Reflection of intervention (4) of Nasrin Alam

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<td><strong>Shiree Q2 Research on Extreme Poverty in Bangladesh</strong></td>
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<tr>
<td><strong>Author</strong></td>
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<td><strong>Institution</strong></td>
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<td><strong>CMS1 Reference</strong></td>
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<td><strong>Interviewee name</strong></td>
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<td><strong>Dates of Interview</strong></td>
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<td><strong>Union, Upazilla and Zilla</strong></td>
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<td><strong>Well-being Status</strong></td>
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<td><strong>Livelihoods before and after the intervention (Main beneficiary)</strong></td>
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<td><strong>Livelihoods before and after the intervention (other principal adult Member)</strong></td>
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<td><strong>Productive Asset or IGA owned working capital</strong></td>
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<td><strong>Marital status and household composition</strong></td>
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<td><strong>Keywords</strong></td>
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1. **Narrative**

In the last ROI in April, 2013, we showed that the majority of household’s members (both husband and wife) were strongly affected by health shocks which caused the family to have a catastrophic out-of-pocket (OOP) health care expense. The wife (Nasrin) was diagnosed with cardiac and kidney related health problems. Initially, she was offered health care support by DSK, and was admitted to DSK hospital with severe complications. However, they became dissatisfied with services provided by the hospital and found their (DSK) services insufficient to solve the problem. Following the suggestions of a regular customer to their shop, they decided to visit to a private physician. She met the doctor (MBBS) in Dhaka cantonment area. Following the new doctor’s prescription, she started feeling better although she is still complaining of the problems. Furthermore, Nasrin’s husband (Manowar) was undergoing gradual pains in his chest. He was also diagnosed with a cardiac problem and worked pulling a rickshaw. The overall well-being of the family was seriously affected by the consequences of health related shocks.

**WELL-BEING STATUS OF THE FAMILY AT THE ENDLINE:**

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

**Diets:** due to financial hardship in the last one year, the family diets have been significantly reduced. The husband shared that, as their earnings have reduced due to the current political instability, they have had to use strategies to cope. They used to take 1 kg meat per week, but over the last one month they have not consumed any meat. Earlier, if his son wanted for any food or toys or they required some expense for personal purpose, usually he never hesitated to do so. Now he has to think twice before incurring such expense. The family tried to cope with the reduced incomes through avoiding rich dishes, or through eating meals with cheap items – mostly flat rice or rice with potatoes and lentils. The family takes 3 meal der days most days. The mother (Nasrin) stated that the situation got worse as the longtime *hartal* and blockade was enforced over the country, and their income was reduced. The family was highly dependent on the cheap dish. No side dishes were taken in the past days.

**Well-being of their son:** the family is providing education to their only son (Jamil). They enrolled him in an NGO (Intervida) operated free school. Now he is a first-grade student.
Employment:
The husband and wife are employed with their shop (grocery). They both sit at their shop alternatively. Now, income from their shop has reduced up to 50% due to the blockade/hartal. Earlier (before 5th January, 2015) regular sales from the shop were nearly BDT 5000-6000, and now it has reached BDT 2500-3000. The rickshaw pullers and day labourers are the core customers in their shop and ultimately they (customers) are the main victim due to the current blockade/hartal.

The husband has given up rickshaw pulling as his health condition does not enable him to do so. He is now learning to drive a car in order that he can get a job as a driver. The wife cannot maintain volunteering to BRAC delivery Centre in Korail slum due to her poor health condition. She came to an understanding with another female worker in the slum on the condition that she will be given 50% of money that they receive from BRAC. According to this deal, she get 50% (equivalent to BDT 1000 per month) and another 50% goes to the female worker.

Household assets and debts: Currently, the asset value of the shop is around 50,000 taka (including fixed and sellable assets) and the living space and assets are worth 150,000 to 200,000 Taka. In Rangpur they have 2 decimal homestead land and the land may now be worth maximum taka 50,000, although there is a debt to pay. He also received 14 decimal crop lands from his father but the land is not still under their procession as it is managed by his elder brother. With taka 10,000, they also pawned 15 decimal agricultural land which is also managing by another elder brother as they have a loan of taka 5,000 to him.

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

Gradual health shock and its impacts: The well-being of the family was seriously impacted by the health related shocks in the last one and half years. The consequences of this shock resulted in reduced family income and increased health care expense simultaneously. At the doctor’s suggestion, the husband stopped pulling rickshaws and became highly dependent on the small shop that they owned. The family did not have enough cash saving to meet that health care expense; therefore, they had to rely on the local samiti (local money lending agency). They had to spend approximately Tk. 80-90 thousand according to the husband. They managed it by
taking loan from different sources including DSK-revolving fund, local money lending agencies and selling their rickshaw. The household’s incomes went down as the husband stopped pulling the rickshaw. On the other hand, the wife also became dependent on the less physical labour. Therefore, she found another woman from her community to proxy her work as a BRAC community volunteer, and she shares 50% of total income with the woman who replaced her. Consequently, the family incomes again decreased. At this point, the major income of the family comes from the small shop. According to the wife “We were doing well. Unfortunately, we faced severe health problem which cost much. The reason for today’s condition is the high health care expenses. How can we meet the expense as the price of drug is extremely high? The cost of test and physician fee is also beyond our capacity”.

Household income in current situation:

The household income has significantly affected by the recent uninterrupted hortal and blockade. The main customers of their shop come from the labour community of the slum. The overall income of that community had reduced significantly as they remained unemployed during the hortal, and were unable to use the shop. Nasrin stated that if this situation is not improved, then they are considering to close the business as they are continuously losing capital.

PROGNOSIS FOR FUTURE RESILIENCE:

The well-being of the household is greatly shaped by the broader socio-political condition of the country. This family faces vulnerability due to the political unrest or crisis. Their main sources of income experiences challenges while the common customer (the working class in the slum) have little incomes. Against this backdrop, the family will have little scope to cope with such unexpected situations, and may fall back to the lower level of poverty line if these types of situation occur in future.

The family will have very little scope to cope with the situation other than skipping meals in both quantity and quality. In the conversation, the husband stated that “if the situation does not improve much in near future, we will think about closing up out business. In that case we will have to sell our asset (the shop). But, I don’t know the better way.” The situation will be exacerbated if the health condition of either the wife or husband is not improved.
Resilience and coping mechanism

<table>
<thead>
<tr>
<th>Types of hazards</th>
<th>Likelihood/Frequency</th>
<th>Impact</th>
<th>Strategy used to avoid/moderate impact</th>
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<tbody>
<tr>
<td>Health shocks</td>
<td>High</td>
<td>High</td>
<td>Take new loan, reduced quality and quantity of meal,</td>
</tr>
<tr>
<td>Likelihood of eviction of slum</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Owned 2 decimal homestead land in his village home (Rangpur)</td>
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<tr>
<td>Hartal/ Blockade</td>
<td>Moderate</td>
<td>moderate</td>
<td>Reduced expense on food, skip side dish</td>
</tr>
<tr>
<td>Debt</td>
<td>moderate</td>
<td>moderate</td>
<td>Will continue to pay instalments</td>
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2. SWOT Analysis:

The household well-being significantly influenced by health shock and political environment of the country (hartal and blockade). The family showed moderate resilience to cope with the adverse circumstances. However, the family had good savings and a social network, which can be useful for them to manage the difficult times. Good relations with the NGO (DSK) mean they remain creditworthy, and have some regular savings with that organization. This might be a positive factor for coping with a crisis.

However, poor/ill health remains a big concern for the overall improvement of the well-being of the household. Both, the wife and husband are suffering from chronic disease which requires taking lifelong drugs and medical consultation. In future, the frequency of drugs and medical consultation might increase which will incur out-of-pocket expenditure, i.e. debt.

<table>
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<tr>
<th>Strength</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Possess house in the slum that be sold at a high price</td>
<td>• Prolonged illness of the husband</td>
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<tr>
<td>• Likelihood of getting back to ancestral home</td>
<td>• Hartal/ blockade</td>
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<tr>
<td>Opportunities</td>
<td>Threats</td>
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<tr>
<td>-----------------------------------</td>
<td>----------------------------------------------</td>
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<tr>
<td>Mortgaged home stead land</td>
<td>House rent is gradually increasing.</td>
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<tr>
<td>Good relation with neighbours</td>
<td>Income remain same or decreasing</td>
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<tr>
<td>Husband is learning car driving</td>
<td>Reduce income during hartal and blockade</td>
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<tr>
<td>and trying to get a license</td>
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INTERVENTION MAP FOR NASRIN (30 Y) FROM DATE OF INTERVENTION TO MAY 2015

- **Destitute**
  - **Feb 2010**: Started firewood business with support from DSK-shiree project and earned a very good profit within a short time.

- **Extreme Poor**
  - **May 2011**: Started a cook for a labour mess in Karail and got 2,000 taka and 2 meals for all family members.

- **Lower Earning Non-Poor**
  - **Feb 2010**: Started firewood business with support from DSK-shiree project and earned a very good profit within a short time.
  - **Feb 2011**: Purchased firewood shop for 40,000 taka and renovated it as a living space; took out 25,000 taka loan.

- **Middle Elite**
  - **Move in with father and work in cotton mill**

- **Wealthy Elite**
  - **Nov 2010**: Demand for firewood reduced as supply of cooking gas was introduced in that part of Karail.
  - **Mar 2011**: Shop closed. Husband started pulling own rickshaw and earned 4,800-5,600 taka. They have a plan to make their living room into two stories and start a business on the ground floor.
  - **Aug 2011**: Nasrin lost her job when the labour mess closed. At the same time, their rickshaw was stolen and they had to pay 4,500 taka to get it back.

- **Mar 2012**: Borrowed 18,000 taka from a local financial organization to renovate room. Within few days, a slow eviction started which made them hesitate to invest in expanding their slum house.

- **May 2011**: Started as a cook for a labour mess in Karail and got 2,000 taka and 2 meals for all family members.

- **Mar 2012**: Borrowed 18,000 taka from a local financial organization to renovate room. Within few days, a slow eviction started which made them hesitate to invest in expanding their slum house.

- **Mar 2013**: Started new job as domestic worker.

- **Apr 2013**: Mar 2013: Started new job as domestic worker.

- **May 2015**: Feb 2015: Sales sharply declined due to hortal/blockade.

- **2009**
  - **Feb 2010**: Started firewood business with support from DSK-shiree project and earned a very good profit within a short time.

- **2010**
  - **Move in with father and work in cotton mill**
  - **Feb 2011**: Purchased firewood shop for 40,000 taka and renovated it as a living space; took out 25,000 taka loan.

- **2011**
  - **Mar 2011**: Shop closed. Husband started pulling own rickshaw and earned 4,800-5,600 taka. They have a plan to make their living room into two stories and start a business on the ground floor.
  - **Aug 2011**: Nasrin lost her job when the labour mess closed. At the same time, their rickshaw was stolen and they had to pay 4,500 taka to get it back.
  - **Nov 2011**: Visited her parent-in-law’s house and spent 10,000 taka as her father-in-law was seriously sick.

- **2012**
  - **Mar 2012**: Borrowed 18,000 taka from a local financial organization to renovate room. Within few days, a slow eviction started which made them hesitate to invest in expanding their slum house.

- **2013**
  - **Mar 2013**: Started new job as domestic worker.

- **2014**
  - **Nov 2011**: Visited her parent-in-law’s house and spent 10,000 taka as her father-in-law was seriously sick.

- **2015**
  - **May 2015**: Feb 2015: Sales sharply declined due to hortal/blockade.