

Asrayon- Rural Rehabilitation Program of the Government: Contribution to the Quality of Life of the Poor

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Abstract:

Since landlessness is considered as one of the prime causes of poverty in Bangladesh, different governments at different times have initiated rural rehabilitation programs aiming to improve the quality of life of the poor through giving them access to land and housing facilities. Asrayon Project is one of such attempts providing shelter and self-employment opportunities to the landless rural poor.

Under Asrayon project, 49,090 landless families were rehabilitated during between 1997 to 2002. But no study has yet been carried out to assess its impacts. Observing this gap and realizing the importance of examining the performances and roles of this government-rehabilitation program, this study attempts to evaluate the Asrayon project in improving the quality of life of the rehabilitated poor. Ignoring the purely economic aspects, social aspects such as literacy, education, housing condition, food consumption, health and family planning services, water supply and sanitation have been appraised to analyze the changes in quality of life. Empirical studies in different Asrayon villages reveal that the social status of the beneficiaries has improved significantly. But it is perceived that there is lack of supervision, logistic and other financial support, which are essential to continue the benefits and thus to prove the program as an efficient tool for improving the quality of life of the rehabilitated poor.

Key Words

rehabilitation program, quality of life, rural poor, landlessness, housing.



Introduction

Bangladesh is one of the most densely populated poor countries in the world with a population density 839 per sq. km. About 36.0% people of the country earn less than US \$ 1 per day, which is the international poverty line (UNDP, 2004) and about 14.2% households are landless (BBS, 2002). According to the Agricultural Census of 1996, about 67.36 % rural households are effectively landless with 10.18 % having neither homestead nor cultivable land and 28.06% having homestead but no cultivable land (BBS, 1996). Again, the Population Census 2001 reveals that from 1981 to 2001, that is to say, within two decades agricultural land ownership for rural households was reduced from 61.30% to 52.38%. Due to the vicious circle of poverty, marginal landholders have become landless and gradually homeless. As a result, in spite of different Government pro-poor initiatives, the number of landless and homeless households has been increasing day by day. But housing is a basic need; and it is the fundamental responsibility of the state to provide shelter to its citizen. Keeping this in mind the Government of Bangladesh has initiated and enacted different laws and policies in favor of the poor, especially for the rural landless and homeless for increasing their access to land and land-base services in order to reduce the plight of poverty. Different rural rehabilitation programs have been initiated to provide land and shelter to the landless poor. At the very beginning of independence (1972), the Government of Bangladesh initiated the rehabilitation program by establishing 'Cluster Villages' in Govt. *khas* land (Project Proforma, Asrayon, 2000). The initial program at rehabilitation was followed by a series of land reform initiatives that took different names in different Government regimes but all aiming at poverty alleviation. At present the program of rural rehabilitation through *Adarsha Gram* and Asrayon or *Abashan* projects are being carried out by the Ministry of Land and by the Office of the Prime Minister.

Under the Asrayon project, 49090 landless families in 4909 Barracks were rehabilitated between July, 1997 to June, 2002 (PP, *Abasan*, 2000). But no study has yet been carried out to assess important issues like 'what extent the program has attained its goal and objectives in improving the socio-economic status of the rehabilitated people and what are the views of the rehabilitated people about the program'.

Observing the above-mentioned gap, this study realized that an evaluation of the performance of the Asrayon project in improving the quality of life of the poor was immediately needed. Though the quality of life comprises a wide

dimension, including social, economic and physical aspects, due to its limited scope, this study is restricted to the social aspects only. These consist of literacy, education, housing condition, food consumption, health and family planning services, water supply and sanitation. Impacts of Asrayon project in all these aspects have been assessed to evaluate the contribution of the project in improving the quality of the life of the landless poor. It is expected that the outcomes of this research will not only led to an assessment of the performances of the Asrayon project, but will also give an indication of its limitations in improving the quality of life of the rehabilitated rural poor.

Asrayon - Studied Project

Asrayon is a project that aims to provide shelter and self-employment to the landless rural people and is sponsored by the office of the Prime Minister all over the country. The overall goal of the project is to alleviate poverty of the landless rural poor by providing shelters and imparting training on skill development for income generating activities and to provide small credit, basic education, primary health care and family planning services (PP, Asrayon projects, 2000). The project was launched in 1997 and completed in 2002. Within this five years time period, it has rehabilitated 49090 landless and homeless families all over the country. Project implementation phase i.e. distribution of shelter and housing facilities have been completed but human development and income-generating activities like provision of health and family planning services, education facilities, cooperatives formation and credit supply under the project have been continuing. It should be mentioned here that Asrayon was a project initiated by the Awami League Government and with the change of Government in 2001 the BNP-Jamat alliance which took ochanged the name of the project from Asrayon to Abashan. In fact, except name, all components of Asrayon and Abashan projects (i.e. goals, strategies, approach of works) are the same.

To implement the program a three tiers taskforce was formed at the central, district and upazila levels. Upazila Administration is the prime authority for its implementation and maintenance. 11 upazila level government departments as well as Local Government bodies and local social elites are directly involved with this program. Similarly, to supervise the upazila level taskforce a district level task force has been formed that includes 18 departments and two social elites. There is a Central Advisory Council for guidance and supervision of Asrayon-project activities (PP, Asrayon, 2000).

Each family rehabilitated in an Asrayon village has got a room with attached kitchen, having total 261 sq. ft. dwelling space in a 10 rooms barrack house. Two block latrines and one tube-well are provided for 10 families. The monetary value of the facilities given to each family is about Tk. 25,900. Each of the village comprises a community center and a big pond. Mosques, graveyards and schools or provision for schools exist in some of the villages, depending on the availability of land.

Approach of the Study

There are 588 Asrayon villages in 64 districts. Among these villages, three Asrayon villages in Sherpur district (Baradubi Bekikura and Charramjagannath) and one in Comilla district (Karimpur) were selected as study areas. Out of 230 households in three Asrayon villages, total 110 (48%) households were selected through random sampling for questionnaire survey. This study is based mainly on primary data. Two prime tools of data collection were structured questionnaire and checklist. Data related to the change in different aspects of quality of life was collected through structured questionnaire survey among the rehabilitated people. Further, concerned project officials were interviewed to collect supplementary information. Observation and Key-Informants discussion were two other important ways for better understanding of the project and its impacts.

It was noted earlier that the notion of the quality of life is a comprehensive and wide concept and has multidimensional aspects. But this research focuses on the social dimension of quality of life only. To assess the improvement in quality of life this study comprises of indicators such as education, health and sanitation, family planning and nutrition, safe drinking water and toilet facilities, housing condition and social life of the rehabilitated people. Among the basic needs, income and food consumption were excluded here. Generally, most rehabilitated families' incomes are different in different months or seasons. They are hardly able to recall their exact income. Further, there was no baseline survey to know the income of rehabilitated people before their rehabilitation. Therefore, it was not possible to measure the change in income. It also proved very difficult to get food consumption data. Therefore, considering the limitation of data collection and time constraints this research focused only on the social dimension of the quality of life. In order to get a vivid picture of each of the selected parameter of the quality of life, a series of both qualitative and quantitative questions was distributed among the rehabilitated people.

Information collected by questionnaire survey was organized, processed and analyzed with the use of Statistical Package for Social Scientist (SPSS). The graphic software MS Excel was used for graphical presentation.

Asrayon's Contribution To The Quality Of Life Of The Poor

Life expectancy, income and education are generally used to formulate the human development index of a nation. Moreover, recent programs of different development organizations such as United Nations, World Bank, and Asian Development Bank have emphasized issues like health and nutrition, sanitation, water supply, women empowerment, human rights and such other aspects to focus on the human development level of a community. All these social and economic indicators of human development ultimately indicate the quality of life of the community. But in case of many of these indicators, assessment of any changes requires long-time observation. Therefore, by ignoring many of the prime dimensions of the quality of life (e. g. life expectancy), this research concentrated its focus on the indicators which directly or indirectly affect the quality of life. It has already been mentioned that these indicators include education, health and sanitation, family planning and nutrition, safe drinking water and toilet facilities, housing condition and social life of the rehabilitated people. In fact, due to the absence of access to all these facilities the poor are not only left vulnerable to social exploitation but also are used and misused, dominated and exploited by the so-called elites of society. So programs intending to eradicate poverty should have concentration on improving the access of these services and facilities to the poor. The Asrayon project has a lot of inputs to improve the quality of life of its beneficiaries and thus eliminate poverty.

Contribution to Literacy and Child Education

Education is the backbone of the nation. Children's education brings long-term social and economic benefits to a family as well to the nation. An educated nation is a developed nation. Education is the key focus of human development and poverty alleviation measures. Education improves the quality of life, eliminates all types of ignorance and superstition and hence illuminates a nation. For this reason a Government must prioritize education. As in other poverty alleviation programs, education has been given priority in the Asrayon project. Impact of the project in improving literacy of the people and facilitating children's education is examined below:

Table1. Literacy Rate of the Rehabilitated People According to Their Age Group

Age group	Level of Literacy					
	Illiterate		Literate		Total Population	
	Population	%	Population	%	Population	%
0 - 5	63	97	2	3	65	100
6 - 10	15	16	77	84	92	100
11 - 20	26	27	70	73	96	100
21 - 40	86	52	79	48	165	100
41 - 60	45	67	22	33	67	100
Above 60	5	62.5	3	37.5	8	100
Total	240	49	253	51	493	100

Source: Field Survey, February, 2005.

The overall literacy rate of the project people was found to be 51.1% and the literacy rate of the population age 5+ year is 58.7%; while, the national literacy rate (5+ years) was 42.5% (BBS, 2001). The literacy rate of the project is much higher than the national level. The reason is that the project people are required to recognize the signature for getting credit though this rule could not always be followed strictly. For this reason most people who are interested in getting credit learn how to do signature and hence the literacy rate has increased. It should be noted that here examination on the impact on literacy rate included the entire population, starting from the ability of signature giving to higher studies.

It is noticed from the table that the literacy rate of year 6 - 10 age group is the highest because most of the 6 - 10 year children got admitted to school after coming to the project. It was also found that the literacy rate decreased among the people belong to relatively higher age groups. This picture indicates that in recent years the necessity of education is being acknowledged by the distressed rural people and the project people are becoming more and more conscious about educating their children.

Table2. Level of Education with Age Group Distribution

Age group	Illiterate	Literate				Total
		Only sign	Class I – IV	Class VI– X	SSC/HSC	
0 – 5	63	0	2	0	0	65
6 – 10	15	1	76	0	0	92
11 – 20	26	16	41	12	1	96
21 – 40	86	45	26	8	0	165
41 – 60	45	14	5	3	0	67
Above 60	5	2	0	0	1	8
Total	240	78	150	23	2	493

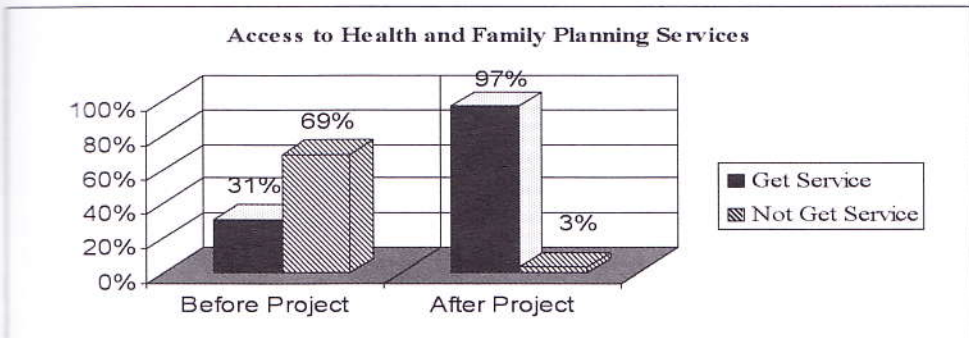
Source: Field Survey, February, 2005

It is evident in the study area that out of 92 children of year 06 - 10 age group, about 83 % were admitted to school, which is very significant compared to the national level. At the national level the enrollment of year 5-9 age group children is only 49.69 % (BBS, 2001). Out of 188 children of year 06 - 20 age group 77 % read in school or got admitted to school at a certain period of their lives. It was observed that the people of Asrayon villages were very much interested in educating their children. When they were asked about their awareness of education they claimed that the training, motivation from visiting officials, and government facilities had raised their awareness about education. So it is clear that there was an attitudinal change towards education among the project people. But it should be mentioned here that the awareness generation for child education did not result due to project activities only. Further, Compulsory Primary Education Program of the Government, awareness building and motivational programs of government and non-government organizations, and provision of different facilities (free books for primary students, scholarship, incentives for parents in the form of rice or wheat etc), enhanced the level of child education in rural areas.

Contribution to Health Care and Family Planning Services

Lack of knowledge about health, family planning and sanitation and lack of

access to health and family planning services cause severe health problems, malnutrition, child mortality, and high population growth. Poor health and sanitation conditions eventually cause low level of life expectancy, one of the principal indicators of the quality of life. Due to the absence of health care services, the poor often suffer from various simple and preventive diseases which reduce their productivity. Consequently, all poverty alleviation efforts prioritize health issues. The rehabilitated landless rural poor were deprived of health and family planning facilities before coming to the Asrayon village. But at present, they are being able to access health and family planning facilities in the villages. It is mandatory for the Health and Family Planning staff of the concerned area to provide health care and family planning services to these village people regularly.



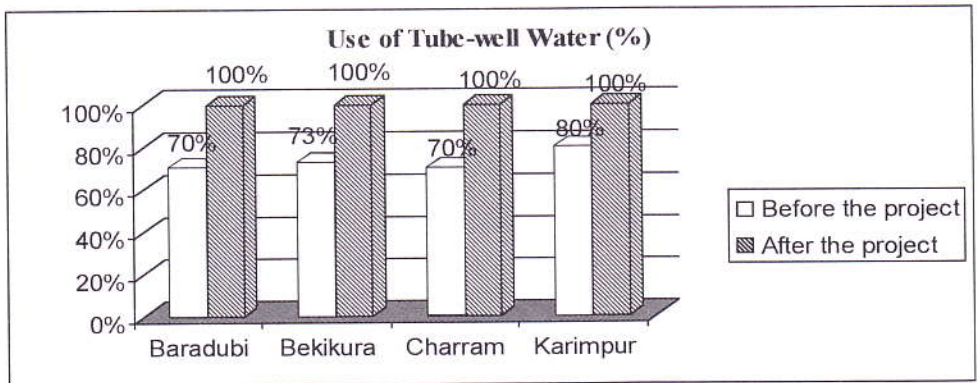
Source: Field Survey, February, 2005

Fig. 1 Access to Health and Family Planning Services

It was found from the field survey that 97 % respondents replied that they were getting health and family planning services after being rehabilitated in the Asrayon project (Table 3). But before being members of the project only 31 % of households got health care facilities. So this is a remarkable contribution of the project. Due to the availability of health and family planning services, most household members, especially female members, knew well about primary health care needs. It should be mentioned that before entering the project the beneficiaries lived in different locations, and that health and family planning staffs did not visit every location. So, most of them did not have access to facilities. But as it has become mandatory for health and family planning staffs to visit Asrayon project, the rehabilitated poor are now getting these facilities easily. Moreover, as they now live in a single complex, family planning staff can serve them all through a single visit. But most households complain that the concerned health and family planning staffs only visit them occasionally instead of regularly.

Contribution to Water Supply and Toilet Facilities

The rehabilitated people claim that there has been significant change in their sources of drinking water and the use of toilets after coming under the Asrayon project. The changes are stated in the following table and diagram.



Source: Field Survey, February, 2005

Fig. 2 Distribution of Households by the Use of Tube-well Water

From the field study it was found that after entering the project 100% households have been using tube-well water for drinking whereas, before joining the project the figure was that only 73% drank tube-well water and the rest of the households used pond/river/stream/well water for drinking. It is obvious that access to pure drinking water has improved the health condition of the people and has reduced the extent of water-borne diseases. This positive impact of Asrayon has been appreciated by the almost all people of the project.

Asrayon's contribution is being highly praised not only for providing access to pure water supply but also for ensuring access to hygienic toilet facilities, which were not available previously.

The condition of toilet facilities before the project was initiated was unhygienic. Only 7 % households used sanitary latrine and 93% other households used *katcha* or open toilets (Table 3). But after the project 100% households have been using hygienic, water-sealed toilets. So in the case of water supply and sanitation Asrayon has had a significant impact, which has directly influenced the health and productivity of the poor and is improving their quality of life.

Table 3. Types of Toilets Used by the Rehabilitated People

Type of Toilet use (%)					
Name of the Village	Before the project		After the project		Total Number of HH
	Sanitary	Kaccha and Open toilet	Sanitary	Kaccha and Open toilet	
Baradubi	3	97	100	0	30
Bekikura	7	93.	100	0	26
Charramjagannath	4	96	100	0	24
Karimpur	13	87	100	0	30
Total	7	93	100	0	110

Source: Field Survey, February, 2005.

Contribution to Housing Condition

Housing provides shelter, safety, security, comfort and decent living to people. Actually, all activities, whether economic or social ones, are centered around the house. It provides shelter and accommodation, social status and dignity, and overall peace of the family. For this reason housing condition has been considered as one of the prime constituents of the quality of life. Better housing ensures better quality of life. It is evident from the analysis that the housing condition of the rehabilitated people is now much better than the condition they faced where they used to live before (Table 4).

Before, 83 % of the respondents lived in houses made with roof-material comprising straw or thatch whereas, after being rehabilitated by Asrayon project, 100% live in houses made of CI sheet (house is provided by the Government). The fence materials of the previous houses were mainly straw or thatch or bamboo or mud whereas, CI sheet is being used by all after they had become part of the project. About 95 % of the total respondents acknowledge that their present housing condition is better than the previous one. Moreover, 62 % respondents said that the space per person in the present house was more than what they had in the previous house. So the project is highly appreciated for its contribution to producing better housing facilities to the people.

Table 4. Roof and Fence materials of House before and after the Project

Material	Roof of the House				Fence of the House			
	Before project		After project		Before project		After project	
	f	%	f	%	f	%	f	%
CI Sheet	15	17	88	100	2	2	88	100
Straw/thatch	73	83	0	0	38	43	0	0
Bamboo	0	0	0	0	41	47	0	0
Clay/mud	0	0	0	0	4	5	0	0
Others	0	0	0	0	3	3	0	0
Total	88	100	88	100	88	100	88	100

Source: Field Survey, February, 2005

Contribution to Social Life

All of us are members of society but the status of all members of our society is not equal. The status of social life of a person depends on different indicators such as educational status, wealth and assets, house and housing, honesty and dignity, family and family background, political affiliation, occupation, morale strength and courage, and so on. The people of Asrayon village were once landless, homeless and assetless. Most of them were floating and had no social identity. After the project was initiated they have become owners of house and land, and this has given them social identity and a permanent address. Nobody can consider them as part of the floating population right now. For this reason except for a few, the majority of the project people are happy with their present social life. The study noticed that 88% project people feel that their present (after being rehabilitated) social life was better than the previous one, 7% feel there is no change and 5% think that their social status deteriorated after being rehabilitated (Table 5). In fact, it is only those who were in a relatively better position before coming to the project possess negative views regarding the changes in their social status.

It is clear from this analysis that the social life of the project people has improved significantly. In addition to the ownership of house and land,

there are some other reasons for the improvement in their social life. The landless people are now more united and possess stronger community ties than before as they live together in the single complex. In different groups they have been getting credit and training that have increased income-generating opportunities and have improved human skills. Training has improved their knowledge about social and economic life. They have invested credit in enhancing income-generating activities and creating more employment. These inputs have increased their level of incomes to some extent. These, in turn, have improved their saving-generation capability and enhanced investment opportunities that have brought them more income and employment. This project has played a vital in for empowering the women by providing them training and credit with the male members. By getting training and credit they are becoming more active and aware about society and their own rights.

Table 5. Present State of Social Life Compared to Previous Condition

Name of the Village	State of social life in percentage			Total number of Household
	Improved (%)	Deteriorated (%)	No. Change (%)	
Baradubi	83	10	7	30
Bekikura	96	0	4	26
Charramjagannath	84	8	8	24
Karimpur	90	0	10	30
Total	88	5	7	110

Source: Field Survey, February, 2005

Table 6. Relationship between Activeness and awareness with Training and Credit

Dependent Variable = Activeness and awareness		
Independent Variable	Correlation Coefficient	Significant level (2- tailed)
Training	0.344**	0.01
Credit	0.344**	0.01

** Correlation is significant at 0.01 level (2- tailed)

The correlation result in table 6 shows that training and credit are significantly related with activeness and awareness-building of the women. It implies that the contribution of training and credit components of the project to women empowerment is significant. Further, in the community center of the project they are now watching television, which has improved their social awareness and general knowledge. In these ways, all the efforts of Asrayon project have jointly contributed to enriching the social status as well as the quality of life of the rehabilitated poor. In the box given below is the comment of a beneficiary of the Asrayon project. It implies clearly the extent of the contribution of the project in improving the quality of life of the rehabilitated rural landless poor.

Box 1. Impact of Asrayon in Social Status

Julekha (35) said that "I am an abandoned woman living in the Bekikura Asrayon project since 2000. The project has failed to bring any positive change in my economic condition but the training and credit have enhanced my opportunities for survival. The project has given me land and house. Now I can easily collect safe drinking water and get access to sanitary latrine. The project has induced significant positive change in my social life. Now I am able to send my two daughters to school and they have opportunity to watch television. I dream of educating my daughters and marrying them to well-off families."

Conclusion

The rural rehabilitation project Asrayon was designed for landless and homeless people in rural areas of Bangladesh. On the basis of the views and opinions of the rehabilitated people in the Asrayon projects, this study has evaluated the performance of the project in improving the quality of life of their members. It is found from the study that the main achievement of the program is to provide shelter to the landless and to give them dignity and a permanent address. It is evident from the study that the social status of the project people has improved significantly though they claim only marginal improvement in their economic condition. The literacy rates of the people and school enrollment have improved. The landless poor appreciate the project for providing them with better housing facilities, for giving them access to health and family planning facilities, safe drinking water, sanitation facilities, and recreational facilities. They claim that their social awareness has been raised significantly. The training component of the

project has enhanced their social awareness. So it can be concluded that the Asrayon project has played an important role in improving the social condition of the rehabilitated rural poor and in turns is contributing to improving the quality of their lives. But the informal discussions with the beneficiaries, key informants, and project officials and the observations of the researches denotes that in spite of inducing positive impacts in the various indicators of quality of life, the project is still suffering from numerous problems and shortcomings. Among the various problems, packaged-type training program, barrack-type houses for ten families, provision of very small amount of land to each household, lack of coordination and supervision, and inappropriate selection of project sites and beneficiaries in some cases have been listed as the salient problems. Though the provision of 8 decimal of land for each household is mentioned in the project proposal, in most cases 1 or 2 decimal of land was given to each family. The general tendency of ignorance and negligence about the existing project with the change of government was another prime problem identified. These issues need to be addressed and given the highest priority in order to accelerate the pace of improvement and enhance the quality of life of the landless rural poor and so as to make them self-reliant and help them come out of poverty.

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