to seek proper information over available health care facilities/services. Overall, they family has low resilience to cope up with this adverse circumstances. The family therefore dropped to lower level of well-being status. They belong to working extreme poor category from moderate poor category in the last ROI analysis.

SWOT Analysis of Marium family

Name: Marium				
SI	Strengths	Weakness	Opportunities	Threats
01	Two elder son are learning work	Prolong illness of the husband	Elder sons will enter labor marker approximately 2 year later.	House rent is gradually increasing. Income remain same or decreasing
02	Likelihood of getting back to ancestral home	Hortal/ blockade	Sons have learning multiple work	Reduce income during hortal and blockade

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INTERVENTION MAP FOR MARIUM (30 Y) FROM DATE OF INTERVENTION TO MAY 2015

