

Title

Outcome of microeconomic initiatives: applied among spinal cord injury patients at Centre for the Rehabilitation of the Paralysed.

Submitted By

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(The Academic Institute of CRP)

Faculty of Medicine

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Declaration Form

- This work has not previously been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

- This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A Bibliography is appended,

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Supervisor's Statement

As supervisor of Rokeya Roushni Keya's MSc thesis work, I certify that I considered her thesis "**Outcome of microeconomic initiatives: applied among spinal cord injury patient at Centre for the Rehabilitation of the Paralyzed**" to be suitable for examination.

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for acceptance of this thesis entitle **“Outcome of microeconomic initiatives: applied among spinal cord injury patients at Centre for the Rehabilitation of the Paralysed”** submitted by Ms. Rokeya Roushni Keya, for the partial fulfilment of the requirement for the degree of M.Sc. in Rehabilitation Science.

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Acronyms

CRP	Centre for the Rehabilitation of the Paralysed
ICF	International Classification of Disability, health and functioning.
ICRC	International Committee for Red Cross
MEI	Microeconomic Initiatives
NGO	Non-government Organization
PWDs	Person with Disability
SCI	Spinal Cord Injury
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

Abstract

Purpose: As per WHO, it is estimated that 15% of the total population of the world from different regions is experiencing some form of disability. Among them, 2-4% population with disabilities are experiencing significant challenges in working and functioning in their day-to-day life. Disability is considered a chronic impairment promoting social and financial drawbacks, deprived of basic rights with constrained changes of having accessibility in the community. This study was conducted to find out the prevalence outcome of microeconomic outcome projects that have been applied among spinal cord injured patients who had taken rehabilitation services from the Centre for the Rehabilitation of the Paralysed.

Aim: To determine the outcome of socioeconomic status of people with spinal cord injury who received cash grant support for livelihood through the microeconomic initiative program.

Methods: A comparative cross-sectional study design was used. 246 data were collected from the microeconomic initiatives project which has been conducted at Centre for the Rehabilitation of the Paralysed. Socio-demographic data, disease and disability related data, trade related data, business income and expenditure data, communication and skill development data, challenges and risk related data, social inclusion and other data related to socioeconomic status were collected. Primarily the final monitoring from developed by MEI project, ICRC was used for data collection. The data was collected using face to face interview from the participants of the project.

Sampling: Purposive sampling was used in accordance of inclusion and exclusion criteria.

Data collection: A structured questionnaire containing total 37 questions were formulated after reviewing previous studies conducted in other countries under the MEI theme to collect the data from the person with spinal cord injury. Expert on the MEI questionnaire data collection visited the participants house and business place directly and collect the data. Total 246 participants from the following project from

the year of 2028 to 2023 participated in the data collection process. To collect data from the person with spinal cord injury, a structured questionnaire was used which is already developed by ICRC.

Results: In the quantitative study, 246 participants attended where 89% were male and 11% were female. Among the 246 participants 70.7% mentioned that now they are able to participate in social and family programs along with can provide their opinion while making decisions. 23.6% informed that now they take participation on the community events only. 5.7% mentioned that still they cannot ensure the social inclusion as a person with disability. While analyzing the project final status, the result state that 69% project participants successfully completed all the project policies and they are still running the business very successfully. 20% mentioned they need more time to achieve the success of the project. 11% failed in the project to run the business due to associated causes. There is a strong significance between the final state of the project with the social inclusion of the project participants ($\chi^2=25.007$, $df=4$, $p= .000$). Final outcome indicating that this cash grant support helps them to increase their earnings, increase their social participation.

Conclusion: Participants with spinal cord injury had improve their economic and social life through this cash grant support. The following study result found that the cash grant support can be an effective support for the person with spinal cord injury for their financial empowerment.

Key words: Spinal cord injury, microeconomic initiatives, Centre for Rehabilitation

CHAPTER I

INTRODUCTION & LITERATURE REVIEW

1.1 Introduction

Disability is considered as a human diversity and is also considered as part of being human. Throughout our whole life. Almost every human being will shortly or permanently experience disability at different stage in their life. An estimate by the World Health Organization's (2023) report, mentioned that among the 1.3 billion total world population, about 16% of the total global population somewhat faces significant levels of disabilities in their daily life. Disability results from the interaction between individuals with a primary health condition. It can be included different physical condition such as spinal cord injury, cerebral palsy, and schizophrenia, along with personal and environmental factors which include stigma, negative attitude towards the individual, lack of accessibility in infrastructure and local transportation, limited opportunities for social safety net. While analyzing different aspects, environment plays a very crucial role in making the impact and experience of being disabled in such a negative way. To ensure the full and appropriate effective contribution from a person with disabilities in the different parts of the society same as an able person, inaccessible environments are creating huge barriers. Officially disability term is defined as any impairment or any physical/mental outcome that is caused by any medical illness. Beside this it is also cause of societal rules that results from the social and physical surrounding context in which a person is living their whole life. This indicates that to identify the term we need to make a complete holistic association between disability and development. In general, the disability process starts with a disease, it could be from the birth defect or any kind of accident that leads to congenital disability, also all this are includes the personal and environmental attributes. The physical conditions leading to disease or pathophysiology, injury or congenital deformities, mental illness can create an active impairment which paves the pathway to have disabilities for life time. The alarming thing to be considered is that the number of the population with disabilities are increasing day by day. One of the major factors behind this number is aging population and an increasing number of non-communicable diseases. According to, United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), they mentioned people with disabilities are,

“those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

While defining term disability, it is very much crucial to have a clear idea about three basic terminologies related to disability. They are following; impairment, disability and handicap. Impairment indicates any loss or dysfunction of body organs or physiological system or the musculoskeletal system. This condition hinders and affects the individual's interaction with their day-to-day life including at home, society, employment and can be often leads to lack of ability to do something. The inability to do something is known as disability. Here one thing needs to be mentioned that not all impairments lead to disability. Further disability can be categorized into different types, level of severity, temporary or permanent loss, partial or total disability, congenital or acquired disability. The third term handicap refers the consequences of having disability for an individual in the community or social environment. For example, a student with a below the knee amputation will face difficulties while walking long distance. As a consequence, he will avoid school due to distance, either his vehicle needs to be carried park close to the main entrance of the school gate. Disability can be viewed and interpreted in three different models. Previously there were use of following models to define disability; medical model, social model and the bio-psychosocial model. The International Classification of Functioning, Disability and Health (ICF) has currently launched the biopsychosocial model of disability and it is now worldwide accepted to define disability. ICF is considered as the most comprehensive source to define disability which incorporates the confounding factors between disease and impairment. ICF describes that, disability is a complex concept which has multiples dimensions. As per ICF, disability is an umbrella term, where impairments, activity limitations and participations restrictions are presented. Beside all this, it also referrers to negative to negative view point of the interaction between an individual's health condition and the individual's contextual factors which is environmental and personal factors. As example a person with cerebral palsy or down syndrome, spinal cord injury or depression etc. health related conditions can be interconnected with personal and environmental factors including negative attitudes, lack of accessibility facilities and infrastructure and limited community facilities. Sometimes environment can create a great impact on

disability experience. Due to inaccessible environment, it can be prohibited for a individual with disabilities to participate in the different facets of the society. Their frequent engagement and participations can remove all the barriers addressed and can ease persons with a quality life.

In terms of employment and earning persons with disabilities are the most underrated group in the field of workforce. Person with disabilities frequently experience barriers to employment or are underemployed which is considered as their human right. This group of population disproportionately relegated and considered to have low skill, give wages, stagnant types of jobs that is not relevant are offered to them more. Hughes et al. (2013) mentioned that this stagnant doubled one someone have disability along with being a Black, Indigenous peoples or people of color. In most of the point it is found that, poverty rates are considerably higher for individuals with disabilities comparing an able person living in the society. In the United Nations Sustainable Development Goals (SDG), eradication of poverty is the first point. In different humanitarian condition it is considered as one of the major issues and being a concern over the employment for economic benefits of inclusion of persons with disabilities in the workplace. From the WHO Disability Report (2011), they found that for people with disabilities, employment is particularly much more crucial factor, because having disability often means being socially isolated and cursed and it cause extreme poverty gradually. Now ensure the employment opportunities and make more convenient opportunities for the person with disabilities, so the isolation can be reduced. Reduction of this isolation is now mandatory and it also plays as a crucial tool to reduce poverty from the society to the nation. Research evidenced shows that involvement in work related activities is much important and meaningful for this group of population and thus it helps to keep them health and active (Saunders & Nedelec, 2014).

For a person with disabilities poverty has been more than money. Huges & Avoke (2010) mentioned in their article that, poverty causes growing number of barriers to economic independence. It is also mentioned that poverty can also create unavailability of adequate facilities for income, health care facilities in tertiary to community level, inadequate education facilities and unavailable of residential facilities. All these factors are the results of many unnecessary chronic stressful

situation for this group of population. In most of the cases, incomes of a person with disabilities have lagged significantly far behind the able group. As a paradigm the process of social exclusion regenerates poverty as a vicious cycle and people with disabilities remain members of the lower income class. As a consequence, they could not break the wall of poverty. As corporate social responsibilities many persons with disabilities are getting jobs in different sectors nowadays.

But the matter of fact that, in most of the cases their daily income is found very low compared to their daily needs. As a consequence, they are deprived to have equal wages or salary comparatively a non-disabled person in the employment industry. Inhuman attitudes, stigma, humiliation at the work place is very common for them at the working context. Overall, the working environment is not friendly for the person with disability.

If we consider the perspective of Bangladesh, we will find that this negligence is very high. A person with disability is getting inadequate job facilities that is beyond the standard. It is the biggest barrier for them to contribute their skill in the mainstream society and they are counting now as a burden for the society. Not only the person with disabilities is at the risk of poverty but also the family faces many challenges due to poverty. They are not getting the appropriate job relevant to their nature of disability type.

The physical disease condition that causes spinal cord injury is a life-long disorder it is the main cause of disability for a person's life. It is very common cause of physical disability and can be seen all over the world. It lowers the natural functioning of human body and causes different health related conditions. It has a great impact covering one's physical, psychological and social well-being. It can cause drastic changes in one's life, which can relate to his/her low prevalence and high cost of living in a normal community.

The injury lead one in multiple complications leading to physical disabilities. Along with different associated secondary health complications, activity limitations and participation restrictions and this all has an adverse effect in their quality of life. Poverty amongst families with a spinal cord injury adversely impacts their quality of

life of the family. In many cases spinal cord injury is considered as a lifelong disability. It is associated with permanent loss of body function or mobility, sensibility, uncontrolled urination, urine infection, dysfunction in sexual life. Patient may also suffer from associated secondary complications. Secondary complications are respiratory distress, cardiovascular complications, pressure ulcers, urinary tract infections and neuropathic pain etc. Spinal cord injury is considered as a lifelong disability. These patients are not limited with all these physical problems hence a SCI patient may develop psychological problems which can be leading to depression, anxiety, anger issues and denial tendency of social roles. The sudden change is them and along with the associated complications make a deep impact on the victim's life and wellbeing at a time. Their health and quality of life is also changed within a time. For this kind of patient with spinal cord injury, the rehabilitation process starts with institution-based management to the community reintegration focusing the social and occupational aspects of their life. Previous different studies show us that disability and poverty are highly interrelated with each other but the impact of the livelihood support through the income generating activities related information is very less to know about them.

Microeconomic initiative (MEI) is a livelihood support program introduced by ICRC in Bangladesh. Their main concern is about the income geniting activities for the person with disability. They followed the core bottom-up approach where beneficiary has the rights to make their own decisions in the livelihood program and give their own idea by establishing their empowerment and confident. Here beneficiary can be different form of community participation, they can be the member from the household or can be the person with disability directly who take active part while designing the business

Plan for the cash grant support. This is one kind of production intervention (livelihood support) and it is contrast with the culturally adopted business plan. As example some beneficiary can take a single livelihood assistance kit so he can use, develop and distribute the result of the intervention among the other representatives. The aim of MEIs is to increase the compatibility of the participants by providing them the appropriate assistance as per their needs and abilities. The idea behind placing the beneficiaries in the center while making decision is a process through which they can develop the ownership about the participation for empowerment.

This approach will develop the level of respect for the participants as well as ensure their dignity and greater ownership by themselves for the income generating activities.

This strategy not only ensures the outputs which is only for sustainability oriented but also that the strategy has a strong psychological impact for the participant.

The terminology livelihood defines as the sum of the means of assets by which the person or the community will obtain and maintain access to the available resource which is necessary to fulfill their needs which can be earn immediately or in the long-term.

MEI stands for microeconomic initiatives, which objective is to strengthen a household's or a community's income-generating activities of an individual. Which can represent a significant and sustainable economic growth within a fixed time frame. In recent years, there has been growing attention in empowerment and entrepreneurship of the persons with disabilities. But the main challenge is sustainability in the process. Frequent monitoring is necessary for the sustainability. International committee for Red Cross (ICRC) has developed a project called Microeconomic initiatives has provided the productive intervention to the persons with disabilities for economic sustainability.

1.2 Justification of the Study

Since from the social and political revolution era from eighteen century, there was a trend in the western political leader. The thought was like to refuse to take for granted inequalities between different persons to different groups living in society. People are deprived from having equal treatment facilities. They need to produce a rational explanation to have such treatment. From the previous researcher's study, we can see the discrimination and rational explanations for inequalities based on particular identity, gender, race, color, ethnicity and disability. Disability is a permanent health condition caused by any disease or accident and it needs more attention that it has received previously so far. Now a days the recent global focus about disability is to development that can make a holistic global focus in upcoming years. People those are elderly living around the world and those are having different non-communicable

disease due to epidemiological transition are getting more attention and considered as major cause of health burden. But disability needs to be focused equally. Disability is considered as an umbrella term, where it covers the terminology impairments, activity limitation and participation restrictions. It causes non-fatal impact in one's health condition as well as increasing the rate of mortality. To define disability International Classification of Functioning, Disability and Health (ICF) mentioned three points about WHO's health measurement strategy. Health is considered as function of any states or conditions of human body or mind which is connected with the person's inherited capacity to perform any specific tasks and actions. Following this terminology any decrements of human functioning is considered as disability, though every individual may have very different profiles of functioning across different domains under the health conditions. Disability is a continuous process which starts from no disability to complete disability. Many times, WHO mentioned in their reports that people those are facing live long disability, are experiencing disability at significant level due to the influence of people's real-life environment. In most of the cases intervention leading to accessible environment can enable people to do the things that is related to them and it also improve their physical and mental wellbeing. Health and social intervention for a person with disability need to be tailored to improve their health-related conditions, making accessible environment with provision of assistive devices and personal assistances and changing the attitudinal and environmental stigma leading to disability. Before planning any intervention for a person with disability we to clearly determine the most effective and cost-effective applicable approach. Interventions which are adequate, effective and reasonable in livelihood domain can only be achieved, if we have a clear complete holistic understanding about disability and have experience about disability assessment measurement purposes. The social support can create both negative and positive impact for the participant. A person who has severe health condition such as physical disability can participate in all the social events like schooling, attending family programs and continue regular job if they can have proper assistance. Alternatively, a person who have mild disability but lack of proper assistance can make the living environment challenging and the individual can experience the worst side of being a disabled person in all aspects of the society.

Disability can occur in two ways, where one can face by birth disability and other group face disabilities in their life time. Both the group faces extreme challenges to cope with the existing stigma and challenges from the society. As a result, they are deprived from the basic human rights like the opportunity of being employed. They become psychologically depressed and convert into a family burden. To change this stigma economic intervention can play a crucial role. Microeconomic initiative (MEI) is an intervention approach used by International Committee for Red Cross (ICRC).

This program's main objective is to provide and offer income-generating activities to the participants and ensure that client is in the center of the project planning. Beneficiaries are directly involved with the identification and design of the most appropriate business trade assistance they needed. MEI focuses a combination of packages, which includes with inclusive vocational training, productive grants and microcredit support in every level of the community. The main aim of this combination approach is to provide support in the income generating activities starting from agriculture and livestock-rearing to trade and craft business.

The primary purpose of MEI is to support the production of the cash grant income of the participants. Focusing on the beneficiary's specific need the program is designed. This follow ups the part of respect towards the beneficiaries and also ensure the dignity and ownership of the income-generating project of the specific beneficiary. This design not only give priority to the long-term sustainable impact but also the project has a bigger picture in the domain of psychosocial impact.

ICRC one of the biggest organizations in the world are now using this bottom-up approach in different part of the world and this approach is becoming much popular. As a result, this intervention is now used on income generating support for the person with disability in both the rural and urban setting at a time. This program emphasizes on income-generation through livelihood, which is considered as a secure economic approach. This approach is exactly used in different refugee camps by different humanitarian agencies all over the world. Their main focus is economic solvency through livelihood. Livelihood indicates the sum of the means by which individual person with disability has households/community get and maintain easy and accessible movement towards the daily needs and assets that in essential for their

daily needs. Livelihood is one of the major components in the context of socio-economic environment. From the current disability practice empowering an individual is getting attention. This skill will help the person with disability to live a better life in the society.

Stoykova, 2021 mentioned that, there are two main goals behind this, one is defining the direct correlation between physical disorders, social safety net and social participation. All these factors are connected with the wellbeing and improving the quality of life of a person with spinal cord injury. ICRC has another goal behind this project, which is to make an environment where they can establish a concrete connection their skill and empowerment knowledge. Empowerment is considered as one of the major components of social integration for a person with disability. Its basic elements are considered most effective for mainstreaming. Which helps to upgrade individuals potential functioning skills. Our perspective is very much varied for a person with disability as per the social support they are getting from the community. This program is offering the productive grant which is considered as one of the most effective types of MEI for the person with disability. This kind of cash grant support will offer many more inputs for a person with spinal cord injury, including their broken household and financial condition. This support is expected to help the beneficiary to achieve an effective income support from the relevant activities connected to economy and will ensure upgradation in their social status that they had before. Productive grant mainly focuses on the participants personal profiles according to their skills, previous profession, education and geographic location. All this factors combinedly works effectively to cover all their basic needs. ICRC as humanitarian action agency divided this grant support in three different categories which includes with agriculture, trade and craft related business. To upgrade the capacity and professional skills of the selected beneficiaries' range of vocational trainings are offered. Also, it helps them to improve and create employment opportunities or improve the ability to start a new business by themselves. So, beneficiaries those who received institution-based rehabilitation services from Centre for the Rehabilitation of the Paralyzed (CRP) are selected to receive the cash grant support project. The term empowerment cannot be defined generally and also not a general concept. Because it has different wings where it is applied different ways. In some cases, it is considered as a application process of program as well as interpret

the result. For beneficiary selection MEI project give priority the breadwinner of the family.

Due to the developed disability, the breadwinner of the family is in a vulnerable position because to maintain the treatment cost, family had to bear an unexpected treatment cost, hospital charges, medicine costs and additional carer cost for him. All this things become a burden for the family as the only earning member is in crisis situation and there is quite a possibility to not get back into the previous job. As a consequence, all these things lead the man to unemployment and gradually they will sell the assets and properties to maintain the family needs regularly. Beside unemployment the situation leads them to inadequate skills leading to market demand, lack of social support, physical and psychological support at a time. As a result, the impact of all this causes a wider economic burden very significantly at the household level. MEI can useful and effective for the person with spinal cord injury who were business man before and it helps them to recover their livelihood.

Those has zero experience on business but are motivated to develop business as an entrepreneur had financial limitation can have their own business from the project too. Project offer their family members to join the project setting the project participant in the decision-making position. These potential beneficiaries will mainly need the psychological assistance

Therefore, MEI is established and count as one of the major income-generating method in different part of the world by ICRC. They are not limited only in the implementation level, a high standard and conditional monitoring for the grants is observed through different systematical methods. This monitoring offers the greater impact of the intervention on the specific area of the project both the donor group and the beneficiary group. This study will try to reflect impact of microeconomic initiatives in Bangladeshi aspects about how a person with spinal cord injury utilize the cash grant support. The change an individual achieved from the specific intervention in different aspect of life. How their quality of life changed after having the grant support. This study bear significance not only for the donors or for the person with disabilities but also it will help the government as well as NGO sectors to understand the model and how it will help them to provide the proper treatment according to the community. To sum up this study might help the service provider and

the service receiver to think differently and provide community-based services to the person with spinal cord injury. So, it may form a future prospect on employment for the person with spinal cord injury in Bangladesh. This study will also provide data to the other stakeholders who directly or indirectly works with the community-based rehabilitation (NGO workers, Government, etc.). It will help to establish a collaborative management approach to improve the functioning from different ways and increase the quality of life for the person with spinal cord injury. Finally, it will help them to ensure their maximum potentiality in their society to live a normal life.

1.3. Research Question

What is the outcome of the microeconomic initiatives project applied among the person with spinal cord injury. The main aim of the study is to find the outcome of the person with spinal cord injury who received cash grant support for livelihood from CRP.

1.3 Operational definition

Spinal cord injury: Spinal Cord Injury (SCI) is a medical condition which can be done by sudden accident, lesion or injury in the spinal cord and that can cause sudden or permanent loss in sensory, motor or autonomic functions of a human being. Sometime it may cause life threatening complications like death. It is not limited in individual's physical loss, which includes mental and social loss at a time.

Livelihood support: It is a productive intervention approach related to someone livelihood improvement. Livelihood following supporting individual own livelihood or it could be supporting the whole community. As example it could be vocational training, microcredit support or cash grant support in livestock or agriculture.

Microeconomic: It is one of the branches of economics. It helps to analysis the basic behavior shown by the market properties from each individual consumer. It tries to understand the basic decision- making strategies of the seller from different aspects. It is a pure relationship between the buyer and the seller. Many factors are associated with the microeconomic, that includes with the employment status, national annual

income, annual growth rate, use of gross household products by the overall population, global money exchange etc.

Productive grant: It can be considered as a donation approach. Donation terms refer to free of charge where no return policy is applicable. Minimum inputs from the particular beneficiary will help them to achieve a bigger economic output from the specific activity.

MEI: Stands for Microeconomic initiative (MEI). ICRC is the implementer of the term which is considered as an income-generating project program. Beneficiary is the main key of the project who will be in the center of any kind of designing and implementation of the project activities. There is variation in selecting the trades, it could be livestock to agriculture or grocery business to tailoring or handicraft to trade support. All this are considered as productive intervention approach.

1.5. Literature Study/Review

Spinal cord injury is considered as a medical condition and it is a complex situation that can make major impact in our life. According to WHO annual report, the quality of life with SCI depends greatly dependent on the environment, that facilitate-appropriate resources and services are available for the individual. There is a strong correlative between this condition with the community inclusion. Because it works as a barrier as people show and confront negative and discriminatory behavior for this group and create an invisible barrier. They avoid to give them a supportive hand and facilitate for the existing services and resources (WHO, 2013).

The all consequence combinedly make the life of the spinal cord injury devastating and can make major impact in different areas of personal life. It happens with severe impairment on bowel and bladder control, body movement and autonomic functioning. Associated secondary complications including pressure ulcer and pain. All this are combinedly make a great impact on one's life and directly on health-related life situations. In many studies this impact is extended till the employment to the social participation (Simpson, 2012). Spinal cord injury (SCI) is not as common as many

other injuries. As it's physical and psychosocial consequences are mentioned as a devastating situation. Very few people experience complete neurologic recovery after SCI (Chen, 2013). Males' percentage is 79.8% to have the traumatic spinal cord injury where percentage for female is only 20.2%. Again, the mean age for this population is between 15 years to 29 years (Ahuja et al., 2017).

Bangladesh is a developing country in Asia. It has a low-income economy with the low GDP rate. Work hazard is considered too much high here with low life expectancy level. The main causes of SCI in Bangladesh are considered as road traffic accident, fall from height, fall from tree, carrying heavy load on the head gunshot wounds, bull attack, TB cases, spinal tumor cases etc. Among all the cases a majority of patient are found with the following condition after having fall from tree or height. The most common cause of SCI is falls from height which is 34.8% and second highest is road traffic accident which is 25.5%. Considering the neurological condition 83.5% are diagnosed with traumatic cases and only 16.5% are diagnosed with non-traumatic condition which caused by different origin related possibilities. Another thing this all client did not get direct admission after having the incidence. Only 9.5% get the chance to admit directly to the hospital where 90.5% remain had to go through different referral process within this time period (Razzak et al., 2016) that. In Bangladesh the age range is between 20 to 40 years old are the most frequent age group who have this critical accident. Male are more affected than female because of work hazards and lack of safety. Most of the female are affected because of spinal tumor and RTA. Considering the male to female ratio we will see male are more prone than female to have SCI which is 7.5% more severe rate than a female. 63% cases are reported fall heavy weight while caring in work place or other and it is one of the primary causes of the following injury (Ackery et al., 2004).

After discharging from the hospital, the main challenges started for a person with spinal cord injury. As Bangladesh is a lower middle-income country and its medical facilities are not much rich. It starts with social discrimination. Lack of proper opportunities, all this increase the ration of physical and psychological issues and challenges. They are considered as a burden for the family. These factors may increase the physical and attitudinal barriers for the person with spinal cord injury. So,

this indicates that they need the early support for community sustainability after discharge particularly in the first few years of post-discharge.

Trenaman et al., (2015), mentioned in his systematic study that, Employment rates in individual with spinal cord injury (SCI) are approximately 35%. He found that comparing the whole population the number is very low. He also suggested to have a clear understanding about the factors that are influencing the employment outcomes needs to improve over time.

Ottomanelli et al., (2012) found that, employment with assistance is less effective while economic program like income generating activities is encouraged more to offer for them which is found more effective for an individual. After 2 years of their study that they conducted similar study for the SCI patients. Ottomanelli et al., (2014) the summarized and found that supported business for employment is more effective than only providing vocational training and loan support.

Cotner et al., (2015), mentioned that return to work has a strong association with the final rehabilitation outcomes for the persons with spinal cord injury living in the community. They suggested more research needs to develop on this point. Meade et al., (2015), found that most of the research related to spinal cord injury and employment only focuses on the rate of employment in different region of the worlds, but very limited are found to focus on the outcomes of quality employment. In their result section they mentioned, ‘’ employment outcomes of greatest importance as defined by those with SCI who have worked since injury’’. They suggested that the exact benefits of employment are multilayered and it is beyond the monetary compensation.

Hilton et al., (2017) mentioned in result section that, Only demographic information related research are available in this field where they mentioned the basic characteristics of the person with spinal cord injury and their percentage of going back to the work place like begore.

Huang (2017) mentioned in his study that, they found only 107 participants among the 389 was returned to their previous job which is very minor. The return to job

ration rate is 30.3%. They found their injury duration is so high which is more than 10 years. With a minimum functional limitation and are getting maximum support from their own communities. It can be correlated with the employment support. Hossain et al., (2020) found in the study that, ‘‘Prior to injury, 74% of participants were the main income earners for their families and 50% provided the only source of income for their families’’. After injury, the income level dropped down to US\$0 (US\$0–US\$18), which places 915 families below poverty line of US\$37.50 per person per month.

Tholl et al., (2023), conducted a study at Brazil and found that, they found that the ratio of job in the labor market participation is very poor which is only 21.6% (n=24). 3.4% were got job in the formal corporate office and rest of the participants were involved with non-relevant work place to maintain their family. Others are involved with self-employment jobs. After the incidence many companies avoid to the pay health insurance and monthly wages. Even many companies do not accept the worker because of disability. Individual with higher education qualification is more deprived in this case, it was quite impossible for them to get the relevant job like before. All this make a huge burden and psychological stress at a time. Those are able to return to their previous job their household income is considered more stable than those are unable to return to their previous job.

Very few tools have been found to identify the financial outcome by income generating activities of a person after the spinal cord injury. One study has been found on the tool conducted at Nepal but the target group was the earth quake survivors. However, researcher has found this tool most appropriate to use on the Bangladeshi cultural context upon the person with spinal cord injury. Microeconomic initiative (MEI) program always gives emphasize on the client’s priority by the bottom-up approach. Clients are the main priority of the designing the project. It is implemented through the client centered approach. Each beneficiary involved with the business trade design. Core believe is to increase the basic ownership and capability with the help of assistance so the beneficiary can select the appropriate demand as per the needs. And place their own ability by giving their own voice in the decision-making process. All these issues combine their the respect issue for the person with disability and count them as a human being like others with proper dignity.

To select the potential beneficiary the manual book from the MEI mentioned some criteria, following; vulnerability, motivated, skills and knowledge, previous experience and preconditions. ICRC choose different local partners from different region. Their main focus point was on the fact that local partners are very much related to the potential clients and able to understand the basic and better thinking of the community peoples.

From ICRC's Nepal based MEI project they found that it was difficult to track all the project participants from the donor end, so while applying in Bangladesh they prefer partner organization for implementation. So, they selected CRP as one of the implementing partners of MEI. Again, to get the grants beneficiaries must has to have the experience of vocational. They also emphasize on the feasibility study of the current project to identify whether the strategy is adjustable or not. Mapping the existing running strategies in the cultural context and analysis the opportunities and resources from the beneficiary directly. Beneficiaries will help them to identify the possible gaps and ensure the sustainability as per the local market demand. Again, while considering the vocational training facilities ICRC encouraged relevant training as per the proposed business idea. To have a clear and concise idea about the specific beneficiaries are highly encouraged because this understanding will help to design and specify the basic needs of the target population project tries to reach through.

This need focuses on skill improvement, motivation, accreditation, work experiences, self-employment opportunities and empowerment. As already mentioned before that ICRC discourage offering loan to its beneficiaries. Where MEI encourages long term commitment with the selected beneficiaries and prefer the regional organization who are expert in this kind of time-to-time monitoring. This support for the most vulnerable is very much popular through this approach now a days. They are supporting most vulnerable by their income-generating activities among the population who lives both in urban and rural setting.

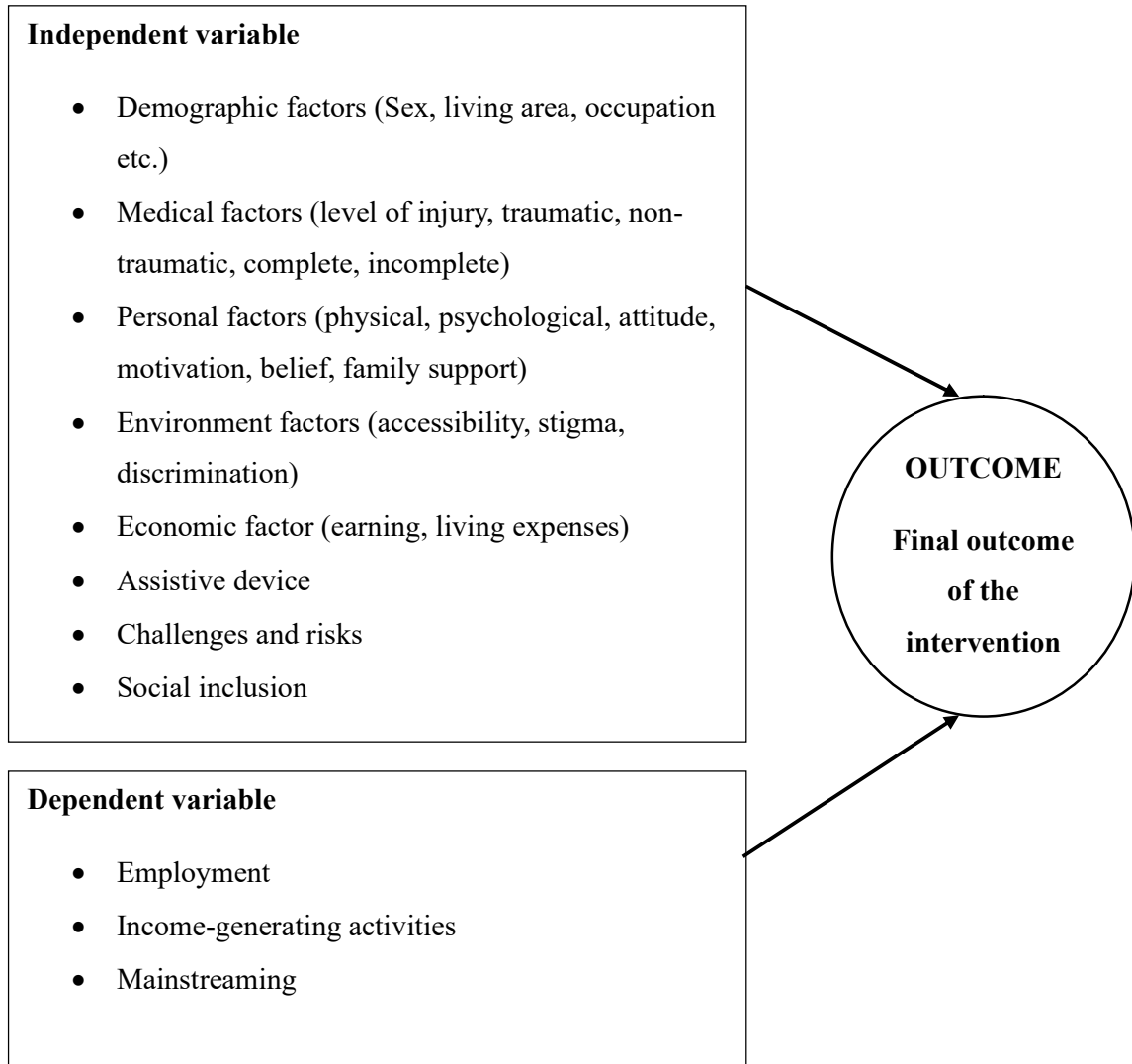
The MEI approach is increasingly being used to support the income-generating activities of vulnerable people in urban areas or for people with disabilities. When reflecting on the objectives and indicators for an MEI program, a difference between income recovery and income diversification are found. Though the both aims are to strengthen households' livelihoods. To identify the effectiveness of the programme

indicators are used, as example, the percentage increase in household income that is directly attributable to the MEI is the most common effectiveness indicator. Also, the number of assisted households that moved above the poverty line are also considered as most effective indicator. The grant value rarely varies from one household to another, thus making indicators that are expressed in terms of household income slightly biased towards smaller households. Similarly, household size varies over time and these indicators therefore risk overstating the impact of MEIs in cases in which a household may have lost a non-breadwinning household member during the lifespan of the MEI (e.g., migration, death, marriage). The purpose of the results monitoring framework (RMF) is to ensure that the logic behind a program's design will be sustained through the implementation and the performance evaluation phases. For instance, in many contexts it is not uncommon for MEI projects to be approved although the household's business plan indicates that the expected income from the microenterprise is below the performance indicator for the program. It is very important for the RMF to identify and reflect the most appropriate local specificities and then to be understood by the staffs those are connected with the programme. The follow-up must be done as per the ICRC portfolio report provided by the MFI. An amendment needs to developed to the client party.

CHAPTER II

RESEARCH METHODOLOGY

3.1 Conceptual Framework



3.2 Study Objectives

3.2.1 General Objectives

To determine the socioeconomic condition of people with spinal cord injury who received cash grant support for livelihood.

3.2.2 Specific Objectives

- To identify the challenges and risks to run the business.
- Identify the social inclusion.
- To find out the current financial status of beneficiary who received cash grant support.
- To find out the highest successful business trade.

3.3 Study design

A cross-sectional study of quantitative design was used to measure the outcome of microeconomic initiatives applied among the person with spinal cord injury who received the rehabilitation treatment from the Centre for the Rehabilitation of the Paralysed in Bangladesh. In this study quantitative data had been collected from the project beneficiaries respectively about the project progress and outcome after taking the cash grant. According to Kesmodel (2018), Cross-sectional studies may be either descriptive or analytical. Descriptive studies mostly aim to provide estimates of prevalence of disease, traits such as smoking behavior, people's attitudes, knowledge or health behavior, whereas analytical studies aim to assess associations between different parameters. As the study was based on measuring the outcome delivery of the project intervention applied at CRP, so cross sectional study was the most appropriate method for the purpose to serve. Quantitative data of various variables and relationship among them can be obtained through this method.

3.4 Study population

Person with spinal cord injury who received institution-based rehabilitation, vocational training from Centre for the Rehabilitation of the Paralysed and those who received the cash grant support from MEI project from 2018 to 2023 had included as the study population.

3.5 Study area/site

The study was conducted 7 divisions of Bangladesh. Which includes Dhaka, Chittagong, Sylhet, Barisal, Mymensingh, Khulna and Rajshahi.

3.6 Study period

The study was carried out from September, 2023 to February, 2024.

3.7 Sample size

During 2018 to 2023 period, all the project beneficiaries who has spinal cord injury and take rehabilitation services from Centre for Rehabilitation of the Paralysed and met the inclusion criteria were taken. For this study the sample size is known. Sample size was 246 persons with spinal cord injury. The sample size according to year of cash grant support was, in the year of 2018- 20, in the year of 2019-66, in the year of 2020-71, in the year of 2021- 65, in the year of 2022-24.

3.8 Inclusion and Exclusion Criteria

Inclusion criteria:

1. Patient with spinal cord injury who received rehabilitation service from CRP.
2. Participate who take vocational training from CRP or ICRC.
3. Both male and female with spinal cord injury.

Exclusion criteria:

1. Patient who has no experience of business.
2. Not listed on project application area.

3.9 Sampling technique

According to Rai (2015), “Purposive selection denotes the method of selecting a number of groups of units in such a way that selected groups together yield as nearly as possible the same average or proportion as the totality with respect of those characteristics which are already a matter of statistical knowledge.” Purposive sampling was in accordance of inclusion and exclusion criteria

3.10 Data collection tools/materials

The study was conducted after the approval from Microeconomic Initiatives project from International Committee for Red Cross and Centre for the Rehabilitation of the Paralyzed. On the basis of literature review, consultation with the research advisor expertise, a self-administered structured questionnaire was used to find out the final outcome from the microeconomic initiative project. All the questions were designed with close ended quantitate in pattern. The questionnaire consists of total 10 subject head questions, where there were 69 sub-questions were present in the final monitoring form. To reach the objectives finally 12 main head question including total 39 question set was prepared and data was collected on basis of this. From question 1-2, general question section gender was identified along with the type of the diagnosis. In the question 3 question the nature of the project was identified. Name of the project was marked in question four (4). Question five (5) covers the current state of the project. From 6-20 it tries to find out the earning and the profit. From question 21-23 it was about the knowledge, skills, network and client management. Question 24-26 was about the challenges and risk existing in the project. Questions 27-33 was formulated to identify the household economy. Question 34 is about household food consumption. Question 35 was formulated to identify the household living condition. Question 36 was represented the social inclusion of person with disabilities in the mainstream society. Questions 37-39 were indicating the final state of the business implemented by the project beneficiary. To collect the qualitative data from the project participants who are person with spinal cord injury, a physical interview was conducted at the project site Data collector made a rapport with the beneficiary to collect the relevant information. Verbal consents were taken from the participants before the initiation of the interview. Paper and pen was used to interview the project participants. Only hard copies were collected for further data analysis.

3.11 Data management and analysis

Data was processed using SPSS software version 21 and Microsoft excel 2016. All the data was kept in order for coding and editing. The result was presented on the basis of research objectives and research question. Data was arranged, entered and tabulated in computer to present the findings of the study. For analyzing the individual participants change in different socioeconomic condition researcher has used bar chart and histogram line graph. To find out the prevalence researcher use the descriptive analysis to calculate frequencies, mean, mediana, standard deviation and mode of data sets. To analysis the bi-variant results researcher uses cross tabulation. For the nominal-nominal data set researcher uses chi square test and for the nominal-ordinal data set researcher use the Gamma test.

3.12 Quality control and quality assurance

The questionnaire was to assess the outcome of microeconomic initiative applied among person with spinal cord injury at the Centre for the Rehabilitation of the Paralyzed. To ensure the validity of the questionnaire. the investigator had accomplished the field test with the participants before starting the collection of data. The investigator had informed the participant about the aim and objectives of the study during the interview session. It was important to carry out a field test before collecting the final data because it helped the investigator to refine the data collection plan. After piloting, the unmet and required changes can be made and rearrange the questionnaire to make it clear, understandable, and easy to the respondents. Data were kept safely in order to maintain confidentiality of participants. Collected data had been reviewed several times before entering into SPSS program to reduce the errors that possibly to come while entering and analyzing of the data. The sociodemographic data were being re-coded in the required variables and analysis was done from the computer to minimize the errors.

3.13 Ethical consideration

- Ethical permission was taken from the Ethical Committee before starting the collection of data.
- Consent was taken from individual participants
- Participants were allowed to withdraw themselves at any stage of the study.
- Data was stored with confidentiality of the respondents.

CHAPTER III

Results

Data were analyzed by descriptive statistics and calculated as percentage presented by using graphs and tables.

4.1 Demographic information of the participants

4.1.1 Gender

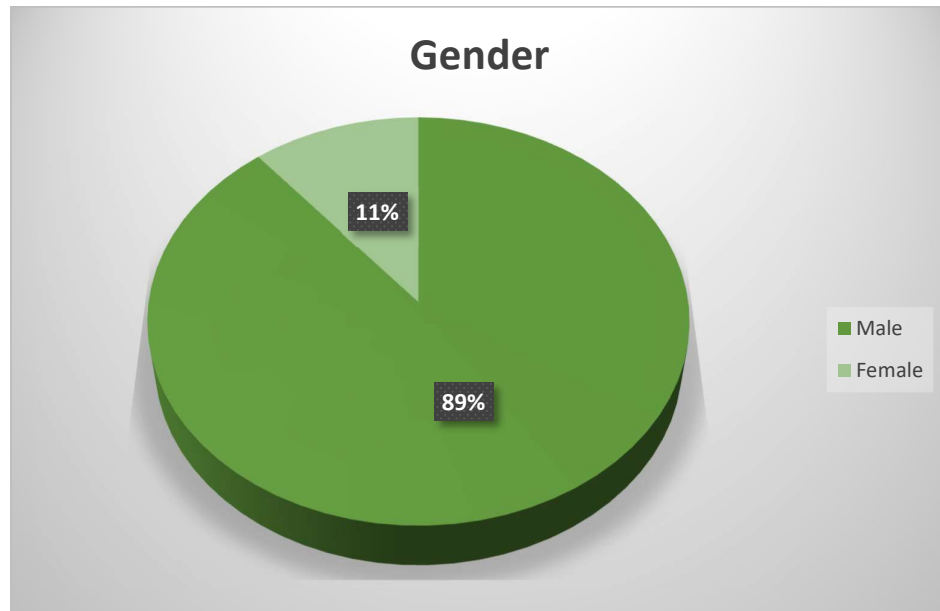


Figure 4.1.1 Gender

Figure 4.1.1 shows that the majority (n=246) of the person with spinal cord injury participating in this study were male 89% (219), where 11% (27) of the participants were female

4.2 Disability/disease related question

4.2.1 Medical diagnosis

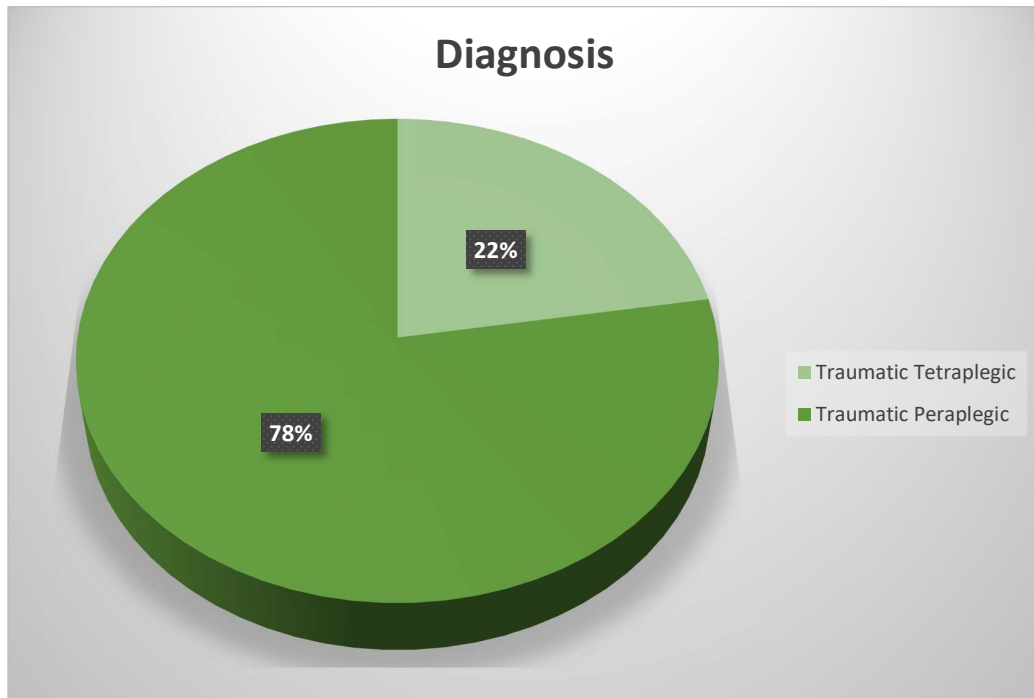


Figure 4.1.2 Diagnosis

Disease related diagnosis of the participants (n=246) was, traumatic tetraplegic was 22% (55) and traumatic paraplegic were 78% (191).

4.3 Project related information

4.3.1 Area of project implementation

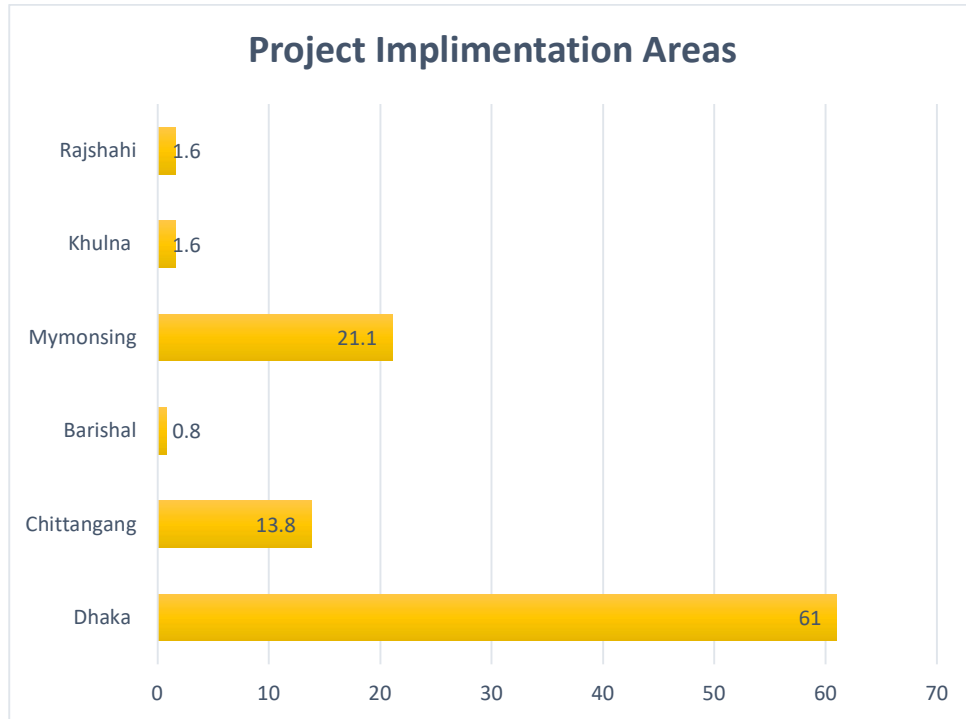


Fig: Project implementation areas

In this study, among the 246 participants, 61% (150) were from Dhaka, 13.8% (34) were from Chittagong, .8% (2) were from Barishal, 21.1% (52) were from Mymonsing, 1.6 (4) were from Khulna, and 1.6% (4) were from Rajshahi.

4.3.2: Project name as per the proposed business category

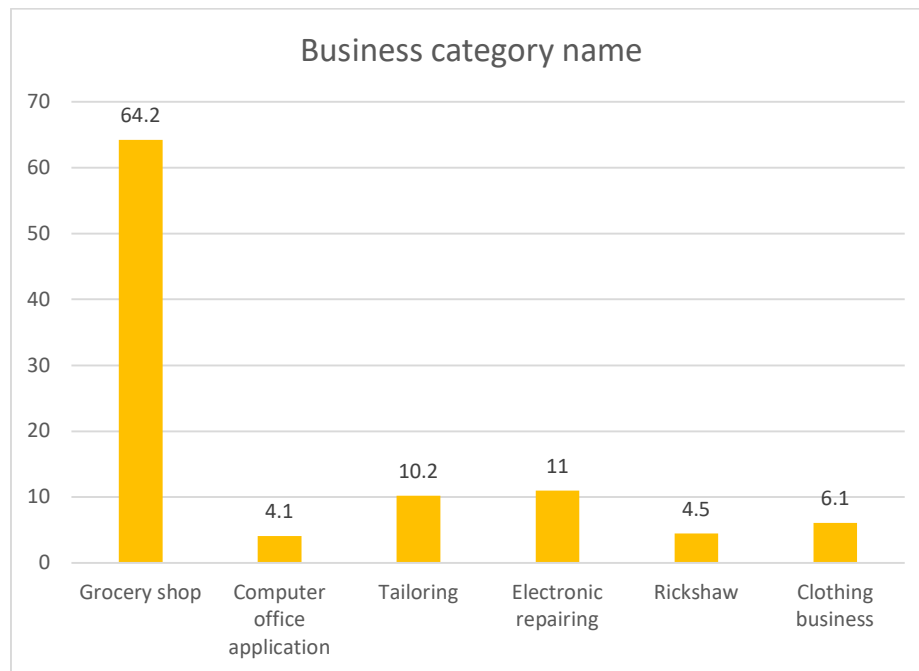


Figure: Business category name

Figure 4.3.2 shows that the majority of the participants (n=246) preferred the business trades following, grocery shop which is 64.2% (158), computer office application 4.1% (10), tailoring 10.2% (25), electronics repairing 11% (27), rickshaw 4.5% (11) and cloth business 6.1% (15).

4.3.3 Expansion of current project

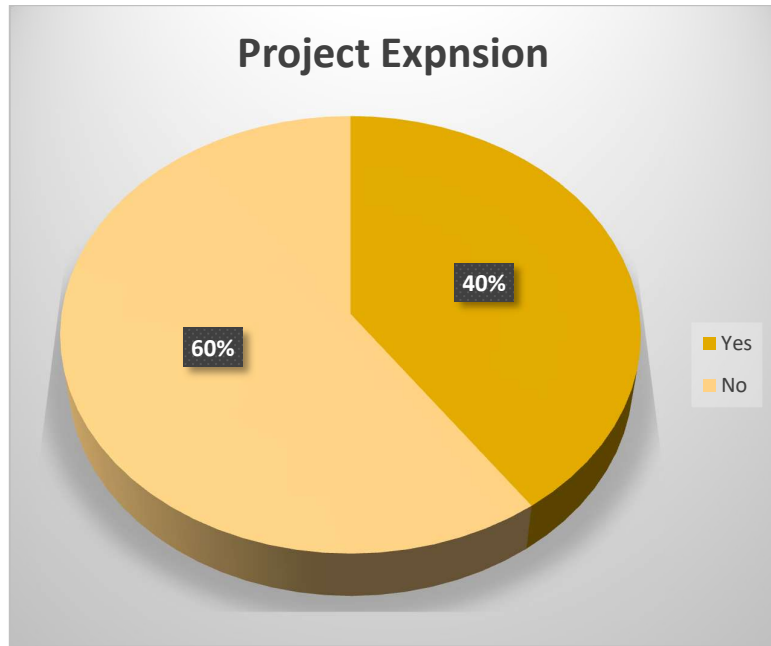


Figure: Project expansion

Figure 4.3.3 shows that the majority of project participants expanded their business after getting the business support. 60% (147) participant with spinal cord injury expanded their business and 40% (99) were unable to expand the business.

4.3.4 Areas of profit investment

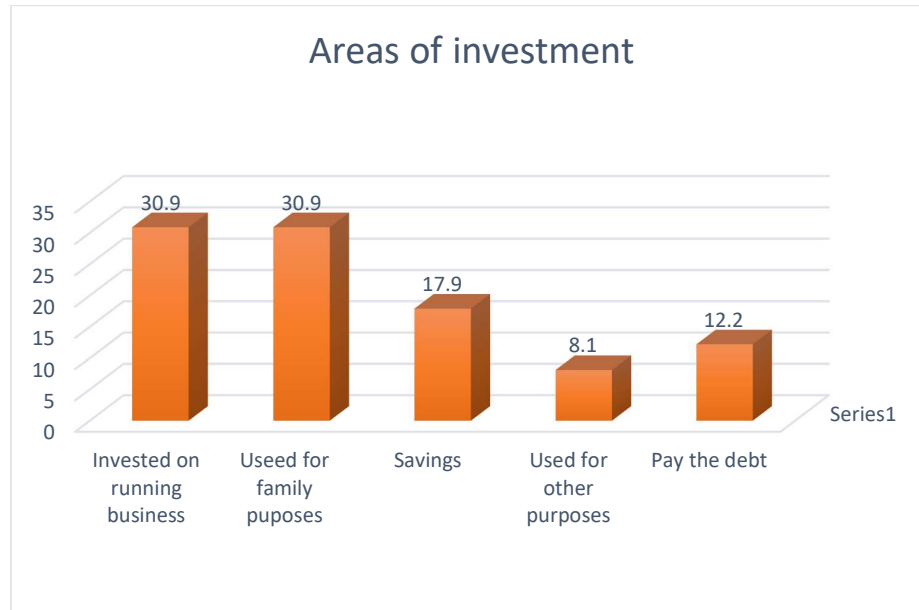


Figure: Area of investment

Out of 246 participants who received the economic support, 30.9% (76) reported that with their profit from the project invested for on their existing business, 30.9% (76) invested for different family purposes, 17.9% (44) invested as savings, 8.1% (20) used for other things purchases, and 12.2% (30) used for paying the debt.

4.3.5 Earning from the supported project is enough to run the family

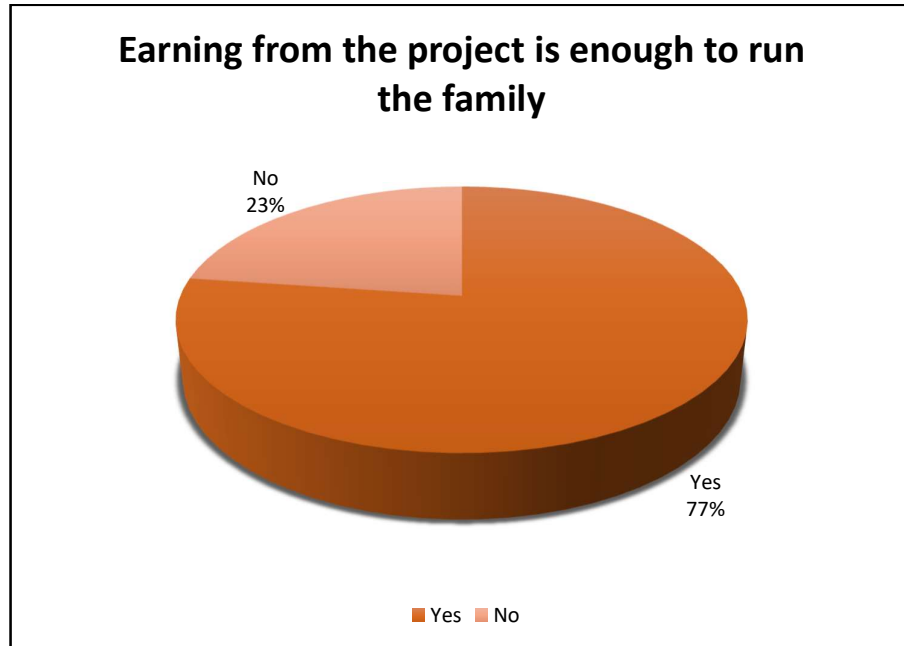


Figure: Data set with earning status to run the family need.

The figure represents the context of participants (n=246) earning from the current project and its importance to run the participants family needs. 77% (189) participants believe that their current income is sufficient to run their own family. Where, 23% (57) believe that their existing earning is not sufficient to run their family.

4.3.6 Received training on skill knowledge improvement

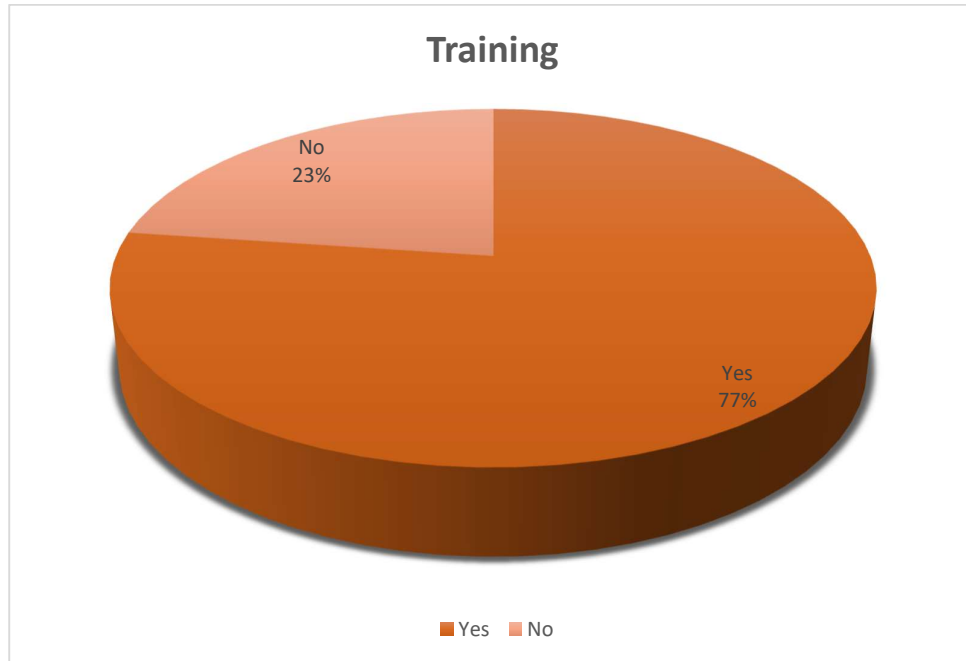


Figure: Received any formal training

Among the participants (n-246), 77.2% (191) received formal knowledge, skill development formal training from authorized institution. Again 22.8% (55) person with spinal cord injury didn't take any formal training from any authorized institution.

4.3.7 Usefulness of the formal skill development training

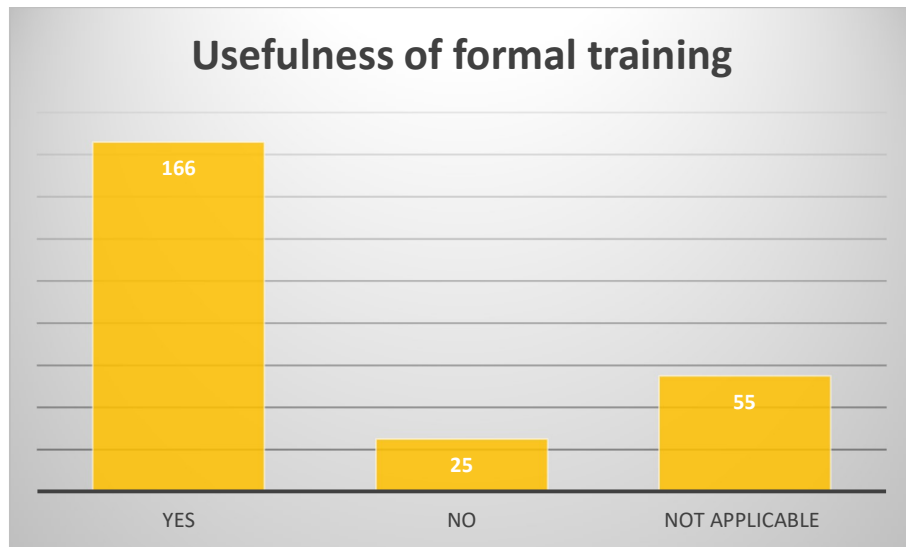


Figure: Formal training data summary

Figure 4.3.7 represents that 67.5% (n= 166) believe that the training they received was helpful to run the business, where 10.2 (25) believe it was not much helpful. For the rest of the participants (n=55), they didn't receive any training.

4.3.8 Risk and challenges during running the business

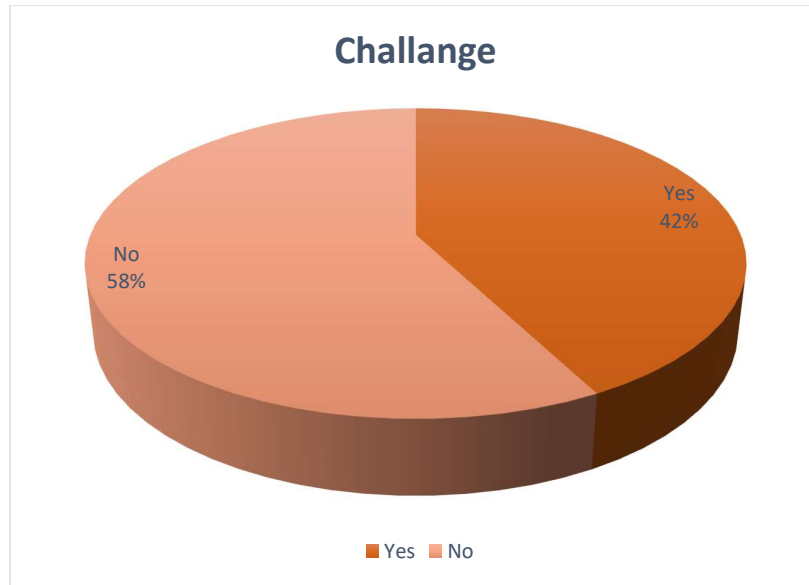


Figure 4.3.8 Challenges that are exit in the business context

Figure 4.3.8 represents the percentage of risk and challenges that were faced by the participants. Among the 246 participants, 42.3% (n=104) responded that they faced challenges while running the business, again 57.7 (n=142) believe there is no challenge in their context to run the business.

4.3.9 Existing challenges to run the business

		What were they			Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	Suppliers	2	.8	.8	.8
	Partner	2	.8	.8	1.6
	Staff	1	.4	.4	2.0
	Buyer	14	5.7	5.7	7.7
	Competition	14	5.7	5.7	13.4
	Capital	17	6.9	6.9	20.3
	Marketing	5	2.0	2.0	22.4
	Sell	1	.4	.4	22.8
	Place and distance	12	4.9	4.9	27.6
	Skill and knowledge	1	.4	.4	28.0
	Development	1	.4	.4	28.5
	Time	1	.4	.4	28.9
	Sickness	41	16.7	16.7	45.5
	Not applicable	134	54.5	54.5	100.0
	Total	246	100.0	100.0	

Figure: 4.3.9 Risk and challenges

Figure 4.3.9 represents that 45% (n=104) participants faced different types of challenges while running the business. Among them the highest risk and challenge the faced is due to sickness, which is 16.7% (n=41), next data are following, due to capital 6.9% (n=17) market competition 5.7% (n=14), buyer 5.7% (n=14), place and distance is 4.9% (n=12), suppliers and partners were .8% (n=2) and rest of the risk and challenges were support staff, sells, skills and knowledge, development, time which were .4% (n=1).

4.3.10 Risk reduction strategies

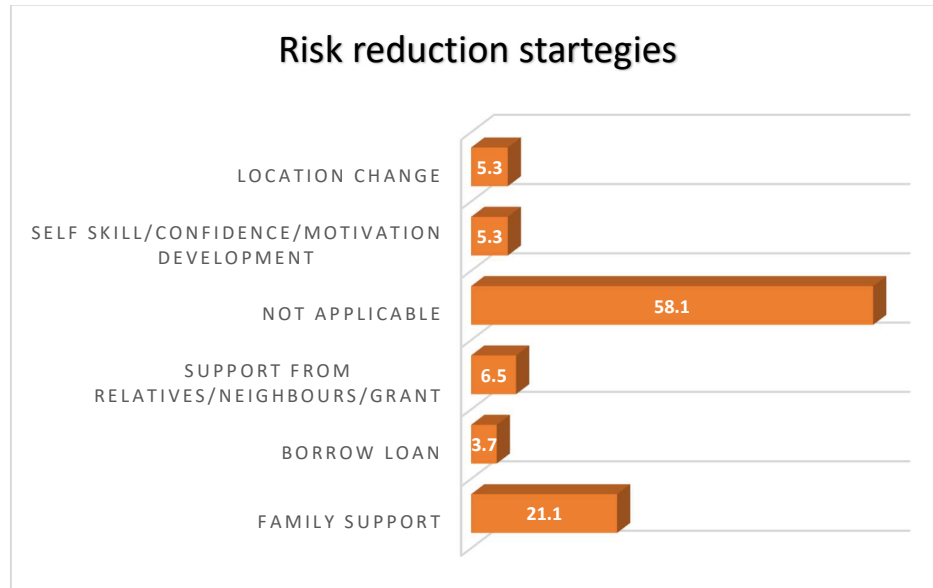


Figure: Risk reduction strategies of the project participants

Figure 4.3.10 represents the strategies taken by n=104 (52%) number of participants as risk reduction strategies. 21.1% (n=52) take support from the family, 3.7% (n=10) borrowed loan, 6.5% (n=16) took support from their relatives/neighbor/grant, 5.3% (n=13) improve their skill/motivation, 5.3% (n=13) change their business location.

4.3.11 Expenditure summary from the last month

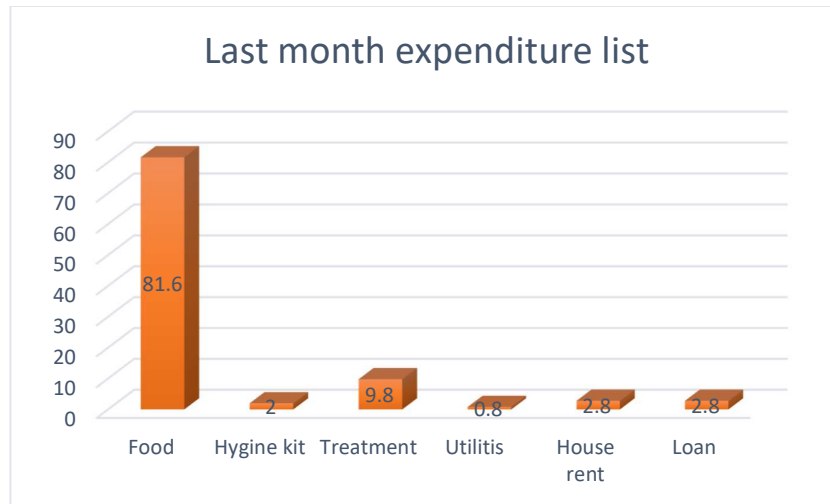


Figure: Expenditure lists from last month

Figure 4.3.11 represents the expenditure summary of the participants from the last one months. Among the 246 participants 81.6% (n=200) used their expenditure for the food, 2% (n=5) used for the hygiene kit purchase, 9.8% (n=24) used for treatment, .8%(n=2) used for utilities, 2.8% (n=7) paid the house rent and loan payment.

4.3.12 Project impact on household economy

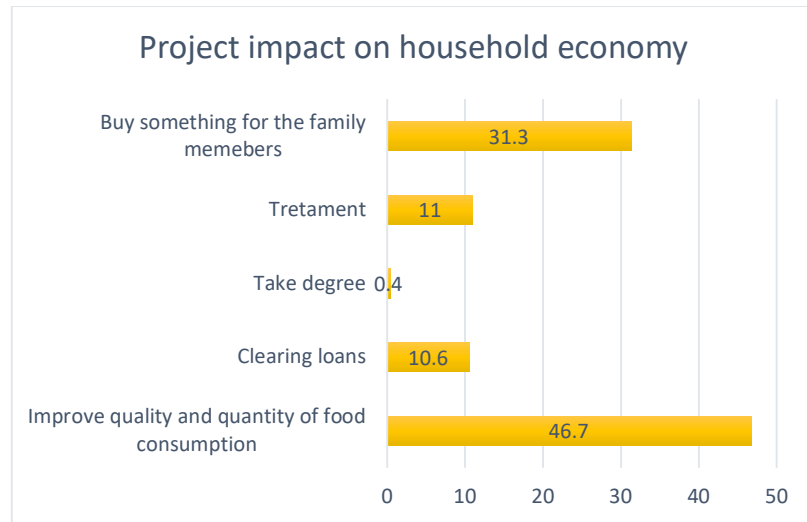


Figure: 4.3.12 Project impact on household

Figure 4.3.12 represent the summary of project impact on the household economy. 46.7% (n=115) participants mentioned the improvement of their quality and quantity of food consumption, 31.3% (n=77) buy something for their family members, 11% (n=27) mentioned they took better treatment, 10.6% (n=26) clear the loan they borrowed, and .4% (n=1) take degree from the earning from the project.

4.3.13 List of household assets

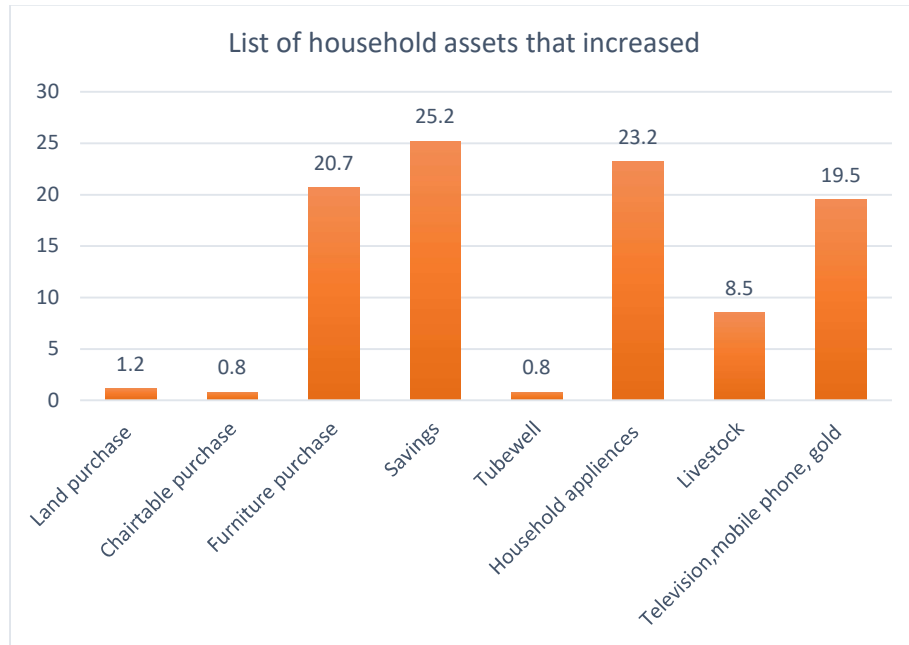


Figure: 4.3.13 List of household assets

Figure represents the lists of household assets that increased from the project, 25.2% (n=62) mentioned they had savings, 23.2% (n=57) mentioned they had household appliances, 20.7% (n=51) had purchase furniture, 19.5% (n=48) added television/mobile phone/gold etc., 8.5% (n=21) had livestock, .8% (n=2) had tube-well and chair-table apparently.

4.3.14 Social inclusion after receiving the cash grant support

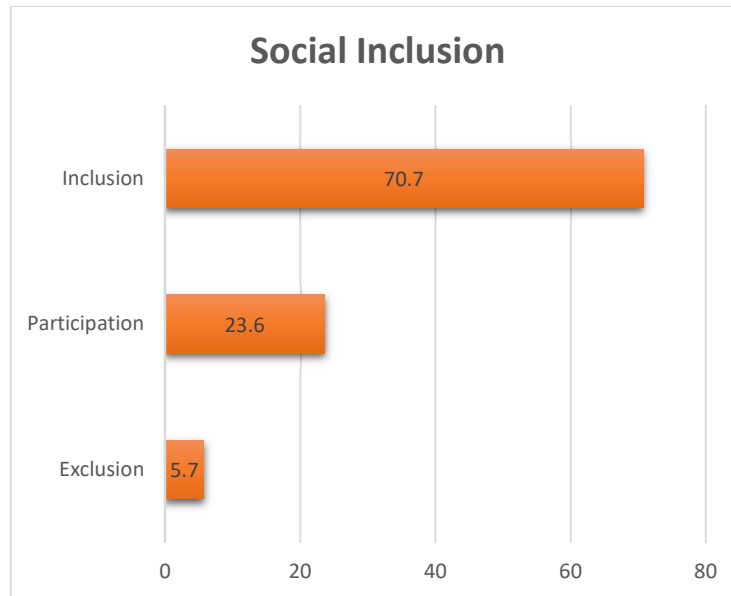


Figure: Social inclusion

Figure 4.3.15 represents the social inclusion after having the project support. 70.7% (n=174) responded their inclusion where they are able to participate in social events and community meetings with voice in decision-making, 23.6% (n=58) reports their participation where they are able to participate in social events and community meetings without voice in decision making. 5.6% (n=14) mentioned they had exclusion where they are unable to participate in social events.

4.3.15 Project final status

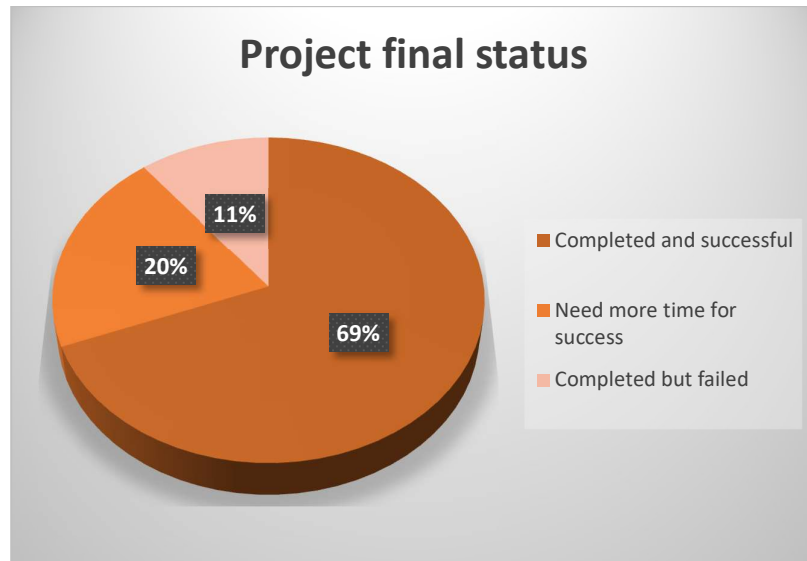


Figure: Project final status

This figure represents the final status of the project, where 69.1% (n=170) were complete the project successfully, 20.3% (n=50) need more time completion and 10.6% (n=26) had started but failed to continue the business.

Crosstabulation

Table: 5.1.1

Diagnosis compared to business/project name							
	Grocery shop	Computer office application	Tailoring shop	Electronics repairing	Rickshaw	Cloth businesses	Total
Traumatic Tetraplegic	43	3	5	0	2	2	55
Traumatic paraplegic	115	7	20	27	9	13	191
Total	158	10	25	27	11	15	246

Table: Diagnosis*business/project name crosstabulation.

Table- 1 indicates that 55 participants with traumatic tetraplegic had prior preference on grocery shop business (n=43), 3 of them selected computer office application, 5 of them selected tailoring, 2 of them randomly selected rickshaw and cloth business as per proposal. Overall, 191 participants with traumatic tetraplegic choose following trades, 115 participants with grocery shop, 7 selected computer office application, 20 tailoring shop, 27 electronic repairing, 9 rickshaws pulling and 13 cloth business.

Table: 5.1.2

Diagnosis * What is the final status of the project Crosstabulation				
	Completed and successful	Need more time for success	Completed but failed	Total
Traumatic Tetraplegic	39	10	6	55
Traumatic paraplegic	131	40	20	191
Total	170	50	26	246

Table: Diagnosis * What is the final status of the project Crosstabulation

Table-2 indicates that among the 55 participants with traumatic tetraplegic. 39 participants with traumatic tetraplegic had completed the project protocol with

success, 10 need more time to be succussed, 6 failed to complete the project protocol on time. Again, overall, 191 participants with traumatic paraplegic, 131 has successfully completed everything related to project, 40 need more time to be succussed and 20 failed to meet project criteria on time.

Table-5.1.3

Project name * income expected as per your project proposal				
	Income expected as per your project proposal			
Project name	Yes	No, more than that	No, less than that	Total
Grocery shop	105	52	1	158
Computer office application	8	0	2	10
Tailoring shop	19	6	0	25
Electronic repairing	20	0	7	27
Rickshaw	8	3	0	11
Cloth business	8	6	1	15
	168	67	11	246

Table: Project name * income expected as per your project proposal Crosstabulation

Table-3 interprets, among the 105 participants from grocery shop mentioned their income is now equivalent to the proposed business trade which is grocery shop, 52 participants from mentioned their earning more than the proposal and 1 mentioned it is less than the proposal. In the computer office application trade 8 responded on yes, 2 responded for their earning is less than the proposal. Total 25 responded for tailoring shop, where 20 believe that their income is similar as proposal, 6 believe that it is more than that. Total 27 responded for electronic repairing, where 20 mentioned their proposal is similar as business growth, 7 mentioned their earning is less than

that. 11 from rickshaw trade support mentioned their earning for 8 is similar as proposal, for 3 it is more than that. 15 from cloth business mentioned that for 8 the support is similar, for 6 it is more than the proposal, for 1 it is less than the proposal. Overall, 168 believe that their business trade selection is similar as their earning assumption, 67 believe their earning is more than their proposal and 11 believe that it is less than the proposal.

Table-5.1.4

Project name * Able to participate social events and make decisions * Gender					
		Able to participate social events and make decisions			
Gender	Project name	Exclusion - Able to participate in social events	Participation - Able to participate in social events and community meetings without voice in decision- making	Inclusion - Able to participate in social events and community meetings with voice in decision- making	Total
Male	Grocery Shop	6	31	102	139
	Computer Office Application	0	2	8	10
	Tailoring shop	2	6	14	22
	Electronics Repairing	2	6	17	25
	Rickshaw	0	2	8	10
	Cloth Business	2	3	8	13
	Total	12	50	157	219
Female	Grocery Shop	2	5	12	19
	Computer Office Application	0	0	0	0
	Tailoring shop	0	1	2	3
	Electronics Repairing	0	1	2	2
	Rickshaw	0	0	1	1
	Cloth Business	0	1	1	2
	Total	2	8	17	27
	Grocery Shop	8	36	114	158
	Computer Office Application	0	2	8	10
	Tailoring shop	2	7	16	25

	Electronics Repairing	2	7	18	27
	Rickshaw	0	2	9	11
	Cloth Business	2	4	9	15
	Total	14	58	174	246

Table-4 indicates that 174 participants from all the six trades are able to participate in social events and community meetings with voice in decision-making as a result of social inclusion. 58 are able to only participate in the social participant and 14 are unable to ensure the social inclusion still.

Table-5.1.5

		What is the final status of the project			
		Completed and successful	Need more time for success	Completed but failed	Total
Project name	Grocery Shop	112	30	16	158
	Computer Office Application	6	4	0	10
	Tailoring shop	18	4	3	25
	Electronics Repairing	11	11	5	27
	Rickshaw	11	0	0	11
	Cloth Business	12	1	2	15
	Total	170	50	26	246

Table- Project name* What is the final status of the project * Gender Crosstabulation

Table-5 interprets that out of 158, 112 participants from grocery shop are successfully running the business, where 30 from grocery trade need more time for success and 16 are failed to run their grocery business. Out of 10, 6 from computer office application had completed and successfully running the shop, 4 need more time to restart the business. Out of 25, 18 from the tailoring shop are success to run the business, 4 need more time to run the business, 3 were failed to run the business. In electronic repairing 27 out of 11 were successful and 11 need more time to be succeed and 5 were failed in the process. 11 got rickshaw support, where 11 were completely successful to run the business. 15 from cloth business out of 12 were successful to run

the business, 1 need more time and 2 were failed to run. Overall report mentioned that 170 participants were completed the project successfully, 50 need more time to success and rest 26 failed to run the business properly.

Association (Chi-Square Tests)

Table-5.2.1

Chi-Square Tests			
Association between the project name and success rate			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.136 ^a	10	.167
Likelihood Ratio	16.063	10	.098
Linear-by-Linear Association	.074	1	.785
N of Valid Cases	246		
a. 7 cells (38.9%) have expected count less than 5. The minimum expected count is .77.			

Table 5.2.1 shows the result of Chi-square test. To identify the association between the project name and success rate. Here the hypothesis is there is a significance association between project name and the success rate. Chi-square statics was used here to examine the association between two categorial variables. There is an insignificance association at 5% significance level between project name and success rate ($\chi^2=14.136$, $df=10$, $p=.209$). Hence hypothesis was not supports.

Table-5.2.2

Chi-Square Tests			
Association between project final condition with social inclusion			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.007 ^a	4	.000
Likelihood Ratio	23.046	4	.000
Linear-by-Linear Association	18.131	1	.000

N of Valid Cases	246		
a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.48.			

Table- 5.2.2 shows the result of Chi-square test. To identify the association between project final condition with social inclusion. Here the hypothesis is there is a strong association between the project final state with the social inclusion of the project participants. Chi-square statistics was used to examine the association between two variables. There is a strong significance between the final state of the project with the social inclusion of the project participants ($\chi^2=25.007$, $df=4$, $p= .000$). Here the hypothesis is strongly supported.

Table: 5.2.3

Chi-Square Tests			
Association between project name with the income expected as per the project proposal.			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.961 ^a	10	.729
Likelihood Ratio	10.115	10	.430
Linear-by-Linear Association	.203	1	.653
N of Valid Cases	246		
a. 9 cells (50.0%) have expected count less than 5. The minimum expected count is .04.			

Table- 5.2.3 shows the result of Chi-square test. To identify the association between project/business name with the income expected as per the project proposal. Here the hypothesis is there is a strong association between project/business name with the income expected as per the project proposal. Chi-square statistics was used to examine the association between two variables. There is an insignificance between the final state of the project with the social inclusion of the project participants ($\chi^2= 6.9$, $df=10$, $p=.729$). Here the hypothesis is not supported.

Table 5.2.4

Chi-Square Tests			
Association between implementation area with the challenges and risk			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.408 ^a	5	.064
Likelihood Ratio	14.034	5	.015
Linear-by-Linear Association	.477	1	.490
N of Valid Cases	246		

a. 6 cells (50.0%) have expected count less than 5. The minimum expected count is .85.

Table- 5.2.4 shows the result of Chi-square test. To identify the association between implementation area with the challenges and risk. Here the hypothesis is there is a strong association between implementation area with the challenges and risk. Chi-square statistics was used to examine the association between two variables. There is an insignificance between the final state of the project with the social inclusion of the project participants ($\chi^2= 10.408$, $df=5$, $p=.064$). Here the hypothesis is not supported.

Table 5.2.5

Correlations				
Association between net monthly gain/loss with received any training on skill, knowledge improvement.				
			Net monthly gain loss	Received training on skill knowledge improvement
Kendall's tau b	Net monthly gain loss	Correlation Coefficient	1.000	-.030
		Sig. (2-tailed)	.	.633
		N	246	246
	Received training on skill knowledge improvement	Correlation Coefficient	-.030	1.000
		Sig. (2-tailed)	.633	.
		N	246	246

Table 5.2.5 states the correlation with the association between the net monthly gain/loss with the received any formal training on skill and knowledge development. Nonparametric Kendall's tau-b test was used here to check the association between the two variables. Here the hypothesis is there is a strong correlation between the net monthly gain/loss with the received any formal training on skill and knowledge development.

CHAPTER IV

DISUCSSION

This study was one of the first studies in Bangladesh to invest the outcome that effects the microeconomic initiatives applied among the spinal cord injury patient at Centre for the Rehabilitation of the Palaysed. To investigate the outcome 1 year long monitoring was conducted. Through this monitoring guide, the final monitoring guide line questionnaire was used to collect the data. The questionnaire was followed as per the final monitoring form by the EcoSec program of the ICRC. To identify the final state of the project participants data were collected from the project site. After taking the cash grant support they received 3 monitoring and from the final monitoring report the data was analyzed for interpretation.

In total 246 beneficiaries with spinal cord injury participated in the study. Majority of the participants were male (89%). 78% participants were diagnosed with the traumatic paraplegic. Majority of the participants lived in Dhaka division, which is (61%) and a smaller number of participants were found from Barisal division (.8%). Every year CRP provide institution base rehabilitation service more than 290+ spinal cord injured patients (Annual report, 2023). Where majority of the patients were the only earning member of the family. As a result, they suffer from the economic insecurity. From this situation CRP offered the microeconomic initiatives supported by ICRC among the spinal cord inured patients at Bangladesh. Previously this initiative had been applied among the extreme poor in Nepal. They found that their 73% of the project participants were able to increase more than 13% income from their current earning to previous earning.

64.2% of the project participants proposed and prefer grocery shop as their business where only 4.1% prefer to choose computer office application as their business choice which is very low comparatively other business options. From CRP's 5 years annual reports it is mentioned that most of the income generating activities requests were on grocery shop. After getting the cash grant support 60% project participants were able to expand their business within the monitoring period. Rest of the 40% couldn't

expand their business as proposed. From the analysis it is clear that most of the participants (n=76) invested their business profit (30.9%) on their business for better future and similarly 30.9% invested the profit for family uses. 8.1% (n=20) used the profit in other purposes associated with their life. Meyer et al., (2019) mentioned that, “Disability is associated with poor economic outcomes”. In the area of investment, it is clear that most of the participants believe that if they can invest on their ssexisting business and make it big then they can have a better life in future. 77% project participants believe that their current income is enough to meet all the family need where 23% believe it is less to run their family needs. Banks et al., (2017), systematic review study they found a strong association between disability and poverty in South Asian countries.

Among the 246 participants 77% (n=191) received formal training from the CRP’s vocational training institution. There is lack of inclusive vocational training facilities in Bangladesh for the person with disabilities specially for the wheelchair users. There is no study found in Bangladesh regarding the effectiveness of inclusive vocational training facilities for the person with disabilities. From the data analysis it is clear that 166 (67.5%) participants found the training so much effective for their business growth. Where 25 (10.2%) found it is less effective for the business. A study was done in Cambodia where Takasaki (2024) mentioned that the participants those who received intensive vocational training got more employment chance.

While running the business 42% (n=104) project participants faced different types of challenges and risks while running the business. Among these 104 participants highest 41 (16.7%) reported they found sickness as the biggest risk and challenge to run their business. Second highest they mentioned about capital which is 6.9% (n=17) they found risk to maintain the business. Competition and buyer in the existing business area were also mentioned as a significant challenge which is 5.7% (n=14). Harpur (2012) states in his study that persons with disabilities have faced live discrimination in their whole life. The risk reduction strategies were also asked from the participants. 21.1% (n=52) mentioned that they seek family support to reduce the possible challenges. Very few take loan support to manage the situation which is 3.7% (n=10). Grossman and Webb (2016) found in their study that, in the United States of America

family caregiving play an important role for the person with disabilities both at home and community.

From the project positive earning majority of the participants use the profit to fulfill the family's daily food demand which is 81.6%. Others uses the profit for the treatment purposes. Project impact on household economy analysis shows that 46.7% participants indicates that their improvement in quality and quantity of daily food consumption rate has been increase. 31.3% participants purchase new things for their family, 11% uses the money for the treatment and 10.6% cleared their loan with the profit. While analyzing their list of increase household list, the majority of the participants had invested on savings which is 25.2%, 23.2% added household appliances, 20.7% purchase television/mobile phone/valuable gold items, 8.5% participants invest on livestock.

Among the 246 participants 70.7% mentioned that now they are able to participate in social and family programs along with can provide their opinion while making decisions. 23.6% informed that now they take participation on the community events only. 5.7% mentioned that still they cannot ensure the social inclusion as a person with disability. As per the United Nations Convention on the Rights of Persons with Disabilities (Quinn & Doyle, 2012), social inclusion is considered as one of the major components for the well-being of the person with disability.

While analyzing the project final status, the result state that 69% project participants successfully completed all the project policies and they are still running the business very successfully. 20% mentioned they need more time to achieve the success of the project. 11% failed in the project to run the business due to associated causes. While running the similar microeconomic initiatives programme at Nepal, ICRC found 73% success rate from the project participants.

Crosstabulation result states that 55 participants with traumatic tetraplegic had prior preference on grocery shop business (n=43), 3 of them selected computer office application, 5 of them selected tailoring, 2 of them randomly selected rickshaw and cloth business as per proposal. Overall, 191 participants with traumatic tetraplegic choose following trades, 115 participants with grocery shop, 7 selected computer

office application, 20 tailoring shop, 27 electronic repairing, 9 rickshaws pulling and 13 cloth business. Ding et al., (2022), mentioned that, with the increased growth of the population worldwide the prevalence rate is also increasing everywhere.

Again, to make the relationship with the frequency variable researcher found, that among the 55 participants with traumatic tetraplegic. 39 participants with traumatic tetraplegic had completed the project protocol with success, 10 need more time to be succeeded, 6 failed to complete the project protocol on time. Again, overall, 191 participants with traumatic paraplegic, 131 has successfully completed everything related to project, 40 need more time to be succeeded and 20 failed to meet project criteria on time. Another association interprets, among the 105 participants from grocery shop mentioned their income is now equivalent to the proposed business trade which is grocery shop, 52 participants from mentioned their earning more than the proposal and 1 mentioned it is less than the proposal. In the computer office application trade 8 responded on yes, 2 responded for their earning is less than the proposal. Total 25 responded for tailoring shop, where 20 believe that their income is similar as proposal, 6 believe that it is more than that. Total 27 responded for electronic repairing, where 20 mentioned their proposal is similar as business growth, 7 mentioned their earning is less than that. 11 from rickshaw trade support mentioned their earning for 8 is similar as proposal, for 3 it is more than that. 15 from cloth business mentioned that for 8 the support is similar, for 6 it is more than the proposal, for 1 it is less than the proposal. Overall, 168 believe that their business trade selection is similar as their earning assumption, 67 believe their earning is more than their proposal and 11 believe that it is less than the proposal.

174 participants from all the six trades are able to participate in social events and community meetings with voice in decision-making as a result of social inclusion. 58 are able to only participate in the social participant and 14 are unable to ensure the social inclusion still. Another crosstabulation result, interprets that out of 158, 112 participants from grocery shop are successfully running the business, where 30 from grocery trade need more time for success and 16 are failed to run their grocery business. Out of 10, 6 from computer office application had completed and successfully running the shop, 4 need more time to restart the business. Out of 25, 18 from the tailoring shop are success to run the business, 4 need more time to run the

business, 3 were failed to run the business. In electronic repairing 27 out of 11 were successful and 11 need more time to be succeed and 5 were failed in the process. 11 got rickshaw support, where 11 were completely successful to run the business. 15 from cloth business out of 12 were successful to run the business, 1 need more time and 2 were failed to run. Overall report mentioned that 170 participants were completed the project successfully, 50 need more time to success and rest 26 failed to run the business properly.

In the nonparametric test to find the association between two variables, shows the result of Chi-square test. To identify the association between the project name and success rate. Here the hypothesis is there is a significance association between project name and the success rate. Chi-square statics was used here to examine the association between two categorial variables. There is an insignificance association at 5% significance level between project name and success rate ($\chi^2=14.136$, $df=10$, $p=.209$). Hence hypothesis was not supports.

Another association in parametric test shows, the result of Chi-square test. To identify the association between project final condition with social inclusion. Here the hypothesis is there is a strong association between the project final state with the social inclusion of the project participants. Chi-square statistics was used to examine the association between two variables. There is a strong significance between the final state of the project with the social inclusion of the project participants ($\chi^2=25.007$, $df=4$, $p= .000$). Here the hypothesis is strongly supported. Amado et al., (2013) found a strong correlation in their study between social inclusion and employment. Which indicates that employment helps a person with disability to be empowered and ensure social inclusion in different aspects.

Third association result between project/business name with the income expected as per the project proposal is following. Here the hypothesis is there is a strong association between project/business name with the income expected as per the project proposal. Chi-square statistics was used to examine the association between two variables. There is an insignificance between the final state of the project with the social inclusion of the project participants ($\chi^2= 6.9$, $df=10$, $p=.729$). Here the hypothesis is not supported. To identify the association between implementation area with the challenges and risk. Here the hypothesis is there is a strong association

between implementation area with the challenges and risk. Chi-square statistics was used to examine the association between two variables. There is an insignificance between the final state of the project with the social inclusion of the project participants ($\chi^2= 10.408$, $df=5$, $p=.064$). Here the hypothesis is not supported. Final association was also insignificance where, the test states the correlation with the association between the net monthly gain/loss with the received any formal training on skill and knowledge development. Nonparametric Kendall's tau-b test was used here to check the association between the two variables. Here the hypothesis is there is a strong correlation between the net monthly gain/loss with the received any formal training on skill and knowledge development.

CONCLUSION

In the final note, the main result of the study was that 69% of the participants shows a positive result by the project final result and able to ensure social inclusion. There quality of life in sense of social and economical condition is increasing due to the earning status. But the cash grant support is very much limited in one organization only, so more similar kind of support are expected form the government for the economical rehabilitation of the person with disabilities in the community. Although this study indicates that a person with spinal cord injury is getting social inclusion in Bangladesh, the scenario can be more effective if all the person with disabilities can get more facilities from both government and non-government organizations.

CHAPTER V

LIMITATION

There were some situational limitations and barriers while conducting the study. To find out the effectiveness of the microeconomic initiatives all the participants need to be counted in the study programme. More research support in different consortium part were needed for more reliability. Due to Covid-19 situation many participants lost their business that's why it made a negative impact on the project impact. Participants were selected only from CRP who received different service throughout the period, so it cannot generalize the overall economic scenario of the person with spinal cord injury.

RECOMMENDATIONS

The study shows that this cash grant support is much effective model for the person with spinal cord injury. But this is a short-term project. So, following this project theme this approach CRP and other organization can be applied among different person with disability in future. To collect fund from different donor the success rate of the following project can play a vital role for CRP. Further study with large group of samples is required to find out more about the microeconomic initiatives.

CHAPTER VII

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Appendix I

INFORM CONSENT (English)

I am Rokeya Roushni Keya, student of M Sc. in Rehabilitation Science under Dhaka University, BHPI, CRP, Savar of Bangladesh. Towards fulfillment of the course module, it is obligatory to conduct a research study. In this regard, I would like to invite you to take part in the research study; “Outcome of microeconomic initiatives: applied among spinal cord injury patients at Centre for the Rehabilitation of the Paralyzed”. The aim of the study is to determine the outcome of socioeconomic status of people with spinal cord injury who received cash grant support for livelihood through the microeconomic initiative program.

Your participation in this study is voluntary. If you do not agree to participate at all, you can withdraw your support to the study anytime whenever you want, despite consenting to take part earlier. There will be no change in this regard to participate or not to participate in this study. Your answer will be recorded in this questionnaire which will take approximately 20 minutes and will be kept highly confidential and private. You will not be paid for your participation. Participation in this study might not benefit you directly. This study will not the cause any risk or harm to you. Confidentiality of all documents will be highly maintained. Collected data will never be used in such a way that you could be identified in any presentation or publication without your permission. If you have any question now or later regarding the study, please feel free to ask the person stated below. You can withdraw your participation without any reason from this research anytime. If you agree with all the terms and conditions, you will be asked to sign this consent form.

Consent

I have read and I understand that this research is carried for the academic purpose and I am fully aware of my right to withdraw my participation from this survey at any time I wish with no cost at all. I understand that the copy of this consent will be given to me. I voluntarily agree to take part in this research.

Participants name:..... Signature..... Date.....

Data collector’s name:.....Signature.....Date:

Appendix II

সম্মতি পত্র (বাংলা অনুবাদ)

জনাব, আমি রোকেয়া রোশনী কেয়া পুনর্বাসন বিজ্ঞান বিভাগে মাস্টার্স কোর্সে অধ্যয়নরত রয়েছি, যা ঢাকা বিশ্ব বিদ্যালয়ের অধীনের অন্তর্ভুক্ত বিএইচপিআই, সিএরপির এর একাডেমিক ইন্সটিটিউট। উক্ত কোর্সে অন্তর্ভুক্ত রিসার্চ মডিউল কোর্সটি সম্পন্ন করার জন্য আমাকে একটি গবেষণা পত্র প্রদান করতে হবে। এর সাপেক্ষে আমি আপনাকে আমার রিসার্চ এর অংশগ্রহণকারী হবার জন্য অনুরোধ করছি। উক্ত গবেষণার নাম, “Outcome of microeconomic initiatives: applied among spinal cord injury patients at Centre for the Rehabilitation of the Paralyzed”। যার উদ্দেশ্য মেরুরজ্জুতে আঘাতপ্রাপ্ত ব্যক্তিদের আর্থ-সামাজিক অবস্থা পর্যবেক্ষণ, যারা মাইক্রোইকোনোমিক ইনিসিয়েটিভ প্রকল্প হতে আয়বর্ধক কাজে আর্থিক সহযোগিতা পেয়েছেন।

উক্ত গবেষণায় আপনি স্বেচ্ছায় অংশগ্রহণ করতে পারবেন। আপনি একমত না হলে উক্ত গবেষণা থেকে যেকোন সময় নিজেসে সরিয়ে নিতে পারবেন। একবার সম্মতি প্রকাশ সাপেক্ষে আপনাকে উক্ত সাক্ষাৎকারটি সম্পন্ন করতে হবে। প্রত্যেকটি প্রশ্নের উত্তর পরবর্তীতে পর্যালোচনা করার জন্য সংরক্ষণ করা হবে। সাক্ষারকারের জন্য সর্বোচ্চ ২০ মিনিট সময়ের প্রয়োজন হবে এবং সব ধরনের তথ্য সর্বোচ্চ নিরাপত্তা নিশ্চিত করা হবে। উক্ত সাক্ষাৎকারের জন্য আপনাকে কোনরূপ টাকা প্রদান করা হবে না। এই সাক্ষাৎকারের কোন তথ্য আপনার জন্য ক্ষতিকর নয়। আপনার পরিচয় ও বিস্তারিত ঠিকানা গবেষণার স্বার্থে ব্যবহার করা হবে না বলে নিশ্চিত করা যাচ্ছে। আপনার অন্য কোন কিছু জানার থাকলে তথ্য সংগ্রহকারীর কাছ থেকে তা জানতে পারবেন। আপনি উপরের উল্লেখিত সকল শর্তে একমত হলে নিম্নে আপনার স্বাক্ষর ও তারিখ প্রদান করণ।

সম্মতি,

আমি উপরে উল্লেখ্য করা প্রতিটি বাক্য পরেছি এবং তার অর্থ বুঝতে পেরেছি। আমি এও বুঝতে পেরেছি উক্ত গবেষণাটি একাডেমিক অংশ হিসেবে পরিচালনা করা হচ্ছে। আমি অংশগ্রহণকারী হিসেবে সকল অধিকার ও নিয়ম সম্বন্ধে অবগত আছি। আমি স্বেচ্ছায় উক্ত গবেষণা কাজে করতে আগ্রহ প্রদান করছি।

অংশগ্রহণকারীর নামঃ.....

স্বাক্ষরঃ.....

তারিখঃ.....

তথ্য স্বাক্ষরঃ.....

তারিখঃ.....

সংগ্রহকারীর নামঃ.....

		<input type="checkbox"/> Project started but not yet for income	<input type="checkbox"/> Partially running	<input type="checkbox"/> Fully running
2.05	Why has the project <u>not yet started</u> OR <u>started but stopped</u> or <u>not change</u> or <u>failing</u> ?			
2.06	Is there a chance to start/re-start?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
2.07	<i>Interviewer recommendations: If the business has not yet started or started but stopped, no change, failing, add your recommendations on how to proceed with the file.</i>			

3. PROJECT INCOME AND PROFIT

3.01	Since started, have you expanded the project? (Project expansion here is defined as increased production capacity/ type of services/products.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.01.0 1	If Yes, how?				
3.02	Since started of the project, have you hired any new staff/worker for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.02.0 1	If <u>yes</u> , how many?	_ _ _ _			
3.02.0 2	If yes, who are they				
3.02.0 3	If yes, are they still working for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.03	Review the project expenditures and earnings table and fill out the totals below for the last <u>6 months</u> . Calculate the net average monthly gain/loss by subtracting the expenditures from the earnings.				
	Amount Income/earn	Expenditure to purchase for the project	Expenditure to maintain for the project	Expenditure to expand for the project	Net monthly gain/loss
	_ _ _ _ _ _ _ _	- (_ _ _ _ _ _ _ + _ _ _ _ _ _ _ + _ _ _ _ _ _ _)	=	_ _ _ _ _ _ _ _	
3.04	Present value of the project in BDT	_ _ _ _ _ _ _ _			
3.05	If the project had <u>positive net gains</u> , what did you use the gain/profit for?				
	Invested in project	Household expenses	Savings	Pay debt/Loan	Spent on other
	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _ _
	_ _ %	_ _ %	_ _ %	_ _ %	_ _ %

3.06	Do you think average earning meets your desired or as like your business proposal income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, they are more	<input type="checkbox"/> No, they are less
3.07	Are the earnings enough to maintain or expand the project? <i>Select only one.</i>	<input type="checkbox"/> Yes, maintain only	<input type="checkbox"/> Yes, maintain and expand	<input type="checkbox"/> No, earnings are not enough to maintain or expand
3.07.0 1	If no, what do you plan to do to support the project? More than one possible.	<input type="checkbox"/> Give it more time to see if the business starts improving		<input type="checkbox"/> Sale the business
		<input type="checkbox"/> Seek further funding		<input type="checkbox"/> Abandon the business
		<input type="checkbox"/> Other _____		<input type="checkbox"/> Don't know

4. KNOWLEDGE, SKILLS, NETWORK AND CLIENTS

4.01	Did you reinforce or gain any knowledge or skills as a result of running this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.01.0 1	If Yes, what		
4.02	Have you received business skills training from ICRC/BDRCS/CRP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.02.0 1	If yes, was it useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.03	Do you receive any other coaching or training to support your project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.03.0 1	If Yes, What		
4.03.0 2	If yes, from whom		
4.04	Have you expanded your business network (e.g. suppliers, partners, markets, etc.) as a result of the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.04.0 1	If yes, with whom		
4.05	Who are the main clients?	<input type="checkbox"/> Family	<input type="checkbox"/> Neighbors
		<input type="checkbox"/> Friends	<input type="checkbox"/> Relatives
4.05.0 1	Frequency of the Clients	<input type="checkbox"/> Regular clients	<input type="checkbox"/> Ir-regular clients
		<input type="checkbox"/> Mix of both	
4.05.0 2	Do you face any challenge finding the clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. CHALLENGES AND RISKS

5.01	Have you faced any difficulties in the implementation of the project so far?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.01.0 1	If <u>many</u> or <u>some</u> , what were they? <i>More than one possible.</i>		

	<input type="checkbox"/> Suppliers <input type="checkbox"/> Partners <input type="checkbox"/> Employees/workers <input type="checkbox"/> Clients <input type="checkbox"/> Competition <input type="checkbox"/> Capital <input type="checkbox"/> Marketing	<input type="checkbox"/> Sales <input type="checkbox"/> Legal issues <input type="checkbox"/> Location <input type="checkbox"/> Building maintenance <input type="checkbox"/> Equipment <input type="checkbox"/> Skills/knowledge <input type="checkbox"/> Developing/perfecting product	<input type="checkbox"/> Time <input type="checkbox"/> Personal/family issues <input type="checkbox"/> Injury/illness <input type="checkbox"/> Security <input type="checkbox"/> Weather <input type="checkbox"/> Covid 19 <input type="checkbox"/> Other	
5.01.0 2	What have you done to address the difficulty?			
5.02	At this stage, is there a risk that the project might not succeed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
5.02.0 1	If <u>yes</u> , what are the principal risks?			

6. HOUSEHOLD ECONOMY

6.01	During the <u>last 1 month</u> , what were the expenditures (BDT) of your household?			
	Item	Expenditure	Item	Expenditure
	01 Food	_ _ _ _ _	08 Transportation	_ _ _ _ _
	02 Tobacco, Tea etc.	_ _ _ _ _	09 Phone	_ _ _ _ _
	03 Hygiene items	_ _ _ _ _	10 Social events	_ _ _ _ _
	04 Healthcare/medicine	_ _ _ _ _	11 Debt payments	_ _ _ _ _
	05 Utilities (gas, fuel, water, electric, etc.)	_ _ _ _ _	12 Savings	_ _ _ _ _
	06 House Rent	_ _ _ _ _	13 Livelihood Maintenance Cost	_ _ _ _ _
	07 Education	_ _ _ _ _	14 Other _____	_ _ _ _ _
6.01.0 1	TOTAL expenditures (BDT) last month			_ _ _ _ _
6.02	How many people in your household are earning income?	Above 18 years old	Below 18 years old	
		_	_	
6.03	During the <u>last 1 month</u> , what were the primary sources of income for your household?			
	Item	Income (BDT)	Item	Income (BDT)
	01 Permanent employment salary	_ _ _ _ _ _ _ _ _	06 Taken from savings	_ _ _ _ _ _ _ _ _
	02 Self-employment	_ _ _ _ _ _ _ _ _	07 Humanitarian aid -cash/voucher/kind	_ _ _ _ _ _ _ _ _

	03 Day Labour Seasonal or temporary job	_ _ _ _ _ _ _ _	08 Income of other family member (s)	_ _ _ _ _ _ _ 	
	04 Remittances or gifts from family/friends	_ _ _ _ _ _ _ _	09 Govt. Allowance	_ _ _ _ _ _ _ 	
			10 Disable Allowance	_ _ _ _ _ _ _ 	
	05 Credit from other	_ _ _ _ _ _ _ _	11 Other _____	_ _ _ _ _ _ _ 	
6.04.0 1	TOTAL income (BDT) last month			_ _ _ _ _ _ _	
6.05	<i>Review the expenditures and income over the last month. Were the households' expenditure levels higher than income?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.05.0 1	<i>If yes, how did the family cover their expenditures last month?</i>	<input type="checkbox"/> Borrow goods from grocery shop	<input type="checkbox"/> Credit form Institution		
		<input type="checkbox"/> Credit from Relatives/Neighbour	<input type="checkbox"/> Advance labour sale		
		<input type="checkbox"/> Credit form Landlord	<input type="checkbox"/> Others		
6.06	Does your household currently hold any debts?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.06.0 1	If <u>yes</u> , how much are the total debt (BDT)?			_ _ _ _ _ _ _ _	
6.06.0 2	What is the current amount of debt (BDT)?			_ _ _ _ _ _ _ _	
6.06.0 3	What was the main reason for taking this debt?				
6.06.0 4	How long will it take you to repay the debt (weeks)				
6.07	What is the impact of the project on your household economy	<input type="checkbox"/> Cover everyday household expense	<input type="checkbox"/> Access to credit	<input type="checkbox"/> Access to education	<input type="checkbox"/> Access to healthcare
		<input type="checkbox"/> Buy new household assets	<input type="checkbox"/> Improve mental wellbeing	<input type="checkbox"/> Ability to pay debt	<input type="checkbox"/> Others

7. HOUSEHOLD FOOD CONSUMPTION

7.01	Has the project had an impact to access improve quality or quantity food consumption							<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.02	How many meals did you take in a day last week		<input type="checkbox"/> 1 Meal	<input type="checkbox"/> 2 Meals	<input type="checkbox"/> 3 Meals				
7.03	How many days did you take mentioned items (Put ✓)	Food Items	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
		Rice/Ruti/Bread							
		Vegetable							

		Lentils (Dal)							
		Fish							
		Dry Fish/Dry Fish Paste							
		Chicken							
		Beef/Mutton							
		Eggs							
		Milk							
		Fruits							

8. HOUSEHOLD LIVING CONDITION

8.01	Review the list of household assets below, and check the ones <u>increased/improved</u> in the accommodation	<input type="checkbox"/> Owned Lands <input type="checkbox"/> Electricity/Solar Power <input type="checkbox"/> Table and chairs <input type="checkbox"/> Furniture (Sofa, Almira) <input type="checkbox"/> Savings/DPS in Bank <input type="checkbox"/> Household cleaning items	<input type="checkbox"/> Tube well/Deepwell <input type="checkbox"/> Water pump <input type="checkbox"/> Latrines <input type="checkbox"/> LPG gas stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Television <input type="checkbox"/> Mobile phone	<input type="checkbox"/> Jewellery/Ornaments <input type="checkbox"/> Livestock <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car/van/truck <input type="checkbox"/> Tomtom/Three-wheeler <input type="checkbox"/> Power Tiller <input type="checkbox"/> Others
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9. SOCIAL INCLUSION

9.01	What do you feel at present the level of social participation within the community?	<input type="checkbox"/> <i>Exclusion</i> - <u>Not able to</u> participate in social events or community meetings
		<input type="checkbox"/> <i>Participation</i> - <u>Able to</u> participate in social events and community meetings <u>without voice</u> in decision-making
		<input type="checkbox"/> <i>Inclusion</i> - <u>Able to</u> participate in social events and community meetings <u>with voice</u> in decision-making

10. MEASURING THE PERJECT

10.01	Do you think the assistance you have received was sufficient for you	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Neither Agree nor Disagree	
10.02	Do you think the assistance you have received was helpful for you	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree
		<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
		<input type="checkbox"/> Neither Agree nor Disagree	
10.03	Is the earning from the project enough to cover all the family's essential needs (food, rent, basic health etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.03.01	If no, how do you cover rest of your immediate family's essential needs? More than one possible	<input type="checkbox"/> Work a second job/Engage in a different IGA	
		<input type="checkbox"/> Other family/household members work	
		<input type="checkbox"/> Receive remittances	

		<input type="checkbox"/> Rely on humanitarian aid/relatives <input type="checkbox"/> Reduce non-essential expenditures <input type="checkbox"/> Borrow from bank/family/friends/others <input type="checkbox"/> Sale household assets/ livelihood assets <input type="checkbox"/> Other		
10.04	What is the require net income for your household	_ _ _ _ _ BDT		
10.05	Is the present household income is right now compared to that line?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
10.06	Net monthly gain of beneficiary	_ _ _ _ _ BDT		
10.07	Net monthly gain of HH	_ _ _ _ _ BDT		
10.08	Ratio of Expenditure & Income			
10.09	Return of Investment	_ _ _ _ _ BDT		
10.10	What is the final status of the project?	<input type="checkbox"/> Completed and successful		<input type="checkbox"/> Completed and unsuccessful
		<input type="checkbox"/> Needs more time to meet objectives		<input type="checkbox"/> Needs more support to meet objectives
10.11	Reflating on all that was discussed and your current situation, do you want to continue the project	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
10.11.0 1	If no or don't know, please tell us more			
10.12	This section is not obligatory, but only for any additional pertinent and relevant comments or points addressed during the interview not touched upon in the questionnaire.			
10.13	Beneficiary's Signature			
10.14	Enumerator's Signature			

Appendix IV

চূড়ান্ত মনিটরিং ফর্ম (এমইআই প্রকল্প, আইসিআরসি)

সাধারণ তথ্যঃ

১। লিঙ্গঃ

২। ডায়াগনোসিসঃ

৩। প্রোগ্রামঃ

- ১। ঢাকা
- ২। চট্টগ্রাম
- ৩। সিলেট
- ৪। বরিশাল
- ৫। ময়মনসিংহ
- ৬। খুলনা
- ৭। রাজশাহী

প্রকল্পের তথ্যঃ

৪। প্রকল্পের ধরণঃ

- ১। কৃষি (কৃষিকাজ, পশু-পালন, মাছ চাষ)
- ২। হস্তশিল্প
- ৩। ব্যবসা
- ৪। সেবা
- ৫। অন্যান্য

৫। প্রকল্পের নামঃ

- ১। মুদি দোকান
- ২। কম্পিউটার অফিস অ্যাপ্লিকেশন
- ৩। টেলিফোন দোকান
- ৪। ইলেকট্রনিক রিপ্যারিং
- ৫। আটো রিকশা
- ৬। কাপড়ের ব্যবসা

৬। প্রকল্পের বর্তমান অবস্থাঃ

- ১। এখনও শুরু হয় নি?
- ২। শুরু হয় কিন্তু কার্যক্রম বন্ধ আছে।
- ৩। কোন রকম পরিবর্তন নেই।
- ৪। স্বার্থ
- ৫। প্রকল্প শুরু হয়েছে কিন্তু কোন রকম উপার্জন শুরু হয়নি।
- ৬। আংশিকভাবে চলছে (কিছু অংশ বিক্রির জন্য প্রস্তুত আছে)
- ৭। সম্পূর্ণভাবে চলছে (পুরোপুরি উৎপাদন চলছে)

৭। পুনরায় প্রকল্প শুরু হওয়ার কোনরকম সম্ভাবনা আছে কি?

- হ্যাঁ
- না
- জানি না

প্রকল্পের আয় ও ব্যয় সংক্রান্ত তথ্যঃ

৮। প্রকল্পটি শুরু হবার পর থেকে, আপনি প্রকল্প সম্প্রসারণ করেছেন কি? (সম্প্রসারণের ধরণ হতে পারে উৎপাদনের পরিমাণ বেড়েছে/সেবা দানের ধরণ বেড়েছে/মুদিমালামালের পরিমাণ বৃদ্ধি করেছি)

- ১। হ্যাঁ
- ২। না

৯। হ্যাঁ হলে তা কিভাবে সম্প্রসারণ করেছেন?

- ১। উৎপাদনের পরিমাণ ও মুদিমালামালের পরিমাণ বৃদ্ধি করেছি
- ২। সেবা দানের ধরণ বেড়েছে
- ৩। না
- ৪। প্রযোজ্য নয়।

১০। প্রকল্প শুরু হবার পর থেকে আপনি কি নতুন কোন কর্মী নিয়োগ দিয়েছেন?

- ১। হ্যাঁ
- ২। না

গত ১ মাসের আয় ও ব্যয় এর তথ্যের উপর ভিত্তি করে নিম্নের টেবিলটি পূরণ করুন।

১১। নেট মাসিক মোট আয় কতো ছিল?

- ১। ১/- টাকা হতে ১০০০/- টাকা
- ২। ১০০১/- টাকা হতে ১৫০০০/- টাকা
- ৩। ১৫০০১ টাকা হতে ৩০০০০/- টাকা
- ৪। ৩০০০১/- টাকা হতে ৪৫০০০/- টাকা
- ৫। ৪৫০০১ টাকা হতে ৬০০০০/- টাকা
- ৬। ৬০০০০/০ টাকা হতে তার উপরে।

১২। ব্যবসার জন্য মালামালের বর্তমান বাজার মূল্যমান কতো?

- ১। ১/- টাকা হতে ১০০০/- টাকা
- ২। ১০০১/- টাকা হতে ১৫০০০/- টাকা
- ৩। ১৫০০১ টাকা হতে ৩০০০০/- টাকা
- ৪। ৩০০০১/- টাকা হতে ৪৫০০০/- টাকা
- ৫। ৪৫০০১ টাকা হতে ৬০০০০/- টাকা
- ৬। ৬০০০০/০ টাকা হতে তার উপরে।

১৩। প্রকল্প রক্ষণাবেক্ষনের জন্য কতো খরচ হয়েছে?

- ১। ১/- টাকা হতে ১০০০/- টাকা
- ২। ১০০১/- টাকা হতে ১৫০০০/- টাকা
- ৩। ১৫০০১ টাকা হতে ৩০০০০/- টাকা
- ৪। ৩০০০১/- টাকা হতে ৪৫০০০/- টাকা
- ৫। ৪৫০০১ টাকা হতে ৬০০০০/- টাকা
- ৬। ৬০০০০/০ টাকা হতে তার উপরে।

১৪। প্রকল্প সম্প্রসারণের জন্য কতো খরচ হয়েছে?

- ১। ১/- টাকা হতে ১০০০/- টাকা
- ২। ১০০১/- টাকা হতে ১৫০০০/- টাকা
- ৩। ১৫০০১ টাকা হতে ৩০০০০/- টাকা
- ৪। ৩০০০১/- টাকা হতে ৪৫০০০/- টাকা

৫। ৪৫০০১ টাকা হতে ৬০০০০/- টাকা

৬। ৬০০০০/০ টাকা হতে তার উপরে।

১৫। নেট মাসিক আয়/ব্যয় গণনাঃ (উপার্জন হতে খরচের অংশ বিয়োগ করুন; উপার্জন/ বিক্রয়ের মূল্য- (মূল্যমান/মালামাল ক্রয়+ প্রকল্প রক্ষণাবেক্ষণের জন্য ব্যয় বাবদ+প্রকল্প সম্প্রসারণের জন্য খরচ বাবদ)= নেট মাসিক আয়/ব্যয় (ক্ষতি হয়ে থাকলে – চিহ্ন ব্যবহার করুন)

১। ১/- টাকা হতে ১০০০/- টাকা

২। ১০০১/- টাকা হতে ১৫০০০/- টাকা

৩। ১৫০০১ টাকা হতে ৩০০০০/- টাকা

৪। ৩০০০১/- টাকা হতে ৪৫০০০/- টাকা

৫। ৪৫০০১ টাকা হতে ৬০০০০/- টাকা

৬। ৬০০০০/০ টাকা হতে তার উপরে।

১৬। যদি প্রকল্পে যথার্থ উপার্জন থাকে, সেক্ষেত্রে লভ্যাংশ কি কাজে ব্যবহার করেছেন?

১। প্রকল্পের বিনিয়োগ করেছি

২। পারিবারিক কাজে ব্যবহার করেছি

৩। সঞ্চয়

৪। অন্য কাজে ব্যয় করেছি

৫। ঋণ পরিশোধ করেছি।

১৭। আপনি কি মনে করেন প্রকল্প প্রস্তাবনায়, উপার্জনের লক্ষ্যের সাথে বর্তমানের উপার্জন একই আছে?

১। হ্যাঁ

২। না। তার থেকেও বেশী

৩। না তার থেকেও কম

৪। প্রয়োজ্য নয়

১৮। প্রকল্পের বর্তমান উপার্জন কি আপনার পরিবারের সকল চাহিদা পূরণ করতে সক্ষম?

১। হ্যাঁ

২। না

১৯। যদি না হয়ে থাকে, তাহলে সে ক্ষেত্রে পরিবারের চাহিদা কীভাবে পূরণ করছেন?

১। অতিরিক্ত কাজের সাথে জড়িত

২। অন্য আইজিএ সাথে জড়িত আছি

৩। অপ্রয়োজনীয় খরচের পরিমাণ কমিয়ে দিয়েছি

৪। ধার করেছি (পরিবার/বন্ধু-বান্ধব)

৫। পরিবারের অন্যান্য সদস্য উপার্জনের সাথে জড়িত আছে

৬। ঋণ করেছি

৭। রেমিটেন্স গ্রহণ

৮। পারিবারিক সম্পত্তি বিক্রি করেছি

৯। মানবিক সহযোগিতার উপর নির্ভরশীল

১০। গৃহস্থালির জিনিসপত্র বিক্রি করেছি।

১১। প্রকাশ করতে চাই না।

২০। প্রকল্প সম্প্রসারণ বা রক্ষণাবেক্ষণের জন্য উপার্জন কি পর্যাপ্ত? (একটি উত্তর গ্রহণযোগ্য)

১। হ্যাঁ (শুধুমাত্র রক্ষণাবেক্ষণ জন্য)

২। হ্যাঁ (রক্ষণাবেক্ষণ এবং সম্প্রসারণের জন্য)

৩। না (রক্ষণাবেক্ষণ এবং সম্প্রসারণের জন্য উপার্জন পর্যাপ্ত নয়)

২১। না হয়ে থাকলে রক্ষণাবেক্ষন এবং সম্প্রসারণের জন্য আপনি কি পরিকল্পনা করছেন?

- ১। বেশী সময় ব্যয় করছি যাতে করে প্রকল্পের উন্নয়ন হয়।
- ২। ব্যবসা বিক্রির করে দিয়েছি
- ৩। আবারও সহযোগিতার জন্য আবেদন করেছি
- ৪। ব্যবসা পরিত্যাগ করেছি।
- ৫। অন্যান্য

বুদ্ধিজ্ঞান, দক্ষতা এবং যোগাযোগঃ

২২। আপনি কি প্রকল্পটি চালানার জন্য বুদ্ধিজ্ঞান ও দক্ষতা বৃদ্ধি মূলক কোন প্রশিক্ষণ গ্রহণ করেছেন?

- ১। হ্যাঁ
- ২। না

২৩। হ্যাঁ হয়ে থাকলে তা কি আপনার জন্য উপকারী ছিল?

- ১। হ্যাঁ
- ২। না

২৪। প্রশিক্ষণ হতে প্রাপ্ত জ্ঞান কি অন্যদের (সরবরাহকারী, অংশীদার, বাজার ইত্যাদি) সাথে যোগাযোগ বৃদ্ধিতে আপনাকে সহযোগিতা করেছে?

- ১। হ্যাঁ
- ২। না

চ্যালেঞ্জ ও ঝুঁকি সমূহঃ

২৫। প্রকল্প বাস্তবায়ন করতে আপনি কি কোন রকম সমস্যার সম্মুখীন হচ্ছেন কি?

- ১। হ্যাঁ
- ২। না

২৬। হ্যাঁ হয়ে থাকলে কি ধরনের সমস্যা তা বর্ণনা করুন? একাধিক উত্তর হতে পারে

- ১। সরবরাহকারী
- ২। অংশীদার
- ৩। কর্মচারী
- ৪। ক্রেতা
- ৫। প্রতিযোগিতা
- ৬। মূলধন
- ৭। মার্কেটিং/ বাজারজাতকরণ
- ৮। বিক্রয়
- ৯। আইনগত ব্যাপার
- ১০। স্থান
- ১১। রক্ষণাবেক্ষণ
- ১২। উপকরণ
- ১৩। দক্ষতা/ জ্ঞান
- ১৪। উন্নয়ন
- ১৫। সময়
- ১৬। ব্যক্তিগত/ পারিবারিক সমস্যা
- ১৭। আঘাত/ অসুস্থতা
- ১৮। নিরাপত্তা
- ১৯। আবহাওয়া
- ২০। প্রযোজ্য নয়

২৭। সমস্যা সমাধানের জন্য আপনি কি কি পদক্ষেপ গ্রহণ করেছেন?

- ১। পরিবারের সহযোগিতা নিয়েছি
- ২। ঋণ করেছি
- ৩। আত্মীয়/প্রতিবেশী থেকে সহযোগিতা নিয়েছি।
- ৪। প্রযোজ্য নয়।
- ৫। নিজের দক্ষতা উন্নয়ন/ মোটিভেশন
- ৬। স্থান পরিবর্তন

পারিবারিক অর্থনীতিঃ

২৮। গত এক মাসে আপনার পারিবারিক খরচ কি কি ছিল?

- ১। খাবার -----
- ২। চা- বিড়ি/সিগারেট -----
- ৩। স্বাস্থ্য সংক্রান্ত জিনিসপত্র -----
- ৪। রোগ সংক্রান্ত খরচ-----
- ৫। ইউটিলিটি বিল (গ্যাস, পানি, বিদ্যুৎ ইত্যাদি)
- ৬। বাসা ভাড়া
- ৭। শিক্ষা বাবদ খরচ
- ৮। যাতায়েত
- ৯। ফোন বিল
- ১০। সামাজিক অনুষ্ঠান
- ১১। ঋণ পরিশোধ
- ১২। জীবিকা নির্বাহ

২৯। গত মাসের মোট খরচের পরিমাণ?

- ১। ১/- টাকা হতে ১০০০/- টাকা
- ২। ১০০১/- টাকা হতে ১৫০০০/- টাকা
- ৩। ১৫০০১ টাকা হতে ৩০০০০/- টাকা
- ৪। ৩০০০১/- টাকা হতে ৪৫০০০/- টাকা
- ৫। ৪৫০০১ টাকা হতে ৬০০০০/- টাকা
- ৬। ৬০০০০/০ টাকা হতে তার উপরে।

৩০। গত একমাসে আপনার পরিবারের জন্য উপার্জনের উৎস কি ছিল?

- ১। নিদিষ্ট চাকরী হতে আয়
- ২। স্ব-চাকরী
- ৩। দিন মজুর
- ৪। পারিবারিক সহযোগিতা
- ৫। ঋণ
- ৬। সঞ্চয় থেকে খরচ
- ৭। মানবিক অর্থনৈতিক ও জিনিসপত্রের সহায়তা
- ৮। সরকারী সহায়তা

৩১। গত মাসের আয় ও ব্যয়ের পরিমাণ পুনঃমূল্যায়ন করুন? উপার্জন থেকে কি পারিবারিক খরচের পরিমাণ বেশী?

- ১। হ্যাঁ
- ২। না

৩২। হ্যাঁ হলে আপনার পরিবার গত মাসের খরচের পরিমাণ কীভাবে ব্যবস্থা করেছে?

- ১। মুদি দোকান থেকে বাকীতে জিনিস পত্র কিনেছি
- ২। পরিবার/প্রতিবেশিদের কাছ থেকে টাকা ধার করেছি
- ৩। বাড়ির মালিকের কাছ থেকে টাকা ধার করেছি।
- ৪। সংস্থা থেকে টাকা ধার করেছি
- ৫। কাজের বিনিময়ে অগ্রিম টাকা নিয়েছি

৩৩। আপনার পরিবারে কি বর্তমানে কোন রকম ঋণ আছে?

- ১। হ্যাঁ
- ২। না

৩৪। পারিবারিক অর্থনীতিতে প্রকল্পের কি কি প্রভাব রয়েছে?

- ১। সকলের পারিবারিক খরচের চাহিদা মিটেছে
- ২। ধার শোধ করছি
- ৩। শিক্ষা গ্রহণ করছি
- ৪। স্বাস্থ্যসেবা গ্রহণ করছি।
- ৫। পরিবারের জন্য নতুন কিছু ক্রয় করেছি।
- ৬। মানসিক স্বাস্থ্যের উন্নয়ন হয়েছে।
- ৭। ঋণ পরিশোধ করছি
- ৮। অন্যান্য

পারিবারিক খাবার খরচ সংক্রান্তঃ

৩৫।। আপনার পরিবারের ভাল মানের ও বেশী পরিমানের খাবার গ্রহণের পেছনে কি উক্ত প্রকল্পের কোন রকম প্রভাব আছে কি?

- হ্যাঁ
- না

জীবনযাত্রা মানঃ

৩৬। জীবিকার সাথে সম্পৃক্ত সম্পত্তিসমূহ পুনঃমূল্যায়ন করুন এবং আবাসনে কোন নতুন সম্পত্তি বেড়েছি কিনা নির্ণয় করুন।

- ১। জমি কিনেছি
- ২। চেয়ার-টেবিল ক্রয় করেছি।
- ৩। আসবাব-পত্র ক্রয় করেছি
- ৪। সঞ্চয়
- ৫। টিউব-ওয়েল
- ৬। পানির পাম্প
- ৭। পায়খানা
- ৮। গৃহস্থলী জিনিসপত্র ক্রয়
- ৯। গৃহপালিত পশু
- ১০। অটো রিক্সা/ ভ্যান/ ট্র্যাক ক্রয়
- ১১। টেলিভিশন, মোবাইল ফোন, স্বর্ণালংকার ক্রয়
- ১২। মোটর সাইকেল

সামাজিক অন্তর্ভুক্তিঃ

৩৭। আপনি কি মনে করেন বর্তমানে আপনার সামাজিক অংশগ্রহণ বৃদ্ধি পেয়েছে?

- ১। এক্সক্লুশন- সামাজিক কার্যক্রমে অংশ গ্রহণ করতে ব্যর্থ।
- ২। অংশগ্রহণ- সামাজিক কার্যক্রমে অংশ গ্রহণ করতে সক্ষম।
- ৩। ইনক্লুশন- সামাজিক কার্যক্রমে অংশ গ্রহণ করতে পারি এবং সিধান্ত প্রদান করতে পারি।

মন্তব্য এবং স্বীকৃতিঃ

৩৮। আপনার বর্তমান অবস্থা বিবেচনায়, আপনি কি প্রকল্প টি চালিয়ে যেতে চান।

- ১। হ্যাঁ
- ২। না
- ৩। জানি না

৩৯। প্রকল্পের চূড়ান্ত অবস্থা কি?

- ১। সম্পন্ন ও সফল
- ২। উদ্দেশ্য অর্জনের জন্য আরো সময়ের প্রয়োজন।
- ৩। সম্পন্ন ও বিফল

Appendix V

LETTER-I: Institutional review board form



বাংলাদেশ হেল্থ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/10/2023/742

Date: 17.10.2023

To
Rokeya Roushni Keya
M.Sc. in Rehabilitation Science
Session: 2021-2022
Student ID: 181210146
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal “Outcome of microeconomic initiatives: applied among spinal cord injury patient at Centre for the Rehabilitation of the Paralyzed.” by ethics committee.

Dear Rokeya Roushni Keya,
Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Dr. Mohammad Sohrab Hossain, Executive Director of CRP as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form.

The purpose of the study is to determine “To determine socioeconomic condition of people with spinal cord injury who received cash grant support for livelihood”. The study involves use of semi-structured questionnaire and measurement tool (“ICRC Final Monitoring/ Review Form_ LSP, MEI, VT”) to find out the outcome of the income generating activities. That may take 15 to 20 minutes to fill in the questionnaire or participate in the test for collection of specimens and there is no likelihood of any harm to the participants and participation in the study may benefit the participants or other stakeholders (NGO, SCI, Donors). The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 8th April, 2023 at BHPI (35th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain

Associate Professor,
Course & Project Coordinator,
Regional Inter-professional Master's program in Rehabilitation Science, BHPI
Member Secretary, Institutional Review Board (IRB)

BHPI, CRP, Savar, Dhaka-1343, Bangladesh
দিসারপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail: principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Appendix VI

LETTER-II: Review and ethical approval

Date: 15.10.2023
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: Application for review and ethical approval.

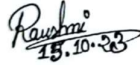
Sir,

With due respect I would like to draw your kind attention that I am a student of M.Sc. in Rehabilitation Science department, BHPI at Centre for the Rehabilitation of the Paralysed (CRP). I would like to conduct a thesis titled, “**Outcome of Microeconomic Initiatives: applied among spinal cord injury patient at Centre for the Rehabilitation of the Paralysed.**” with myself, as the principal investigator and Dr. Mohammad Sohrab Hossain, Executive Director of CRP as my thesis supervisor. The purpose of the study is “**To determine socioeconomic condition of people with spinal cord injury who received cash grant support for livelihood**”.

“ICRC Final Monitoring/ Review Form_ LSP, MEI, VT” will be used in the study that will take about 15 to 20 minutes. Other related information will be collected from the CBR department. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,



Rokeya Roushni Keya
Part-II M.Sc. in Rehabilitation Science
Session: 2012-2013, Student ID: 5182
BHPI, CRP/CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the thesis supervisor/concerned authority:



Dr. Mohammad Sohrab Hossain
Executive Director
Centre for the Rehabilitation of the Paralysed

Appendix VII

LETTER III-Data collection permission letter

Dear CBR Coordinator
Please cooperate her study
(MRS) Saundamoni
17/10/2023

Date: 16.10.2023
To
The Manager
Rehabilitation Wing,
CRP-Savar, Dhaka-1343, Bangladesh


Subject: Application for data collection.

Sir,

With due respect I would like to draw your kind attention that I am a student of M.Sc. in Rehabilitation Science department, BHPI at Centre for the Rehabilitation of the Paralyzed (CRP). I would like to conduct a thesis titled, "Outcome of Microeconomic Initiatives: applied among spinal cord injury patient at Centre for the Rehabilitation of the Paralyzed." with myself, as the principal investigator and Dr. Mohammad Sohrab Hossain, Executive Director of CRP as my thesis supervisor. The purpose of the study is "To determine socioeconomic condition of people with spinal cord injury who received cash grant support for livelihood". For data collection I need data of the SCI patient from the CBR department who received support for income generating activities.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,


Rokeya Roushni Keya
Part-II M.Sc. in Rehabilitation Science
Session: 2012-2013, Student ID: 5182
BHPI, CRP/CRP, Savar, Dhaka-1343, Bangladesh

Approved by:

Salim Rahman
Manager, Rehabilitation Wing, CRP-Savar