2. Study Methodology

20. Methodology involved review of existing studies, literature, series of consultation with relevant stakeholders /affected groups, data collection through interviews and analysis of the gathered data. The methodology blended both qualitative and quantitative data with focus on feedback from discussions with the women beneficiaries and relevant stakeholders. The four techniques used include:

1) desk review of relevant documents, literature and other study reports;

2) focus group discussions with women including the poor and destitute;

3) one –to-one interviews with women beneficiaries; and

4) in-depth interviews around key topics with selected villagers, local leaders and LGED officials.

21. Given the scope of the study, a wide geographical coverage representing all regions will be taken into consideration in selection of the sample sites.

Sample Sites

22. The RRMIMP II is being implemented, and, so, all the target areas have not yet been covered. Consequently, the present effect assessment study on women beneficiaries / participants was kept limited to the locations already covered. According to official records, 99 Thanas in 14 Districts of the two Regions (Dhaka and Rajshahi) are covered under the project. Out of these 99 Thanas, a total of 40 Thanas are being currently implemented. So, only these 40 Thanas were considered during the present study. Out of 40 Thanas, a total of eight Thanas (20% of 40 Thanas), were covered as sample sites.

Sample Population

25. Sample population for various techniques specifically include:

(a) Interview: 100% of the women beneficiaries of the rural roads and the markets from eight sample Thanas were individually interviewed. (N=115)

(b) FGDs (Focussed Group Discussions): Thirty six FGDs were conducted. Specifically for rural roads, thirty FGDs were undertaken, three FGDs per road comprising of six participants; one FGD with male participants (villagers/road users) one with only female participants (women laborers of the project) and another constituting both male and female participants (villagers/road users) in equal numbers.

For rural markets, six FGDs were conducted in two markets, three FGDs per market comprising of six beneficiaries; one FGD with male participants (men at the markets), two with female participants (one with women vendors and another with women vendors and sellers).
(c) **In-depth Interview**: Twenty in-depth interviews were carried out with the local LGED officials, villagers and local leaders.

**Survey Parameters**

26. Survey parameters covered for data collection included:

1. Socio-economic characteristics of the women participants/beneficiaries included age, education, family size, school going children, sources of earning, farm land owned/rented, housing, ownership of livestock/poultry, and affordability of food, clothing, and medical expenses. In addition, the ‘after’ status/condition of the women participants/beneficiaries was also compared with those they had ‘before’ joining the project.

1. Views/suggestions of the women participants/beneficiaries on problems/constrains faced for working, and child care.

1. Views/suggestions of key members/concerned officials on women's participation in project activities, how to have participation of women in project activities, if women participants have been benefited, and, if so, how, have there been any changes (due to project implementation) on development of health, agriculture, postal, NGO/credit and other facilities/services in the area for benefit of the local people.

**Limitations of the study**

27. One of the major limitations of the study was that since the project is in the initial stages of implementation, only some of the components have been completed to enable post-completion study. Specifically, only two markets with Lady’s Corners have been completed and operational. Thus the available sample for rural markets was not large enough for a valid conclusion. However, there was no such limitation in case of road survey, as in 10 roads were completed and active.

*(Submitted by Dr. Nizam Ahmed, Independent Consultant, Dhaka, Bangladesh, January, 2000)*