

## Food Security & Poverty



## Poverty Indicators

**01** **Daily Per Capita Expenditure**  
Per capita expenditure (as a proxy for income): **\$2.62**

**02** **Prevalence of Poverty**  
Percentage of people living on less than \$1.90/day: **26.7%**

**03** **Depth of Poverty**  
Mean percentage shortfall relative to \$1.90/day poverty line: **6.6%**

**04** **Mean Number of Income Sources (farm and off-farm): 2.6**

**05** **Percentage of Household Income Earned by Women (in the month before assessment): 14.9%**

# NOBO JATRA

## BASELINE SURVEY FACTSHEET

### Food Security Indicators

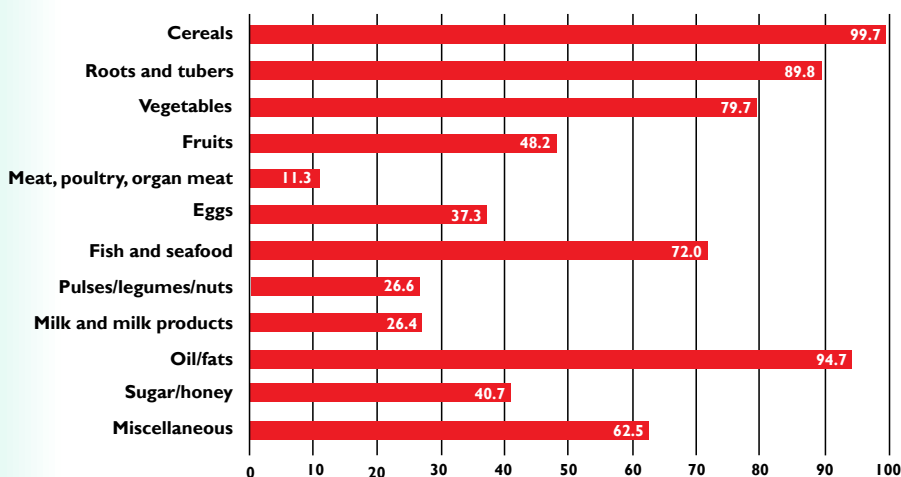
#### 1 Household Hunger Scale (HHS)

The HHS is a perception-based food deprivation scale. Prevalence of households with moderate or severe hunger: **9.1%**

#### 2 Household Dietary Diversity Score (HDDS)

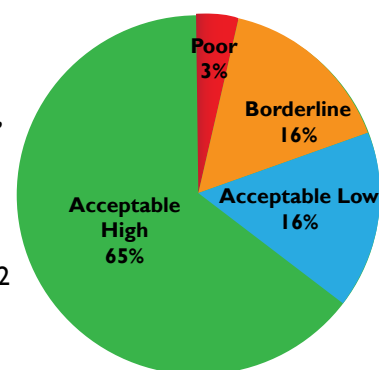
HDDS is based on a set of 12 food groups consumed by household members in the past 24 hours, and its value ranges from 0 to 12, with lower numbers indicating less dietary diversity. As opposed to measuring the nutritional quality of an individual's diet, the HDDS is an indicator that measures the socio-economic level of the household and serves as a proxy measure of household food access.

#### Average household dietary diversity score: 6.9



#### 3 Food Consumption Score (FCS)

The FCS is a weighted score based on dietary diversity, food frequency, and the nutritional importance of food groups consumed. Four food consumption groups were used for the baseline study in Bangladesh: (1) poor consumption ( $\leq 28$ ); (2) borderline consumption ( $\geq 28$  and  $\leq 42$ ); (3) acceptable low consumption ( $> 42$  and  $\leq 52$ ); and (4) acceptable high consumption ( $\geq 53$ ).



■ Poor ■ Borderline ■ Acceptable Low ■ Acceptable High



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**Water, Sanitation  
& Hygiene**

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**BASELINE SURVEY FACTSHEET**

**WATER,  
SANITATION  
&  
HYGIENE**



**Sanitation Indicators**

- Percentage of households using improved sanitation facilities: **42.2%**
- Percentage of households practicing open defecation: **0.9%**

**Hygiene Indicators**

- Percentage of households with soap and water at a handwashing station commonly used by family members: **39.0%**

**Water Indicators**

- Percentage of households using an improved drinking water source: **52.0%**
- Percentage of households using recommended water treatment technologies: **35.2%**
- Percentage of households that can obtain drinking water in less than 30 minutes (round trip): **34.5%**



# Agriculture

## NOBO JATRA BASELINE SURVEY FACTSHEET

1



Percentage of households that produced vitamin A-rich fruits and vegetables : **19.7%**

2



Percentage of households that raise animals that produce animal source foods (ASF) : **55.8%**

3



Percentage of farmers who used at least two sustainable livestock practices or technologies in the past 12 months: **36.5%**

4



Percentage of farmers who used financial services in the past 12 months: **42.8%**

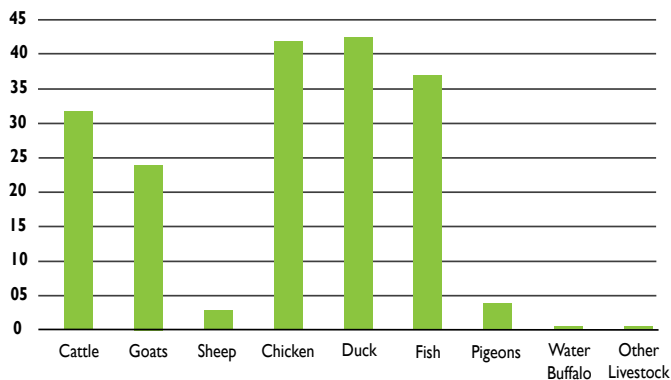
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Percentage of farmers who practiced value chain activities promoted by the project in the past 12 months: **24.1%**

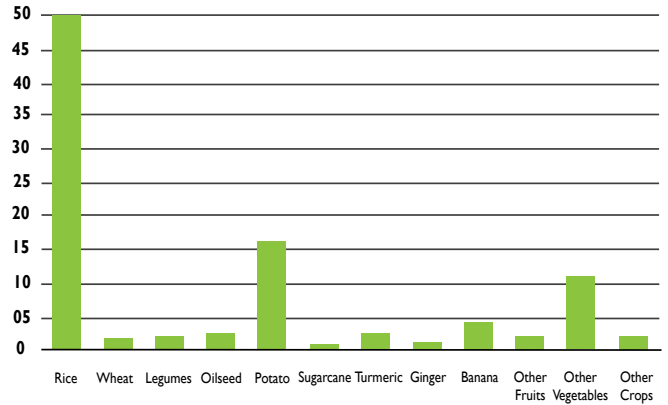
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**Percentage of farmers raising livestock, by type of animal**



7

**Percentage of farmers planting crops, by type of crop**



8



Percentage of farmers who used improved storage practices in past 12 months: **38.9%**

9



Percentage of farmers that have access to agriculture and livestock extension services from the Government of Bangladesh: **12.9%**

10



Percentage of farmers who used at least two sustainable crop practices and/or technologies in the past 12 months: **44.5%**

11



Percentage of farmers who used at least two sustainable Natural Resource Management (NRM) practices and/or technologies in the past 12 months: **0.7%**



**Children's Health & Nutrition**

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**BASELINE SURVEY FACTSHEET**

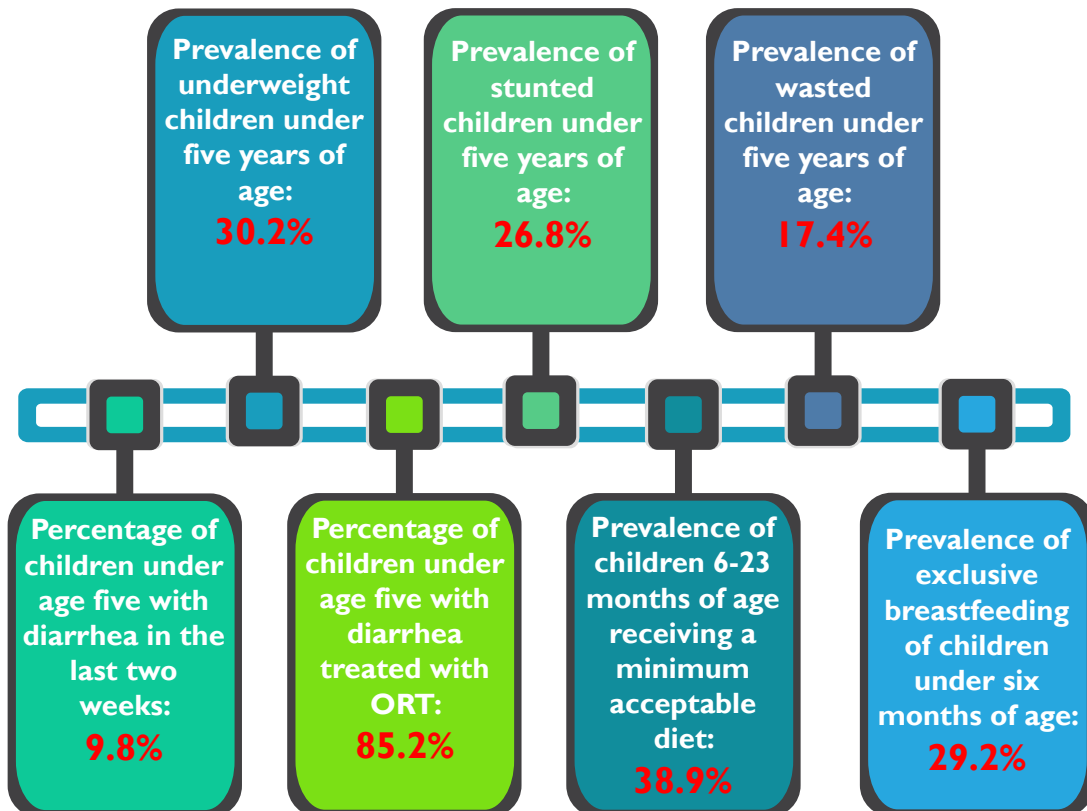
**Trends in Children's Nutritional Status**

The standard indices of physical growth that describe the nutritional status of children are height-for-age (stunting), weight-for-height (wasting), and weight-for-age (underweight). The baseline study results indicate that various socioeconomic factors are associated with undernutrition in children under five years of age.

- Stunting among children where the head of household has no education is significantly higher, compared to children from households where the head of household has any education, especially a secondary education.
- The prevalence of stunting among children under five is higher among children living in households below the poverty line, compared to children living in households on or above the poverty line. The prevalence of underweight is also higher in children from households that are below the poverty line. In general, as the depth of



- poverty increases, the probability of underweight and stunting increase, but stunting increases at a faster pace.
- Use of an improved drinking water source and access to a handwashing stations with soap and water are associated with decreased levels of stunting and underweight.
- Children living in households that practice correct water treatment technologies have a lower prevalence of diarrhea, compared to those living in households that do not treat their water.







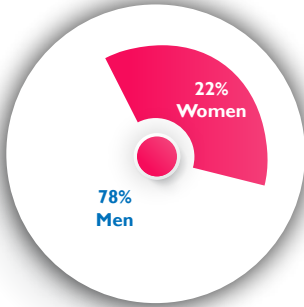
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## Gender

# NOBO JATRA BASELINE SURVEY FACTSHEET



### Prevalence of men and women who earned cash in the past 12 months

#### MCHN Decision-Making

- ▶ Percentage of men in union with children under two who make maternal health and nutrition decisions alone: **30.8%**
- ▶ Percentage of women in union with children under two who make maternal health and nutrition decisions alone: **21.8%**
- ▶ Percentage of men in union with children under two who make child health and nutrition decisions alone: **9.5%**
- ▶ Percentage of women in union with children under two who make child health and nutrition decisions alone: **11.4%**
- ▶ Percentage of men in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner: **46.0%**
- ▶ Percentage of women in union with children under two who make maternal health and nutrition decisions jointly with spouse/partner: **42.9%**
- ▶ Percentage of men in union with children under two who make child health and nutrition decisions jointly with spouse/partner: **62.0%**
- ▶ Percentage of women in union with children under two who make child health and nutrition decisions jointly with spouse/partner: **58.0%**

#### Cash Income Decision-Making



▶ Percentage of men in union and earning cash who make decisions alone about the use of self-earned cash: **25.8%**

▶ Percentage of men in union and earning cash who make decisions jointly with spouse/partner about the use of self-earned cash: **52.2%**



▶ Percentage of women in union and earning cash who make decisions alone about the use of self-earned cash: **16.1%**

▶ Percentage of women in union and earning cash who make decisions jointly with spouse/ partner about the use of self-earned cash: **90.4%**



#### Women's Mobility

- ▶ Percentage of married women aged below 30 who need to seek permission to visit certain locales: **80.9%**
- ▶ Percentage of married women aged above 30 who need to seek permission to visit certain locales: **66.3%**

#### Household Division of Responsibilities

- ▶ Percent of married women aged 15-49 whose husbands help with household tasks: **38.2%**



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**Women's Health & Nutrition**

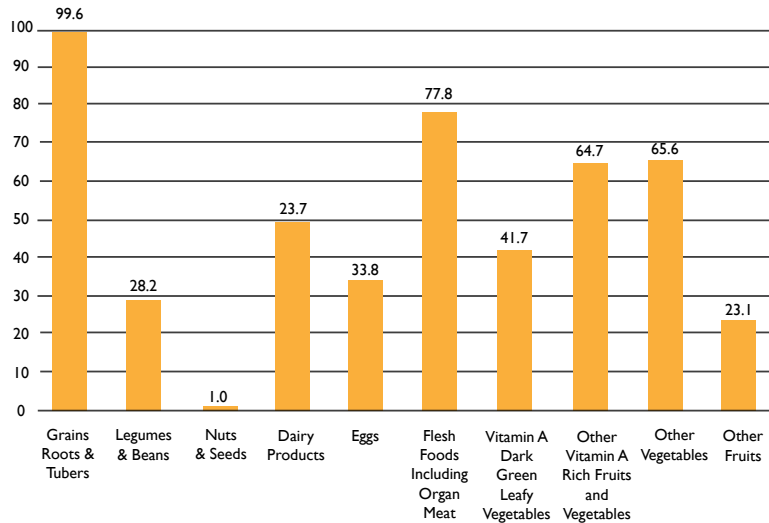
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Mean age at first pregnancy for married women aged 15-49:  
**16.9**

Mean age at marriage for women aged 15-49:  
**15.2**

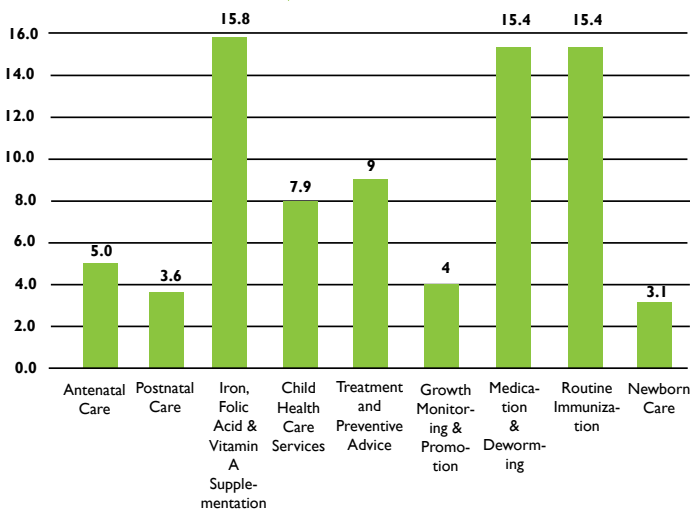
Mean number of food groups consumed by women of reproductive age:  
**4.5**

Percentage of women 15-49 years of age consuming 5 of 10 food groups used to assess MDD-W



Women's minimum dietary diversity (MDD-W) is based on a dichotomous outcome that captures whether women 15-49 years of age have consumed at least 5 out of 10 mutually exclusive food groups in the previous 24 hours.

Percentage of Women with Access to PHC Services



Percentage of women with access to primary healthcare (PHC) services provided by the health department of the Government of Bangladesh:

**38.2%**

Contraceptive Prevalence Rate:

**77.5%**

Prevalence of underweight women:

**21.0%**

Proportion of women of reproductive age who are consuming a minimum dietary diversity (MDD-W):

**49.9%**



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