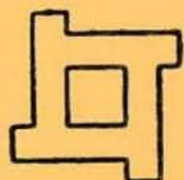


THE RESEARCH AND EVALUATION DIVISION

ANNUAL REPORT 1989



BRAC

BANGLADESH RURAL ADVANCEMENT COMMITTEE
DHAKA, BANGLADESH

THE RESEARCH AND EVALUATION DIVISION

ANNUAL REPORT 1989

FEBRUARY 1990

Research and Evaluation Division
Bangladesh Rural Advancement Committee
66 Mohakhali Commercial Area
Dhaka - 1212

I. INTRODUCTION

Starting in 1975 as a single employee service unit, the Research and Evaluation Division (RED) has evolved into a full fledged professional division within BRAC. The primary responsibility of the Division is to provide necessary research support to the BRAC's multifaceted and expanding interventions. Depending on the availability of time and other resources, RED also helps other organisations in evaluating their programme and policy oriented studies. The scope and dimension of RED has increased over the years along with the growth of BRAC programmes.

RED carried on its continuing programme of research and accomplished a good number of studies in 1989 covering a wide range of development issues. By the end of the year, the Division published over 165 research reports many of which have received wide circulation.

II. TYPES OF RESEARCH

RED conducts various types of research which can be classified under five broad categories. These are:

- a. Baseline or bench mark studies;
- b. Monitoring studies;
- c. Diagnostic studies;
- d. Impact evaluation studies; and
- e. Policy oriented studies.

III. MANPOWER

The strength of professional researchers increased to 17 in 1989 from 14 in the previous year: one is Ph.D and seven hold master's degree from different foreign universities. The total strength of RED is over 80 with 50 in the field.

IV. RECRUITMENT, PROMOTION

Recruitment

To meet the growing needs and strengthen RED, five core researchers were recruited during 1989:

- i) M. Ghulam Sattar with an MS from Cornell University, USA. He was designated as Manager, RED.
- ii) Ms. Mahmuda Rahman Khan, with a master's degree in Economics from the University of Dhaka.
- iii) Mr. Ahmed Kabir Chowdhury, with a master's degree in Statistics from the University of Chittagong.
- iv) Mr. Sarwar Jahan, with a master's degree in Public Administration from the University of Dhaka.
- v) Ms. Monira Hasan, with a master's degree in Economics from the University of Dhaka.

At the field level, 4 male and 8 female Field Researchers were recruited for the Village Study Project.

Resignation

Three RED staff resigned from their services during the year. They are: Dr. Azmat Ara Ahmed, Sr. Research Sociologist; Mr. Naresh Chandra Mallick, Staff Economist; and Mr. A.K.M. Atiqur Rahman, Economist.

Promotion

Three researchers of RED were promoted during the year.

Dr. A.M.R. Chowdhury was promoted and designated as Head, Research and Evaluation Division.

On promotion, Mr. Fazlul Karim was designated as Research Epidemiologist and Mr. Sadequr Rahman Chowdhury as Senior Staff Statistician.

V. STAFF DEVELOPMENT

5.1 To build up research capability and enhance professional competence, RED encourages its staff for higher training at home and abroad. During 1989 five members of the staff pursued higher training in different institutions abroad.

- i) Mr Munir Ahmed, Staff Economist, has been pursuing his M.Sc. degree programme in Health Planning and Financing at the London School of Economics.
- ii) Mr. Sadequr Rahman Chowdhury, Sr. Staff Statistician, returned after completing his M.Sc. in Economics (Demography) from the London School of Economics.
- iii) Mr. Fazlul Karim, Research Epidemiologist, returned after completing his MPH degree from the Royal Tropical Institute (KIT), Amsterdam, The Netherlands.
- iv) Dr. AMR Chowdhury, Head of Research and Evaluation Division, participated in a three week course in Medical Anthropology at the London School of Hygiene and Tropical Medicine.
- v) Ms. Nasreen Huq, Sr. Staff Nutritionist, attended a three month course on Women, Men and Development at the Institute of Development Studies, University of Sussex.

5.2 At the request of BRAC, Dr. S.P.F. Senaratne, a development anthropologist, offered a series of talks for the RED staff on anthropology and village studies. All RED staff attended the lectures and acquired a good comprehension about the anthropological method of research. This also helped in formulating a genesis of the village study project which was developed later and adopted for action.

5.3 The RED staff also benefitted from a number of workshops organised at BRAC by Dr. Sajeda Amin, a Research Associate at Princeton University, USA, on Research Methods.

VI. ACCLAMATION OF RED'S ACTIVITIES

RED's activities, particularly those in the field of health research, have been highly acclaimed far and wide. Prof. J. Patrick Vaughan, Head, Evaluation and Planning Centre at the London School of Hygiene and Tropical Medicine, University of London, in his comments viewed RED as a "very active and productive Division that has undertaken some extremely good work and produced professional and readable reports, papers and proposals ... The multidisciplinary team approach is to be

admired and there is a good and pragmatic balance between rapid and in depth evaluation studies and between qualitative and quantitative research approaches." The full text of Prof. Vaughan's paper can be seen at the end of this report (Appendix-I).

VII. A NEW STUDY PROJECT

The Research and Evaluation Division initiated a new type of research, namely Village Study Project (VSP), this year. The VSP covers 10 villages in two locations, Jamalpur and Monirampur (Jessore), from where both quantitative and qualitative information would be collected on a continuous basis. The study takes a multidisciplinary approach in analysing rural dynamics with an anthropological focus. Through a process of participation conviviality, rapport building and interaction, the VSP will attempt to answer the "why", instead of continuing itself to mere identification of "what" has happened, and the processes therein. Most importantly, the VSP has the capacity to continuously feed the BRAC programmes with diagnostic and monitoring impact evaluation on all the programme strategies starting from economic changes to changes in awareness, values, human behaviour and power structure.

The indicators include information on demographic and social differentiation, socio-economic dependency, level of education and consciousness, human resource, allocation of familial labour, occupational pattern and wage-structure, employment, income, resources and assets, land ownership and tenorial pattern, agro-technology and agrarian structure, transformation aspects of traditional agriculture, social, ideological and institutional aspects, rural credit, social system and social elite, class formation and social structure, class and gender, family planning, nutrition and primary health care.

The study has been started initially for a period of five years. Two field teams consisting of trained university graduates have been stationed in the field bases. The study is expected to meet the long felt need of indepth information about the rationale and impact of BRAC's programme strategies.

VIII. STUDIES COMPLETED IN 1989

The RED staff produced 37 research report/papers during the year. Titles and abstracts of the reports are as follows:

1. Is Rice-Based Oral Rehydration Therapy More Acceptable ? Results from a Field Trial in Rural Bangladesh. (p-38).

Abstract: Glucose-based oral rehydration therapy (ORT) for diarrhoea in being promoted in many countries of the world. A programme in Bangladesh has taught this technology to more than 12 million mothers but evaluations found less encouraging results with respect to its usage in diarrhoeal episodes. Use of rice in place of glucose tended to minimise some problems mothers had with the glucose-based formula. A field trial conducted in three areas compared the social acceptability of rice-based ORT. Survey results found that mothers used the glucose-based solutions much more than the rice-based solutions, although ingredients to prepare the latter were more available at household level. However, when their opinions were sought through indepth studies, mothers unanimously recommended the rice-based solutions as they thought that this "Stopped" the diarrhoea much quickly. However, they did not use it as often because it was much more cumbersome, time consuming and difficult to prepare.

2. Indicators for Monitoring Process in Child Survival. (p-15).

Abstract: This paper was presented at the "South Asian Workshop on

Indicators for Human Development" sponsored jointly by UNICEF and National Planning Commission, Nepal, held at Kathmandu, 4-6 December 1989. The paper reviewed the existing collection of information on human development in Bangladesh with special reference to BRAC. The paper listed the various indicators evaluated in BRAC and the methods used for each. The paper also made a strong plea for concentrating more on "process indicators" and evaluate "impact indicators" only when encouraging results are found in the former.

3. Towards Peace, Justice and Ecologically Sustainable Development :
Views from BRAC in Bangladesh. (p-10).

Abstract: The paper was presented at the "Fourth Congress on the Fate and Hope of the South", Managua, Nicaragua, 5-9 June 1989. This paper presented BRAC interventions, particularly those dealing with popular education such as functional education, education for children, empowerment approach and education on how to treat diarrhoea at home. In the paper the author remarked that poverty and environmental hazards formed a vicious cycle - one exacerbating the other - and we must work simultaneously for the eradication of both.

4. Controlling A Forgotten Disease : the Case of Tuberculosis in a
Primary Health Care Setting in Rural Bangladesh. (p-13).

Abstract: Not much is known or heard about tuberculosis (TB) in Bangladesh. Following a survey in Manikgonj area which found high prevalence of TB, a community based control programme was initiated in BRAC's Manikgonj projec, in collaboration with National TB control project and National Anti-tuberculosis Association. The essentials of this innovative programme was that village based female health workers identified TB patients through sputum tests and carried out chemotherapy. In order to prevent dropouts, the programme introduced a

system of monetary deposits. This paper which documents the programme also reveals that 65% of the positive cases completed the treatment and the dropout rate was low at 8%. The paper also suggested some measures of improving the existing management and extension of it to other BRAC area.

5. EPI: A Study on NGO Involvement and Its Cost-effectiveness. (p-25).

Abstract: This study is based on three surveys done independently in areas served by BRAC, CARE and the Government in EPI's second phase. Proportion of children fully immunized was 47% in BRAC, 25% in CARE and 15% in government areas. Cost of immunizing an additional child through additional mobilization was Taka 220 in BRAC and Taka 426 in CARE.

6. BRAC, A Case Study. (p-22).

Abstract: This paper was published in the ADAB News, special edition on EPI, (July-August 1989). The paper reported the scale and area of BRAC's involvement in EPI and its effect on coverage rates.

7. Bangladesh Shrimp Culture Project : Baseline Survey, 1988. (p-236).

Abstract: The baseline survey is a consultancy work done under a contract with Aqua Services International De France, funded by the World Bank. The report presents the bench mark information on demography, income and asset possession of the sample households of WB Shrimp Culture Project areas in the district of Khulna and Cox's Bazar.

8. Bangladesh Shrimp Culture Project: Summary of Findings. (p-41).

Abstract: The report is a summary of findings of the study on shrimp culture project conducted in Cox's Bazar and Khulna districts. Alongwith the summary of findings, the report presents polder wise information of the project.

9. Transformation of Informal Market for Rural Finance through Grassroot Intervention: Baseline Household Revisited. (p-24).

Abstract: The report presents the comparative picture of rural indebtedness and changes initiated by BRAC intervention from 1981 to 1987.

10. Role of Grassroot Groups in BRAC's Extension Methodology.

Abstract: The report takes a look into the role of village organizations (VOs) in BRAC's empowerment strategy. Its various dimension, functions and mechanism involved therein and also identifies the role of BRAC staff in the institutionalisation process of grassroot groups.

11. Apprehensions and Reactions on Proposed RDP Changes.

Abstract: This is a mimeograph reflecting on certain procedural changes brought within BRAC's Rural Development Programme (RDP) framework by early 1988.

12. Recent and Prospective Developments in Asia: The Role of Southern and Northern NGO's. (p-13).

Abstract: The report concentrates on some selected issues of relationship between the Northern donors and the Southern NGO's and concentrates on desired pattern of partnership which will grow between them for their goal of meaningful rural development.

13. NGO Approach : Is it a Formal Theory of Development? (p-13).

Abstract: The report is a theoretical analysis, which focuses on the NGO approach to development. It looks for the theoretical relevance of NGO approach and delineates the various components of the approach.

14. The Role of NGO's in Agricultural Credit and Rural Development.
(p-20).

Abstract: The study identifies the role of Bangladeshi NGOs in agricultural and rural development, the income and employment effect of NGO programmes and potentials and limitations of programmes.

15. The Unprecedented Growth of Population in Bengal in the 1930s: An Effort to Find Out the Real Mechanism. An MSc Dissertation submitted to the University of London by Sadequr Rahman Chowdhury. (p-48).

Abstract: The growth of population in Bengal in the 1930s was quite phenomenal compared to any of previous decades. The population had been increasing in the tune of 1.5 to 3.5 million in each decade since 1881 upto 1931. But in the decade 1931-41 the population increased by about 10 million. This study is an effort to find out the relative contributions of fertility, mortality and migration. The findings show that this rapid growth of population in the 1930s was mainly due to the mortality decline, particularly due to the decline of malarial mortality.

16. Demographic Registration System, Manikgonj and Joypurhat - Volume one: a provisional report on vital events 1986 - 88. (p-56).

Abstract: To evaluate BRAC's Child Survival Programme (CSP), the (RED) introduced a demographic registration system in 6 (3+3) unions of Manikgonj and Joypurhat in 1986 and 1987 respectively. According to the system, a male field worker visits every household of a union once in a month and collects information on such events as birth, death and migration which occurred following his previous visit. The system has been continuing for about 3 years but no report has yet been published. The events recorded in the last few years are still being

entered in the computer. The tables presented in this report were prepared manually. The report includes fertility and mortality only and gives no information on migration. A revised version of this report will come out when the detail tables will be available from the computer.

17. Planning and Project Appraisal : A Brief on the Deep Tubewell Irrigation Programme of BRAC. (p-41).

Abstract: The paper is a brief, impressionistic evaluation of the DTW irrigation programme of BRAC. It considers the planning process with particular emphasis on the constituent elements in project appraisal. The basic objective of the paper is to ascertain the adequacy of project planning at the Area level. It attempts to identify the process of project planning with reference to the DTW programme, with the feasibility study element as the focus. In addition, programme design issues are also commented upon. It synthesises the experience of five Area Offices, and based thereon recommendations are made. Methodologically, it relies on discussions with Area Staff and records maintained by the projects. The paper presents a profitability analysis and contains some specific recommendations.

18. Evaluating BRAC's Training Programme of Traditional Birth Attendants: A Few Case Studies. (p-34).

Abstract: Most of the child births in Bangladesh take place at home, assisted by either older relatives or by traditional birth attendants (TBA). The present maternal mortality rate in Bangladesh is about 6 per thousand live birth, neonatal and infant mortality rates are 89 and 125/130 per thousand live birth respectively. These large number of deaths could be attributed to unhygienic and hazardous delivery practice and inadequate pre- and post natal care. With the above

background in mind, the TBA training programme of BRAC was designed to provide basic training on hygienic delivery, simple pre and post natal care and identification of high risk pregnancies. The study was undertaken to evaluate the knowledge, attitude and practice (KAP) of the trained TBAs on pre and post natal care and during delivery and compare the KAP of the trained TBAs with untrained TBAs.

19. A Household Survey on Smoking in Six Areas of Rural Bangladesh.
(p-16).

Abstract: The number of smokers is alarmingly increasing in Bangladesh resulting in serious health hazard. It was estimated that 20 million males and 5 million females are smokers. Over 100,000 acres of land that could produce essential foodgrain are planted with tobacco. It is a recognised fact that smoking is harmful both physically and socio-economically. The study was conducted in 10 villages in Manikgonj and Joypurhat district to estimate the prevalence and consequence of smoking.

20. Training Programme of Family Welfare Assistants in Bangladesh :
An Assessment of Retention of Knowledge. (p-30).

Abstract: The population growth rate in Bangladesh is 2.3 and contraceptives prevalence rate is 31%. The growth rate is very high compared to other developing countries. Bangladesh is already committed to the world community for achievement of the target "Health for all by the year 2000." The Government has already undertaken a comprehensive health and family planning programme through Primary Health Care, to achieve the target. The Family Welfare Assistants (FWAs) are the main force for diffusion of knowledge on all contraceptive methods, and the success of the family planning programme depends on the attitude and efficient performance of the

FWAs. To develop their skill, BRAC already trained 3006 FWAs in 83 upazilas. To measure the knowledge of those FWAs after training, the Research and Evaluation Division undertook a study. The study objectives were to measure the retention of knowledge of FWAs about different family planning methods and MCH based child health care activities.

21. Experience with Village Health Committee Development : An Assessment on Community Participation in BRAC's PHC Programme. (p-49).

Abstract: In recent years, community participation (CP) has been the cardinal focus to the BRAC's PHC programme for making the programme self-sustainable. Based on that, BRAC has been developing Village Health Committees (VHC) in its intervention areas since Oct. 1986, with the involvement of local people in planning, implementation and evaluation process. But one may ask, given the three years of programme implementation, what extent of community participation it has achieved? Using the framework of assessing process indicators devised by Rifkin, et al., two VHCs under Gheor upazila of Manikgonuj district were studied to address that question by measuring the level of community participation. It was revealed that the degree of community participation achieved was still rather low. The reasons for such low achievement have to be sought in the socio-economic and potential factors which were beyond the scope of this study. However, the results of this study provide a useful baseline information which can be used by any researcher for comparative assessment in future.

22. Tornado in Manikgonj : An Assessment of Losses. (p-17).

Abstract: Tornado is one of the severe disastrous natural calamities on which mankind has no control. One of such severe tornado swept

through Saturaia and part of Harirampur Upazila of Manikgonj district leaving a landscape of ruins and rubbles. The paper assessed the losses of human lives, assets like livestock and poultry and housing infrastructure of the most hard hit areas.

23. Social Forestry in Bangladesh Context : Problems, Responses and Recommendations. (p-66).

Abstract: Bangladesh, once known as the green belt, is fast losing its trees, its forests, its stretches of greenery; the rate of exploitation of forest resources is faster than their regeneration. In the recent past, both government and non-government organisations became increasingly concerned with the issue of deforestation which has a direct bearing on environmental degradation. The present report sketches the glimpses of deforestation focussing the magnitude of the problem. It also reflected the various programme approaches undertaken worldwide involving both government, individual and the community in the process to tackle the issue. In-country responses made by both government and non-government organisations are discussed in brief. Finally, some issues worth considering are provided, also giving some general recommendations to cope with the dwindling forest resources.

24. Approach to Village Studies: A Tentative Scheme for BRAC. (p-16).

Abstract: The paper discusses some issues relating to the need and framework of undertaking a longitudinal study by BRAC for indepth analysis of the changing villages in Bangladesh. The methodological aspect, particularly the importance of anthropological method for studying village situations, has been emphasized in the paper.

25. The Role of NGOs in Health Development in Bangladesh: A Case Study of BRAC's Manikgonj Integrated Development Project. An MPH Thesis submitted to the Royal Tropical Institute, Amsterdam, 68 F. Karim. (p-81).

Abstract Integrated approach to health care through rural development activities has long been believed to be effective to bring about a distinctive improvement in health status. Based on that, BRAC has been implementing a PHC programme in its Manikgonj integrated rural development project since 1977. A comparative community study was commissioned in late 1986 to assess the extent of effects of such approach given the 10 years of programme implementation. This thesis highlights some results of that study. Significant improvements were found in the programme area compared to the control area with respect to infant mortality rates (IMR), usage of ORT and tubewell water, eligible women coverage by TT vaccine, rates of permanent sterilization and safe birth delivery practices. No significant differences were observed in crude birth rates (CBR), crude death rates (CDR) and total fertility rates (TFR) between the two areas. Interestingly, higher coverage of vitamin A capsule (VAC) distribution and lower prevalence of nightblindness were found in the control area than that in the programme area. However, a substantial reduction in IMR, CDR and TFR was explicitly evident in the programme area compared to the baseline data (1977).

26. A Mid-term Evaluation of the Bangladesh Blindness Prevention Programme. (p-91).

Abstract: For a mid-term assessment of the Bangladesh Blindness Prevention Programme, BRAC was commissioned by the Institute of Public Health and Nutrition and UNICEF to carry out a survey on night

blindness and vitamin A-capsule (VAC) distribution in rural Bangladesh. This report presents the the results from this survey. Night blindness was found to be prevalent in 1.78% of the children aged 6 months to 6 years and was higher in females (1.79%). VAC was received by 35% of the target children during 27th round. The survey found that the programme enjoys a comparatively low priority in the competing demands of the health system's time.

27. Night Blindness and Its Prevention in Bangladesh. (p-5).

Abstract: This report presents the situation of Night blindness, it's prevalence, people's perception about Night blindness, it's symptoms, causes and treatments. The prevalence of Night blindness appeared to be alarmingly high, about 3.6%. Most of the people recognize it by local names. Many of them mention diarrhoea as cause of Night blindness, a few can mention about vitamin A deficiency. In spite of abundant supply of natural food to prevent it people do not feed these to babies, and capsule distribution suffers from different shortcomings of the delivery system.

28. Effectiveness of the TBA Training Programme : Case Studies from BRAC. (p-19).

Abstract: Traditional birth attendants (TBA) play a vital role in Bangladesh in respect of child birth, pre and post natal care, etc. considering their significant role, BRAC has been making efforts to bring about a desirable change in the knowledge, skill and attitude of the TBAs through training. The present paper, based on the findings of survey and case studies, discusses the performances of the trained TBAs vis-a-vis some untrained TBAs. The studies found that (a) new knowledge acquired was not adequately practiced by the trained TBAs, (b) the knowledge gained could not be effective due to the absence

systematic supervision and follow up system, etc. Among other things, raising the social status of the TBAs is considered necessary for discharging better ante and post natal duties.

29. The Flood of 1988 and People's Survival : Seven case studies from Gheor. (p-56).

Abstract: The report presents the case studies of some severely affected people of the flood of 1988 which affected almost three-quarters of the whole country. The flood caused a great extent of suffering as it damaged and destructed many essentials of livings such as paddy, poultry, livestock, houses, tubewells and so on. To document the losses and survival strategies adopted by the affected people, these case studies were done just after the flood. The case studies present a picture of experience of the people and the diverse ways people tried to cope with the flood.

30. Delivering Research : The Case of Oral Rehydration Therapy and Tubewell Irrigation in Rural Bangladesh. (p-10).

Abstract: This paper attempts to describe two of BRAC's modest attempts to translate research findings into actions for the wellbeing of the people of Bangladesh. Some of the findings of studies conducted by BRAC as discussed in the paper are : (i) Oral Rehydration Therapy (ORT) was found to be the treatment of choice for most types of diarrhoea which helped in the reduction of mortality, particularly in children between 1 and 4 years of age, (ii) some changes in the knowledge, attitude and perception of teachers, males and mothers have contributed towards making people effectively aware about the treatment of diarrhoea, and (iii) as irrigation is a key factor for increasing yield in agricultural sector, irrigation assets managed and operated by the landless groups organised by BRAC bring direct benefit

to all sections of the rural community irrespective of the socio-economic status.

31. Longitudinal Study on Poultry Rearing in Manikgonj : A Preliminary Assessment for the First Quarter. (p-26).

Abstract: Having the experiences from a pilot project in 1985, BRAC started its IGVGD Programme in 1987. The present study is an evaluation of such a project in Manikgonj Area. The study was conducted to assess the income of the poultry rearers in relation to their farm size and compare the income of the programme group and the non-intervened group. The study revealed that the profit earned is positively associated with the size of poultry farm. But the total income achieved by the study population rearing HYV poultry is negative while it is positive for the non-intervened group rearing traditional variety. The hatching rate and mortality rate of chicks both favour the control group compared to the programme group.

32. An Assessment of Economic Profitability of Rearing HYV Chicks and Its comparability with Other Varieties: Seven Brief Case Studies. (p-11).

Abstract: BRAC started its IGVGD programme in 1987 which introduced the HYV chicks to the rearers. The study was conducted to assess the money income earned out of poultry rearing and its comparative economic benefit between and among the HYV, local and the crossbreed varieties of chicks. The study also covered the operational problems of HYV poultry rearing. The study found that rearing of HyV chicks was less profitable than the others. The local birds are advance in producing eggs, while the HyV consume more time to reach at the age of such production. It was also observed that short term rearing of chicks (for two months) could produce much more income to the rearers.

33. BRAC: Social Forestry Programme. (p-15).

Abstract: This paper attempts to document the various efforts made by BRAC in designing and introducing social forestry programme since 1977 and summarising the findings of two evaluation studies so far conducted on these programmes. It also discusses the opportunities and constraints associated with the expansion of social forestry programme in Bangladesh and puts forward some future expansion strategies.

34. Peasant Perceptions : Law (p-56).

Abstract: This report is the second volume under the Peasant Perceptions Series and is the fourth publication of our rural study series. The study is an attempt to ascertain the perceptions of the rural poor about certain sensitive issues, viz., child marriage, divorce, dowry, law enforcing agencies, and the laws relating to these issues which directly affect them in their daily life. The respondents were mostly from the target groups, both male and female, organised by BRAC. The findings indicate that the peasants perception of law is a system that is instrumental only in increasing the oppression to which their lack of economic power makes them vulnerable.

35. A Tale of Two Wings: Health and Family Planning Programmes in an Upazila in Northern Bangladesh. (p-75).

Abstract: This study looked at how the government health system works in an upazila in northern Bangladesh. By staying continuously in the upazila for more than three months and working closely with different levels of health and family planning officials, many insights into the dynamics of different programme components, some of which are startling, have been revealed. The study portrays a dismal picture of the situation at the periphery. The staff spend less than half of their time in official work and they tend to be more dutiful in work

which is more supervised, involved greater national commitment such as immunisation and emergencies such as floods, and where the relevant supplies (e.g. ORS) are more available. It is believed that many of the findings may be used by the government in assessing and improving its health and family planning services at the periphery. A major review of the health and family planning services in rural areas is warranted.

36. Perception of Poultry Rearers About Different Varieties of Poultry Birds: Seven Brief Case Studies. (p-13).

Abstract: This paper presents the findings of a quick assessment of profitability, operational problems and comparability of rearing HYV, crossbreed and local variety of poultry by the women rearers under BRAC's IGVGD programme in the Manikganj area. The case studies point out, among other things, certain problems of rearing HYV poultry as perceived by the rearers and present recommendations for their possible solution.

37. PHC Facilitation: As Informational Update. (p-13).

Abstract: Despite best intentions of the planners, the upazila health complex based domiciliary service delivery system, as arranged by the government to extend health services to the rural masses, has failed to produce expected results. To assist the government in improving the system, BRAC introduced a primary health care (PHC) facilitation programme in 1988. This paper discusses the aims and strategies of the programme and embodies relevant information on a prospective work plan.

IX. ON GOING RESEARCH PROJECTS

The following studies which were initiated in 1988 are now in various

stages of progress. These studies are scheduled to be completed in early 1990.

<u>Sl.No.</u>	<u>Title/Topic</u>
1.	Growth Monitoring at BRAC
2.	Dietary Practices of Rural Children according to Land holding
3.	Attitudes and Perceptions of Menstruation by Adolescent Girls
4.	Demographic Registration System in Manikganj and Joypurhat Vol.II - An Evaluation of the Data Quality.
5.	Morbidity Pattern in Rural Bangladesh.
6.	Mortality Pattern of under 5 Children in Rural Bangladesh.
7.	Evaluation of the Post-flood Rehabilitation Programme of BRAC.
8.	BRAC's Textile Programme : Its Strength and Weakness
9.	VHC Study in Manikganj Project.
10.	The Dynamics of Inter-class Tradition in Rural Bangladesh: Changes in some selected Demographic, Economic and Social Parameters.
11.	Profitability, Capital and Labour Productivity of Small Scale Enterprises.
12.	Why the other 50% of the Landless do not join RDP Groups.
13.	Further analysis of Demographic and Epidemiological Data Collected through various surveys over the last several years.
14.	Analysis of data from Mid-term Evaluation of PHC.
15.	Continued Collection and Analysis of Data from the Vital Registration Systems
16.	Analysis of Data Collected on Morbidity
17.	Analysis of Data Collected on Effective Usage of ORT
18.	Study on Community Participation in PHC
19.	Management Development Programme (Discussion Paper)
20.	Social Stratification and Differentials in Health Behaviour in Rural Bangladesh

21. The Problem of optimality Benefit maximization and Immiserisation in the Brackish Water Shrimp Production in Bangladesh
22. Who Don't Get Loan and Why: A Look into the Unequal Credit Mobility within Landless Groups.
23. BRAC and EPI: A Study in Two Upazilas
24. The Role of NGOs in Agricultural Credit and Rural Development
25. Employment and Training Opportunities for Women in Bangladesh: The Role of NGOs
26. Micro-enterprise Development and Promotion
27. BRAC Strategy of Employment Generation
28. An Evaluation of Post Flood Rehabilitation Programme.

X. PROPOSED AREAS OF STUDY FOR 1990

RED identified a large number of research areas/topics covering various fields which could be undertaken in the coming year. A prioritised list of the tentative research areas was made which are as follows:

A. ECONOMIC AND SOCIAL STUDIES

Priority Area - I

1. Case Studies on Successes (Like Jamaluddin, Jarimon-Karimon, etc.)
2. Case Studies on Rural Enterprises supported by BRAC (Brickfield, Rice mill, etc.)
3. Indirect Impact of RDP on Nutrition, Fertility, IMR, etc., in Manikganj Area
4. A Comparison of the Outcome of Credit Provided Individually and in Groups. Distribution of Benefits in RDP Groups - who is getting what?
5. Case Study on Male/Female Groups in RDP (Relative strength/weakness, coverage, activities, benefits etc).
6. Study on the Management Systems of Irrigation Assets by the Landless in RDP and other organisations: which is the best?
7. Study on Specific Aspects (process, problems, factors behind their success/weakness, etc.) of the Sectoral Programmes:

Irrigation, Social Forestry, Sericulture, Housing, Livestock, etc.

8. Is the Training Received by the RDP staff relevant and useful to their purpose? Does any new area of training need emphasis?
9. What should be the Preconditions for Receiving Loans: A Comparative Study on RDP and other loan giving agencies. Should social aspects like sanitation, family planning be emphasized?
10. How does the Functional Education Programme affect conscientization? What about Literacy and Numeracy?
11. How are the loans given for Small Trading being utilised?
12. A Comparison of the Activities of Old groups and New groups in RDP. Why groups lose their interest over time?
13. Federation for the landless group - how should it be approached? Comparison of the BRAC experiences with others such as Proshika, ASA etc. on the basis of nature, characteristics, feature, functions and relationships.
14. Investigation on cost of credit. Also cost-effectiveness for various schemes.
15. How feasible are the "Feasibilities" done for different types of schemes?
16. Impact of RDP on Power Structure: Group cohesiveness, conflict, conflict resolution, etc.
17. A Comparative Study of Resource use in Irrigated and Non-irrigated land under DTW Irrigated Schemes of BRAC.
18. Factors Affecting Adoption/Non-adoption of "Power Tiller" by the BRAC organised groups.
19. Evaluation of Manikganj Integrated Project: Needs Assessment.
20. Issues Of Morbidity, Disability and Economic Losses as a part of the Village Study Project.
21. Impact of Skill Training and Human Development Training on BRAC organised groups.
22. Measuring the Income Level of the Programme Beneficiaries (one/two years after their participation in RDP).
23. Social change: Settlement and change in the way of life of the Nomadic Tribes in Mirzapur Area.
24. Study on the Baor Project in Jessore: Planning, Management and other aspects.

25. Development of a Vital Registration System Through Informants (for RDP).

Priority Area - II

1. "Constraint" Study: Constraints in Women's Participation in Development Process.
2. 'Time' and 'Personnel' study:
 - i) How much time put by POs in which activity
 - ii) Perception of RDP staff about their present work problem faced by them. Why some of them drop out?
 - iii) The Profile of a Good Manager.
3. Case Study on Handloom/Powerloom.
4. Is the Creation of values Emphasized/Rightly Done in BRAC (why some people steal money?)
5. A Review of the New Credit and Monitoring System in Comparison to previous system.
6. Profitability Analysis of "Power Tiller" Schemes under BRAC programme.
7. Relative Efficiency of owner cultivators, share croppers, wage labours and paddy huskers. Among the BRAC organised groups.
8. Impact of Institution Building: Process, components, weakness, etc.
9. Advantages and Disadvantages of Implementing RDP with existing manpower under the present structure.

B. HEALTH STUDIES

Priority Area - I

1. Study on the Facilitation Programme in Five upazilas. Is it any good?
2. Evaluation of Pilot Family Planning Project.
3. Study of ORT usage and safety in areas covered 10 years ago (also look at acceptance and perception).
4. Continuous Evaluation of TB Programme in Manikganj and Jamalpur.
5. Effects of Integrating PHC with RDP.

6. Study on the Health Policy and Its Relevance (particularly looking at the implementation at the periphery).
7. A study on Maternal Health Based on Mortality/Morbidity (subject to the availability of fund).
8. A study on Home Gardening and Night Blindness (subject to availability of fund).
9. PHC programme of the Government of Bangladesh: An Assessment of Effective Coverage.
10. Breast Feeding: Perceptions, Right Time, Right Feeding.
11. Community Diagnosis: People's Health Needs Assessment.
12. Community Financing in Manikganj Health Programme.

Priority Area - II

1. Investigation into the Determinants of Poor Health
2. a. Occupational Health of Women under BRAC Programmes.
b. Case Study of Manikganj Sebikas.

Priority Area - III

1. An Alternative Approach to Community Health Worker Development: Training the Religious Leaders as "Para Professional".

XI. ACADEMIC REPORTS SUBMITTED

Two members of the RED staff submitted two academic reports as dissertation work for their master's degree in foreign universities. These are -

- a) The Unprecedented Growth of Population in Bengal in the 1930s: An Effort to Find out the Real Mechanism. An M.Sc. Dissertation submitted to the University of London -- by Sadequr Rahman Chowdhury.
- b) The Role of NGOs in Health Development in Bangladesh: A Case Study Study of BRAC's Manikganj Integrated Development Project. An MPH Thesis submitted to the Royal Tropical Institute, Amsterdam, The Netherlands -- by Fazlul Karim.

XII. JOURNAL PUBLICATION

- a) Prevention of Night Blindness in Rural Bangladesh -- by AMR Chowdhury. World Health Forum. Vol. 10, 1988.
- b) Diarrhoea Perception and the Use of a Homemade ORT. Journal

of Diarrhoeal Disease Research. Vol. 6, 1988 -- by AMR Chowdhury and J.P. Vaughan.

- c) NGOs On the Move: A Case Study on BRAC (EPI). ADAB NEWS, Sept. - Oct. 1989 -- by AMR Chowdhury

XIII. CHAPTER IN BOOK

The Role of NGOs in International Health -- by F H Abed and AMR Chowdhury. In M. Reich and E. Marui (eds.), International Cooperation for Health. Auburn House Publishing Co., Dover: Massachusetts, USA.

XIV. PAPER ACCEPTED FOR PUBLICATION

Folk Terminology For Diarrhoea in Rural Bangladesh: Review of Infectious Diseases -- by A.M.R. Chowdhury. The University of Chicago Press, USA.

XV. PRESENTATION OF PAPERS IN SEMINAR/WORKSHOP

Researchers of RED participated in various seminars/workshops both at home and abroad during the year. Some of them presented papers as detailed below.

Dr. AMR Chowdhury, Head of RED presented papers in the following international seminar/symposium:

- a. Peace, Justice and Ecologically Sustainable Development: Views from BRAC in Bangladesh. Paper presented at the Fourth Congress on the Fate and Hope of the Earth held at Managua, Nicaragua, 5-9 June, 1989.
- b. International Symposium of Food Based ORT. Presentation at the Aga Khan University, Karachi, Pakistan, 12-14 November, 1989.
- c. Indicators for Monitoring Progress in Child Survival. Paper presented at the South Asian Workshop on Indicators for Human Development, Kathmandu, Nepal, 4-6 December, 1989.

The following RED staff participated in seminar/workshops during the year:

- a. Dr. Nazrul Islam, Medical Officer (Research), took part in the Seminar on 'Nutrition: Situation in Bangladesh' held at the Canadian Club, Dhaka on 3 October, 1989. He also participated in the National Workshop on TBAs held at NIPSON, Dhaka on 22-23 October, 1989.
- b. Mr. Fazlul Karim, Research Epidemiologist, took part in the Divisional Workshop on Campaign for the Protection and Promotion of Breastfeeding sponsored by UNICEF and held at Chittagong on 18-19 December, 1989.

- c. Ms. Nasreen Huq, Senior Staff Nutritionist, participated in a workshop on Nutritional Problems of Children in the Developing Countries held at Tiburon, California on 2-3 June, 1989.
- d. Mr. Zafar Ahmad, Research Economist, participated in the (a) Seminar on Women's Employment: Savings and Credit Programme, organised by SIDA at Dhaka in March, (b) Seminar on Rural Employment and Social Welfare Activities in Bangladesh, organised jointly by ILO and Ministry of Social Welfare at Dhaka in April, and (c) Seminar on Social Science Information and Documentation Process of their Utilisation, organised by the Asia Pacific Informational Network in Social Sciences (APINESS) at Dhaka in October 1989.

XVI. EXTERNAL INVOLVEMENT OF RED

- a) A team of RED researchers headed by Mr. Zafar Ahmad, Research Economist accomplished a research consultancy contract (Nov. 1987-April 1989) with M/s. Aqua Service International De France on Shrimp Culture Project in Bangladesh, funded by World Bank. The team furnished two reports.
- b) Mr. Zafar Ahmad also worked as socio-economic consultant in November 1989 with the project identification mission of BRDB's South-West Rural Development Project, sponsored by IFAD.

XVII. RED SEMINAR

RED organises seminars to facilitate mutual exchange of knowledge and ideas among the researchers. Eleven presentations were made in the RED seminar by various researchers, including two foreign experts during 1989. Details are as follows:

1. Seminar on Primary Education in Retrospect: Realities and Constraints, presented by Chitta Ranjan Das, February.
2. Seminar on Update on BRAC's ORT programme presented by AMR Chowdhury, Mizanur Rahman and Jalaluddin Ahmed, 1 June.
3. Seminar on Planning and Project Appraisal: A Project on DTW Irrigation Scheme of BRAC presented by Shams Mustafa and Sanzidur Rahman, July
4. Seminar on Popular Education in Nicaragua: Reference in BRAC's Functional Education Programme, presented by AMR Chowdhury, July.
5. Seminar on A Study of Some Village Health Committees in BRAC's CSP/PHC programme by Thad Boss, 24 August.
6. Seminar on Childhood Nutrition of Children 0-71 months in Rural Bangladesh, presented by Ms. Nasreen Huq, September

7. Seminar on New Strategies for Family Planning: Lessons from Matlab, presented by Moni Nag, 5 October.
8. Seminar on The Role of NGOs in Health Development in Bangladesh: A Case Study of BRAC's Manikganj Integrated Development Project presented by Fazlul Karim, 15 October.
9. Seminar on Social Forestry in Bangladesh Context: Problems, Responses, and Recommendations presented by Sanzidur Rahman, 2 November.
10. Seminar on Update on the Jhitka Project presented by Laurine Brown and Azmat Ara Ahmed, 6 December.
11. Seminar on Income and Employment Generation: Experiences from a visit to Vietnam presented by Ms. Salma Sobhan, 11 December.

RED organised a one week workshop programme on Research Methodology, 23-27 July 1989, for the orientation of its junior researchers. The programme included 18 topics covering different aspects of BRAC programmes and research issues.

London School of Hygiene and Tropical Medicine
(University of London)

Keppel Street London WC1E 7HT
Telephone 01-636 8636. Cables Hygower London WC1. Telex 8953474

Evaluation and Planning Centre
for Health Care
Head: Dr. J Patrick Vaughan

April 1988

Comments on the Research and Evaluation Division of BRAC

Patrick Vaughan, Professor of health care epidemiology

1. Introduction

I was very fortunate to have visited BRAC, Bangladesh, from 22 April until 6 May. I was requested to appraise the activities of the Research and Evaluation Division (RED) and my programme was arranged by Dr Mustaque Chowdhury, head of RED. I talked to a number of RED and BRAC programme staff and was able to see at first hand the Child Survival Programme (CSP)/Primary Health Care in Rangpur District and the Manikganj Integrated Development Project. I also reviewed a considerable number of unpublished evaluation papers and reports produced by RED and a number of research proposals for future work.

I gained an extremely favourable impression of BRAC and its staff and it has been a real pleasure to work with RED over these past two weeks. This is a very active and productive Division that has undertaken some extremely good work and produced professional and readable reports, papers and proposals.

The multidisciplinary team approach is to be admired and there is a good and pragmatic balance between rapid and in-depth evaluation studies and between qualitative and quantitative research approaches. The team spirit and moral is high. The Division has a broad range of projects and is now of such a size that there is a need for more senior level staff to take over some of the higher management responsibilities that Mustaque Chowdhury currently does, particularly concerning the direct supervision of projects.

2. Liaison with BRAC Programme Staff

Although RED has been set-up as an independent Division that is directly responsible to the Executive-Director, there exists a very good working relationship with the different programmes and their staff. This arrangement has many advantages for RED but it may also have the disadvantage that full use is not made of the findings of the evaluation studies. The large number of evaluation reports produced over 1987/88 may not have been fully utilised. Since BRAC is now taking stock of its present position with a view to developing a longer term strategic plan, it is important that formal mechanisms are

established that can make full use of RED's findings. This may require more joint seminars and planning meetings amongst programme and RED staff.

3. Research Staff Development

Since people skilled in research and evaluation are scarce in all countries, but particularly in a country such as Bangladesh, BRAC needs to have an active recruitment policy to maintain its multi-disciplinary team. RED is now at such a stage in its development that to cover its health work it needs to promote senior staff in epidemiology, demography, statistics, health economics and medical anthropology. This is assuming that computer data handling and analysis is carried out by another group. Links with overseas institutions and a fellowship programme would encourage the recruitment of suitable young Bangladeshi staff. I understand that some initiatives are already underway and I would strongly support them.

4. BRAC versus Non-BRAC Assignments

I believe that RED has now reached such a high standard in its work that it will soon become much more widely known and respected. As this happens there is bound to be the buildup of requests from other agencies for BRAC RED staff to undertake outside consultancies and for RED itself to carry out research and evaluation studies for other agencies. Indeed, RED could easily augment its activities and income by accepting such requests. However, a division like RED can only achieve so much and therefore there is a real danger of overcommitment. This would be particularly true if RED also wishes to involve itself in several indepth and long term collaborative research studies. I feel that it would be best for BRAC if RED were to maintain its present concern mainly with BRAC programmes and to avoid being drawn off to work for other agencies. RED must be one of BRAC's major assets as far as donor agencies are concerned.

5. Publications

A large number of papers and reports are being produced by RED which fall approximately into three groups. Many of them are primarily useful to BRAC programme staff and act as feed back and a stimulus for reprogramming. A smaller number of papers and reports contain information of more general interest to other health agencies and research centres working in Bangladesh and other Asian countries. I suggest that these papers should be well edited and reproduced with an appropriate RED cover and circulated by BRAC. This would also bring attention to BRAC's research and evaluation strengths. A smaller number of papers are important scientific contributions and should be published in recognised international journals. These suggestions would involve RED in additional work, and the services of an editorial assistant would greatly help in this process.

6. Topics for further research in addition to what is currently being undertaken:

6.1 Traditional birth attendants - who are they? What are they doing? Are they practising the new health behaviour?

- 6.2 Visual health education materials - how do villagers interpret these materials? What messages do they see?
- 6.3. Community health workers - what is the demand for their services? How often and how well are they being used?
- 6.4 Village health committees - how are they formed? Who are the members? How well are they functioning?
- 6.5 Comparison of impact on child survival in BRAC RDP areas with RCP and PHC areas.
7. Topics for further intervention studies:
 - 7.1 Acute respiratory tract infections - a policy and programme for inclusion into CSP/PHC.
 - 7.2 Roles of midwives at union level in improving obstetric care and supporting trained TBAs in order to reduce maternal morbidity and mortality.