

**The
Research and
Evaluation Division**

**ANNUAL
REPORT
1993**



BRAC

**Bangladesh Rural
Advancement Committee
Dhaka Bangladesh**

THE
RESEARCH AND EVALUATION DIVISION
ANNUAL REPORT 1993

March 1994

BRAC
BANGLADESH RURAL ADVANCEMENT COMMITTEE
66, Mohakhali C/A, Dhaka-1212
Bangladesh
Tel: PABX : 884180-7, 600161-4
FAX : 880-2-883542, 883614
Telex : 632327 BRAC BJ
Cable : BRAC Dhaka

CONTENTS

I.	THE RED	1
II.	GROWTH OF RED	1
III.	RESEARCH AGENDA	1
IV.	HIGHLIGHTS OF 1993 ACTIVITIES	3

Research Output

Major Study Projects

Action Research - Home Gardening

RDP Impact Assessment Study

Monitoring and Evaluation of WHDP

Joint BRAC-ICDDR,B Study at Matlab

Assessment of Basic Competencies

Studies on Government Programs

A New Approach to Village Study

Research Facilitation

V.	RESEARCH COLLABORATION	9
VI.	ASSISTANCE TO LOCAL NGOS ON MIS	9
VII.	DISSEMINATION OF RESEARCH	10
VIII.	GENDER RESEARCH AT RED	10
IX.	EFFORTS AT CAPACITY DEVELOPMENT	11

Training for Capacity Development

BRAC Research Impact Project (BRIP)

International Linkages for Capacity Development

Research Fellowship at Harvard University

X.	USE AND ACCLAMATION OF BRAC RESEARCH	13
XI.	JOURNAL ARTICLE/CHAPTER IN BOOK	14
XII.	PARTICIPATION IN SEMINARS/WORKSHOPS	14
XIII.	RED SEMINAR AND WORKSHOP	15
XIV.	LIBRARY FACILITY	15
XV.	RED'S FUTURE STRATEGY	16
XVI.	ACKNOWLEDGEMENT	17
XVII.	COMPLETED AND ONGOING RESEARCH PROJECTS 1993	19

ANNEXURES

1.	Capacity Development At RED Recruitment, Promotion, Staff Training	21
2.	Strategies of RED for 1994 and Beyond	25
3.	Publication in Journals and Books.	36
4.	Participation of RED Researchers in Seminars/workshops	37
5.	RED Seminars and Workshops in 1993	41
6.	List of Completed Research Projects 1993	45
7.	List of Ongoing Research Projects	51
8.	Abstracts of Completed Studies	56

RED REPORT 1993

I. THE RED

The Research and Evaluation Division (RED) was established in 1975 with only one statistician compiling selected field program statistics. It soon evolved into a fullfledged division to meet the emerging research needs of BRAC. Over the years, RED has established itself as a professional body in the field of socio-economic research in Bangladesh.

The primary responsibility of RED is to provide necessary research support to the growing and multifaceted programs of BRAC. The Division also undertakes studies on request from other organizations such as NGOs, government agencies, and international development organizations. Studies are also conducted jointly with established research institutions within and outside of the country.

II. GROWTH OF RED

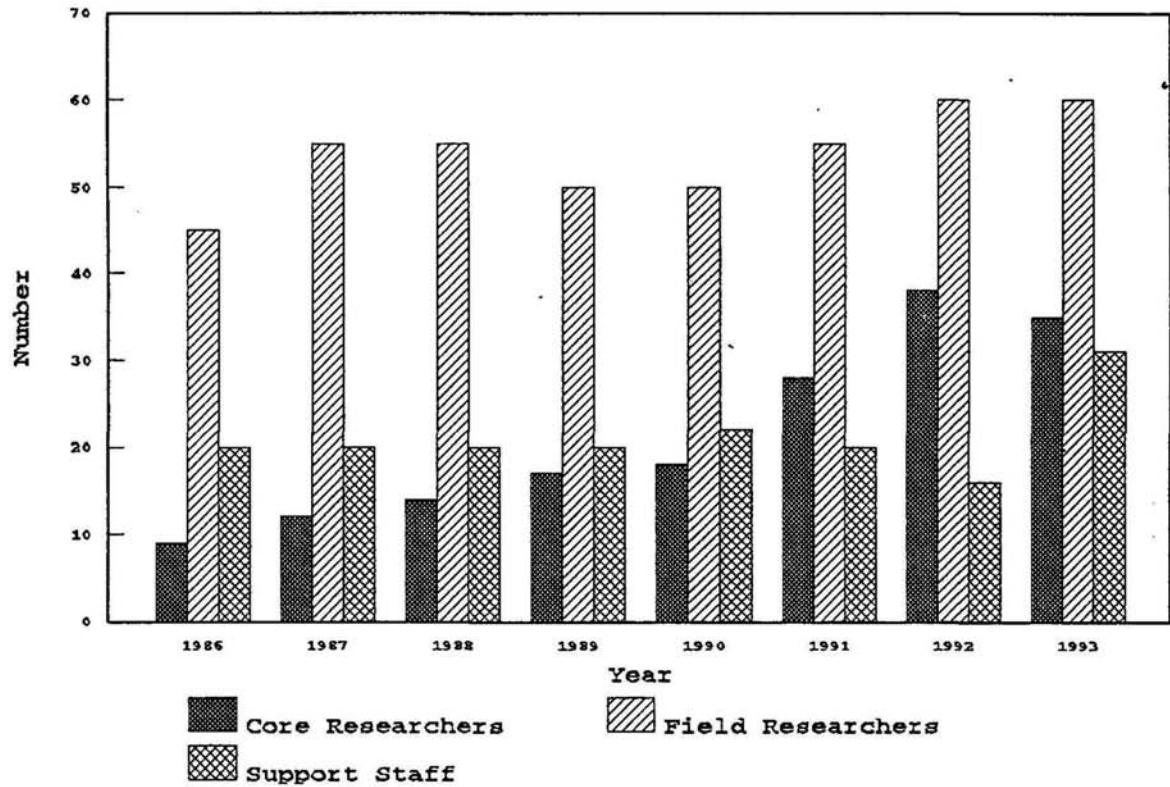
RED has been growing every year both in terms of personnel and capability in research. The Division became enriched in 1993 with the addition of several qualified staff: economist, sociologist, anthropologist, demographer and political scientist.

The strength of core researchers stood at 35; 4 with Ph.D. and 14 with Master's degree from universities abroad. The total strength of the Division rose from 114 in 1992 to 126 in 1993, with some 60 field researchers working at the field level and 31 support staff working at head office. Figure 1 shows the growth of research staff over time.

III. RESEARCH AGENDA

Research agenda of RED are set largely in consultation with

Fig. 1. Growth of RED



BRAC program personnel, and identification of issues by individual researchers. Research issues are also suggested by BRAC management and BRAC's donors.

The research agenda cover a wide range of issues and topics : rural development, health, nutrition, family planning, and education. RED has planned to initiate research in some

emerging issues such as environment and gender in the coming year. A variety of methods are used in conducting the studies. These include quantitative survey and anthropological methods, Rapid Rural Appraisal and Participatory Rural Appraisal, focus group discussion, indepth case methods, etc. In addition, action research projects are undertaken when appropriate. In

recent years, more emphasis is being given on the qualitative methods to study the dynamics of rural life and problems of rural development.

Most of the studies conducted so far have been short term in nature, though in recent years RED has engaged itself in some longitudinal and long term studies. The longitudinal studies are intended to capture the changes that are taking place in the socio-economic situation of the villages over time. The Vital Events Registration started in 1987, the Village Study Project initiated in 1990, and the joint BRAC-ICDDR,B study initiated in 1992, are the current long term projects.

IV. HIGHLIGHTS OF 1993 ACTIVITIES

The year 1993 was an eventful one for RED. The Division attained substantial growth in terms of outputs, human resource, capacity development and new areas of research. The research outputs were significant and more

diversified, covering new areas of investigation.

Research Output

So far, RED has produced upward of 325 research reports. The researchers also produced a good number of research articles and papers which have been published either in journals or included as book chapters.

In 1993, 62 research reports and articles/papers were completed (Annexure-VI). Another 46 studies were at various stages of progress (Annexure-VII). Most of the studies were on BRAC's development interventions. The studies covered a wide range of issues such as employment and income generation, credit and savings, non-formal primary education, women and development, irrigation, sericulture, health, sanitation, nutrition, etc.

Major Study Projects

RED was involved in a variety of studies in 1993. Four study

projects, however, figured prominently in terms of impact, use and support to BRAC programs. The projects are (a) RDP Impact Assessment Study, (b) Monitoring and Evaluation of WHDP, (c) Joint BRAC-ICDDR,B Study at Matlab, and (d) Assessment of Basic Educational Competencies of children. Over 25 researchers were involved in these studies.

Action Research - Home Gardening

RED introduced a three-year action research on Home Gardening which was completed in 1993. The project aimed at increasing the availability and intake of vitamin A-rich foods in the rural households. The project had three components: home gardening, nutrition education, and monitoring and evaluation. Eight villages, 5 intervention and 3 comparison, in Jamalpur Sadar Thana were covered in the project. Jamalpur is one of the areas in Bangladesh where night blindness is widely prevalent due to vitamin A deficiency. Villagers in these areas are generally averse to taking

green vegetables and fruits that are the source of vitamin A. The action research project produced quite favorable response. People in the project villages, particularly the rural poor, adopted cultivation of recommended vegetables in their homesteads and also used them. The results encouraged BRAC to expand the activities in wider areas. So, in late 1993 the home gardening was included as a RDP component and replicated to 15 areas under BRAC's Rural Development Program.

RDP Impact Assessment Study

In response to a suggestion from BRAC's donors, RED initiated a comprehensive Impact Assessment Study (IAS) of the Rural Development Program (RDP) in May 1993. RDP is the cornerstone of BRAC interventions, covering over 800,000 landless poor, and working for alleviation of poverty and empowerment. The IAS aims to gain an in-depth understanding of the socio-economic impact of RDP, in both quantitative and qualitative

terms. A team of nine RED researchers, drawn from different disciplines, was entrusted with the task of conducting the study. Two consultants from the Centre for Development Studies at the University of Wales, Swansea, worked closely with the RED researchers in designing the IAS. The study, planned to be conducted in phases, will be completed in late 1994.

Monitoring and Evaluation of WHDP

A special cell was established at RED in 1992 for monitoring and evaluation of the Women's Health Development Program (WHDP), the current health development intervention of BRAC. The WHDP covers some 2 million people, mostly women and children of poorer households in 10 Thanas of Bangladesh. A team of RED researchers entrusted with the task has so far produced 14 monitoring and 10 evaluation reports on WHDP (list included as number 38-50 in Annexure-VI). Findings of the monitoring exercise were documented and

shared with program personnel at regular intervals. Each of the monitoring reports was translated into Bangla for effective dissemination at the field level. Titles and abstracts of the completed reports are incorporated in the later part of this report.

The studies also included an exploration of the basic assumptions underlying WHDP. Out of planned 9 studies in this area, 4 were completed in 1993. Two consultants from ICDDR,B helped RED researchers in carrying out these studies.

BRAC-ICDDR,B Collaborative Study

The joint BRAC-ICDDR,B project, initiated in 1992, is one of the most comprehensive projects undertaken by RED. The study stipulates a long term involvement of RED in Matlab area of Chandpur district where ICDDR,B has been maintaining a Demographic Surveillance System in 142 villages for the last 30 years. The ICDDR,B has also been operating an MCH-FP program at Matlab. In 1992,

BRAC introduced its Rural Development Program (RDP) in Matlab area. The RDP works for alleviation of poverty and empowerment of the poor, particularly women. It is envisaged that the rich database on health and demographic indicators monitored by ICDDR,B would provide a unique opportunity for BRAC to assess the impact of social and economic development on population and health status in rural Bangladesh, and to examine the mechanisms through which such change occurs.

A multi-disciplinary team of researchers drawn from the two participating organizations is engaged in designing and implementing the current and upcoming study projects. As a part of the study plan, a baseline survey covering some 12,000 households was completed in early 1993. In addition, a technical documentation of the project has also been completed. Currently some 10, studies scheduled to be completed in 1994, are underway.

Assessment of Basic Competencies (ABC)

RED added a new dimension to its research by initiating studies in a particular area of education. In collaboration with UNICEF and several national institutions including the Institute of Education and Research at the University of Dhaka, National Curriculum and Textbook Board, and Directorate of Primary Education, a nationwide study was designed and implemented in 1992. It aimed at assessing the basic education competencies of children aged 11-12 years in Bangladesh. This was the first study of its type in Bangladesh and anywhere in developing countries. Experts from universities, ministry of education, national and international organizations were consulted in developing the tools and methodology of the study.

The findings created considerable interests among the scholars, policy planners and development agencies involved in education. In 1993,

RED took up another survey with larger samples, using a modified methodology. This survey collected additional information on the opinions of the parents on what "life skills" their children should possess/learn. Report of the study and the design of ABC created wider interest within Bangladesh and in the region. A workshop organised by UNICEF in Dhaka in February 1993 with the participation of representatives from six SAARC countries discussed this methodology for implementation in their respective countries.

Studies on Government Programs

RED conducted studies on two important public sector programs. The first one, initiated in 1992, was a study on primary education in Bangladesh based on intensive observation of three government primary schools. The second one, completed in 1993, combined two large-scale surveys on residual land and the persons who have been affected by the construction of the proposed Jamuna

Multipurpose Bridge. The surveys covered some 6,500 affected households of Sirajganj and Tangail districts. The information generated were to be used for the preparation of a resettlement action plan for the affected persons.

Another study on the Jamuna Bridge project was initiated in November 1993 to cover an additional 1300 affected households. The report is scheduled to be published in March, 1994.

A New Approach to Village Study

The RED has been conducting a longitudinal study entitled "Village Study Project" (VSP) since 1990, covering 10 villages in two locations - Monirampur in Jessore and Titpalla in Jamalpur. Following a multi-disciplinary approach, VSP attempts to capture and analyze the changes, taking place over time, in the socio-cultural and economic aspects of rural life. The baseline survey of all the villages was completed in 1990 and

longitudinal data on income, expenditure, consumption, health situation and village development are being collected on a continuous basis since 1991. The VSP was extended to Puthia in Rajshahi in early 1993 to closely observe the village dynamics in the northern part of the country.

The project generated a huge database within a period of three years. The processing and computerization of these huge dataset posed some problems. As a result, rigorous analyses of the data was hampered. In response to this problem, RED took two steps. First, it assigned some national consultants to work on the project and produce some reports. Secondly, an international consultant, sociologist was invited to review the project in late 1992. Afterwards the project sites at Monirampur and Puthia were closed down and a decision was taken to introduce a new behavioral approach in studying the dynamics of rural life. A team of six researchers was set up in early 1993 to carry on

this pilot work. Guided by the consultant himself, the team continued their exercise for about a year. The new approach and corresponding methodologies were tested in a Jamalpur village. A report on the pilot study is being finalized. The replicability of this new methodology to a wider scale is under active consideration of RED.

Research Facilitation

BRAC usually facilitates research undertaken by university students and scholars of national and international organizations. The facilitation may take the form of counselling with RED researchers, data support and/or support in field work. RED provided extensive support to a World Bank sponsored study, coordinated and conducted by the Bangladesh Institute of Development Studies, Dhaka. The study titled "Credit Programs for the Poor : Household and Intra-Household Impact and Program Sustainability" is designed to analyze the impact of poverty

alleviation programs of BRAC, Grameen Bank and Bangladesh Rural Development Board. The findings are expected to come out in 1994.

V. RESEARCH COLLABORATION

BRAC has often conducted studies in collaboration with various national and international organizations. The major collaborative partners so far have been UNICEF, World Bank, PRIP, Helen Keller International (HKI), Overseas Development Institution (UK), and London School of Hygiene and Tropical Medicine (LSHTM). Three collaborative studies were being carried out during the year. In 1992 RED initiated a long-term joint study project with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). The second one is an ongoing study on Nutrition Surveillance Project (NSP) being conducted jointly with HKI. The NSP was extended to two new field locations in Shakipur and Mirzapur area in 1993. The third joint study is a project

on Maternal Morbidity which is being conducted jointly with LSHTM since 1992. This project is expected to be concluded in 1994. A national workshop is planned for May 1994 for dissemination of the findings.

BRAC has decided to coordinate the Bangladesh part of a multi-country study on "Social Science and Immunization". The other collaborating partner in this study is the ICDDR,B.

VI. ASSISTANCE TO LOCAL NGOS ON MIS

With a support from the Ford Foundation, a project was initiated in 1992 to extend technical assistance to some local NGOs in developing their monitoring, evaluation and management information system (MIS) capacity. To start with, four national NGOs were selected in 1993. These organizations are FIVDB at Sylhet, Banchte Shekha at Jessore, Bangladesh Women's Health Coalition at Dhaka, and Proshika at Comilla. RED has finalized a plan to train one/two staff from each of the

organizations on monitoring and MIS.

VII. DISSEMINATION OF RESEARCH

Dissemination of BRAC's research usually takes place through RED seminars and publication of the reports for internal and external users. Results of selected studies are also occasionally published in the BRAC's quarterly newsletter "Access". In 1993, RED organized 40 seminars (Annexure-V) through which the findings were disseminated among the BRAC management and operation managers. The researchers also presented some of the findings in the monthly meetings of field managers held at BRAC head office.

It is, however, increasingly felt that the results should be disseminated more extensively at the field level. RED has thus been emphasizing increased participation of its researchers in the regional level meetings of field managers and the need to interact with them on various issues including research

findings. At the same time, a process is underway to publish the summary findings in Bengali for easier comprehension of the field staff.

In December 1993, RED assigned a consultant to identify appropriate mechanisms of disseminating its research on a wider scale in the form of a journal, newsletter, bulletin or monograph. The consultant's report is expected in early 1994.

VIII. GENDER RESEARCH AT RED

In 1992, two international consultants were invited to develop a framework for gender research at RED. In 1993, one national consultant was invited to streamline the gender research program. Given the existing structure and strength of RED, the consultant recommended three alternative structures for initiating a comprehensive gender research program. The first option is to form a gender study team (GST) within RED consisting of a qualified team leader and 5-6 members from RED and BRAC

programs. The second option is to open a gender research unit headed by a highly qualified researcher with proven academic credentials in gender research and to be composed of 5-6 RED researchers of different disciplines with gender research training or experience in undertaking gender research. The third option is to establish a gender and development unit within RED but with a wider mandate and area of operation which would include top policy levels of all programs. The consultant also recommended that RED should develop its gender research in an organized way. By the end of 1993, some concrete steps for initiating gender research have been taken. The steps include (a) gender awareness training and (b) gender research workshop in January 1995.

IX. EFFORTS AT CAPACITY DEVELOPMENT

Increasing the quality of research has been a particular concern at BRAC. Several steps were initiated to address this

concern. Important among them were training of the researchers and consultation with experts on methods and techniques of research.

Training for Capacity Building

RED arranged a variety of training for its researchers in 1993, both at home and abroad. A total of 30 researchers took part in different training during the year. Two researchers were sent to UK for masters and two for short courses. Another two researchers returned on completion of their masters program : one in Education from the Queen's University, Canada and the other in Agricultural Systems from the Chiang Mai University, Thailand.

At home one special course on 'research communication' was organised that specifically aimed at improving the quality of research reports. Twelve young researchers took part in this course. Another team of six researchers was involved in a year long training and field exercise on a particular

approach to village study. This exercise was facilitated by one international expert. Three researchers participated in a course on 'focus group discussion techniques' organised by the Population Council at Dhaka. Another researcher took part in a special computerized module training on PHC MAP held at Bangkok. In addition, two RED researchers received in-country training on monitoring of health and rural development programs.

Familiarization with RRA/PRA techniques continued to be an important area of capacity development. Ten researchers were trained on RRA/PRA techniques by an expert from the Institute of Development Studies, Sussex. These techniques have been used in several studies, particularly the RDP Impact Assessment Study, and the Matlab Study.

Some of the researchers also underwent training at the British Council, Dhaka to develop their English language skills.

Details of training types and participants are provided in Annex-I.

BRAC Research Impact Project (BRIP)

BRAC's in-house efforts at capacity building was further strengthened with the introduction of a three-and-a-half year project, entitled BRAC Research Impact Project (BRIP), supported by ODA, UK. Initiated in June 1993, the project aims at strengthening BRAC's capability to assure quality research for feedback to its programs. BRIP involves several components: in-country training of BRAC staff in RRA/PRA techniques and monitoring, UK training in selected fields, regional visits of BRAC staff to draw insights from the application of PRA in some neighboring countries, acquisition of books and documents for BRAC library, etc. Another important component included in the BRIP is three specific studies to be conducted jointly by BRAC researchers and relevant international experts.

The project went on smoothly. So far, 20 BRAC staff have been trained in RRA/PRA techniques and two others completed management development training at UK. Three others are now pursuing their studies at IDS, Sussex. The monitoring training and regional visit are scheduled to take place in early 1994. The three joint studies will also be initiated in 1994.

International Linkages for Capacity Development

As a part of BRIP activities, two senior BRAC personnel - Dr. Salehuddin Ahmed, Director Programs, and Mr. M. G. Sattar, Manager RED - visited UK in 1993. The Director Programs consulted with several academics at the Institute of Development Studies (IDS), Sussex and the Centre for Development Studies, Swansea. The Manager RED visited IDS Sussex, London School of Economics and Institute of Education at the University of London, and the Institute for Development Policy and Management at the University of

Manchester. The visits primarily aimed at identification of suitable institutions for training of BRAC staff in UK and consultation with potential researchers for their involvement in three collaborative studies.

Research Fellowship at Harvard University

The Director Research went to Harvard University, USA and returned in August 1993 after his one year term of assignment as Research Fellow at the Harvard Center for Population and Development Studies. During the year, he gave several seminars at Harvard's different schools, and carried out research on several areas. He, in collaboration with a Harvard faculty, also started writing up BRAC experiences on Oral Rehydration Therapy (ORT), which will be published in 1994 as a book.

X. USE AND ACCLAMATION OF BRAC RESEARCH

BRAC's research activities have received wide recognition and

acclamation both at home and abroad. The survey report on the Jamuna Multipurpose Bridge project accomplished in 1993, received high acclamation by the World Bank and concerned functionaries of the government of Bangladesh. The report was used as a basis for formulation of a resettlement action plan for the project affected persons. As a result, BRAC was approached to conduct another survey of the additional 1300 affected households due to increased land acquisition by the JMBA.

The new methodology developed and used by RED in assessing basic educational competencies of children received wide acclamation by UNICEF, SAARC countries as well as the government of Bangladesh. The Directorate of Primary Education, Dhaka initiated a survey using the same methodology in assessing the basic education competencies of children of Bangladesh during 1993-94. Two SAARC member countries, Sri Lanka and Pakistan, also planned to utilize this methodology in

evaluating education competencies in their respective countries.

The monitoring and evaluation reports on WHDP were widely used by the WHDP management as guidelines for fine-tuning the program in course of operations. Also, the survey reports on NFPE and Paralegal program were used for formulating expansion plan of the programs.

XI. JOURNAL ARTICLE / CHAPTER IN BOOK

Several articles/research papers produced by RED researchers were either published or accepted for

publication in various journals, periodicals and/or chapter of books during 1993. The titles of the published materials are provided in Annexure-III.

XII. PARTICIPATION IN SEMINARS/WORKSHOPS

RED researchers took part in more than 50 seminars,

workshops and conferences both at home and abroad

during the year (for details see Annexure-IV). The themes of the seminars/workshops included various issues relating to health, nutrition, family planning, education, women's development, environment, GO-NGO collaboration, credit and poverty alleviation. Many of the researchers also presented papers in these fora.

RED also played a leading role in organizing the workshop on "Assessment of Basic Educational Competencies" in Dhaka, and the workshop held at Harvard Center for Population and Development Studies to discuss the methodology for exploring the mechanisms of change (or no change) brought about by BRAC-ICDDR,B interventions in Matlab.

XIII. RED SEMINAR AND WORKSHOP

RED organizes seminars and workshops to facilitate mutual exchange of knowledge and ideas among its researchers. Operation managers of BRAC

programs, academics and experts from other organizations also take part in some of the seminars. Every research proposal developed by a RED researcher is presented in a workshop. Similarly, every research report produced by a researcher is presented in a RED seminar. In 1993, a total of 40 workshops and seminars were organized. Particulars of RED seminars/workshops is provided in the Annexure-V.

XIV. LIBRARY FACILITY

Over the years BRAC has developed a specialized library, named the Ayesha Abed Library, to cater to the needs of its researchers and program personnel. Management of the library was entrusted to RED. The total acquisition exceeds 6,000 titles. The library acquired a considerable number of books on education, environment and gender this year. The library also subscribes to professional journals and keeps a variety of periodicals, newspapers, and specialized information materials. BRAC publications

and research reports are also sold through this outlet.

The BRAC library is presently subscribing for the following national/international journals:

Journal of Peasant Studies, Journal of Diarrhoeal Research, Asia Pacific Journal of Public Health, Economic and Political Weekly, World Watch, Small Enterprise Development, Health Policy and Planning, Journal of Social Studies, Journal of BIDS, Down to Earth, Computer Jagat (Bangla), Shasthya (Bangla), Unnayan Bitarka (Bangla), and Adhuna (Bangla).

In addition, a good number of journals published by different institutions are also received on complimentary basis.

XV. RED'S FUTURE STRATEGY

A critical review of the present activities of RED and projection of strategies for 1994 and beyond was carried out in December 1993. Some 40 RED staff joined in a two day brain storming and formulated a broad

framework of RED activities. The review involved a wide range of issues including (a) RED's mandate and goal of future research, (b) capacity development for increasing the quality of research, (c) wider use and dissemination of research, (d) new dimensions of research, (e) collaborative and contract research, (f) capacity development and performance assessment, (g) review and coordination of research, and (h) human resource and support service need.

Perspectives of the researchers were shared with the BRAC management and their responses to the suggested strategies were incorporated. The Executive Director offered a number of observations on different aspects of RED activities. He asserted that RED is essentially a research support unit for a vast institutionalized body, i.e., BRAC, whose multifaceted development interventions are rich in terms of new knowledge, philosophy of rural development, implementation mechanism as well as its impact

on the rural livelihood of Bangladesh. He thus advised the researchers to interact more closely with the program personnel at all levels, in search of new knowledge. This knowledge could be valuable to BRAC in terms of program feedback and might also be useful for other development agencies, both public and private. He stressed the need to enhance the quality of research and ensure timely dissemination of the results. These would contribute largely to raise RED's profile and its credibility.

The BRAC management also stressed on the need of being innovative in the dissemination of research. It was suggested that the findings could be processed in different forms for different levels of program audience. For example, an *executive summary including the key findings and recommendations* can be prepared for the program management, and *summary results in simple Bengali* for the field staff.

These strategies, when fully

implemented, will lead RED to further broadbase and strengthening its activities. Full text of the strategies formulated is incorporated in Annexure-II.

XVI. ACKNOWLEDGEMENT

RED has enjoyed wide support from BRAC's donors and other organizations in carrying on its research activities. A good number of international agencies have been providing support to BRAC's Rural

Development Program, Non-formal Primary Education Program, and Women's Health and Development Program. A part of their contribution is used for research. The agencies include UNICEF, ODA, UK, NOVIB, AKF/CIDA, DANIDA, NORAD, SDC, EZE, FORD FOUNDATION, Australian Embassy, and some other donors. The government of Bangladesh has also extended financial support in certain BRAC projects.

With support from ODA UK, a capability development project, "BRAC Research Impact Project"

(BRIP), was initiated in 1993 for strengthening RED. The Ford Foundation extended support for another project to facilitate the joint BRAC-ICDDR,B Study at Matlab and the NGO MIS Capacity Development. The SDC support enabled BRAC to have two consultants for designing the evaluation of WHDP.

During 1993, a large number of national and international scholars provided expert consultation on specific RED projects. Dr. SPF Senaratne, Consultant Sociologist from Sri Lanka, offered intensive

training to a group of RED researchers on village studies. Dr. Mick Howes of IDS Sussex, facilitated two training workshops on RRA/PRA techniques. Prof. Fazlul Karim of the Institute of Business Administration at the University of Dhaka, facilitated the training on

"Research Communication". Dr. Alayne Adams of the Harvard University helped on a pilot exercise in developing certain PRA techniques suitable for use

at joint BRAC-ICDDR,B Study at Matlab. The Harvard Center for Population and Development Studies organized an expert consultation on the methodological aspects of the research project at Matlab. As a follow-up to this, two concept papers were prepared. The paper on women's lives was written by Dr. Marty Chen and Dr. Simeen Mahmud, while the one on health impact and its mechanism was done by Dr. Ian Scott, Dr. Tim Evans and Dr. Richard Cash. Dr. Simeen Mahmud also carried on a two-month exercise in developing a framework for gender research at RED. Dr. Sushila Zeitlin, Anthropologist and Dr. Abbas Bhuiya, Social Scientist at ICDDR,B, Dhaka, provided consultation in designing methodologies for the evaluation of eight basic assumptions of BRAC's WHDP. Dr. Munirul Islam Khan, Department of Sociology at the University of Dhaka, was involved in designing studies using the village study project data.

Dr. Richard Monotogomery and Dr. Angelika Brustino, both

from the Centre for Development Studies at the University of Wales, Swansea provided consultancies in designing the RDP Impact Assessment Study.

RED is grateful to all of them.

XVII. COMPLETED AND ONGOING RESEARCH PROJECTS 1993

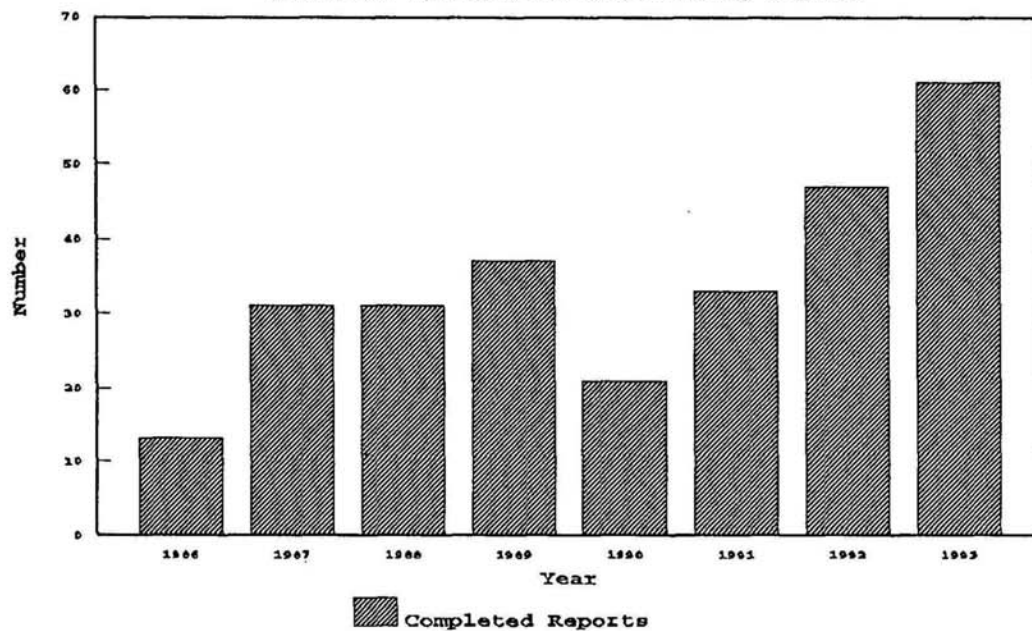
During 1993, RED accomplished 62 research reports and seminar papers. The number of studies increased

steadily over the past few years. Figure-2 shows the number of studies completed over time. The titles of the completed reports of 1993 are provided in Annexure-VI.

Abstracts of the completed reports of 1993 are provided in the Annexure-VIII.

In addition, some 46 research studies initiated in 1993 will be carried forward to next year (for details see Annexure-VII).

Fig. 2. Research output over time
(includes concept/seminar/workshop papers)



ANNEXURES

CAPACITY DEVELOPMENT AT RED

RECRUITMENT

The following researchers were recruited and joined RED in 1993.

1. Mr. Hasan Zaman with M.Sc. in Economics from London School of Economics, UK joined RED in August, 1993.
2. Ms. Amina Mahbub with M.A. in Anthropology from Jahangir Nagar University, Bangladesh joined RED in April, 1993.
3. Ms. Maliha Mayeed with M.A. in Geography from University of Dhaka, Bangladesh joined RED in April, 1993.
4. Mr. Shahriar Reza Khan with M.A. in Demography from Australian National University, Australia joined RED in November, 1993.
5. Ms. Gulrukh Selim with M.A. in Political Science from McGill University, Canada joined RED in October, 1993.
6. Mr. Manzurul Mannan with Candidatus Politicum in Social Anthropology from Bergen University, Norway joined RED in May, 1993.
7. Md. Rafi with Ph.D. in Sociology from Emory University, USA joined RED in September, 1993.
8. Ms. Sabina Rashid with B.A. in Anthropology from Australian National University, Australia joined RED in December, 1993.

PROMOTION

The following core researchers were elevated to higher level during 1993.

Mr. Fazlul Karim, was made Sr. Research Epidemiologist.

Dr. Syed Masud Ahmed, Medical Officer (Research) was elevated at a higher level.

Dr. Rita Sen, was made Research Sociologist.

TRAINING: SHORT AND LONG COURSES

1. Master's Program and Short Courses

The following researchers went abroad in 1993 for higher study:

Dr. Rukhsana Gazi, pursuing a Master's course in Public Health at London School Hygiene and Tropical Medicine, London.

Ms. Mahmuda Rahman Khan, pursuing a Master's course in Gender and Development at the Institute of Development Studies (IDS), Sussex.

Mr. Shah Asad Ahmed, pursuing a three-month course on "Rural Research and Rural Policy" at the IDS, Sussex.

Mr. Nurul Amin, pursuing a three-month course on "Rural Research and Rural Policy" at the IDS, Sussex.

The following RED researchers returned after completing higher studies abroad:

Mr. Sanzidur Rahman, completed a Master's program in Agricultural Systems from Chiang Mai University, Chiang Mai, Thailand.

Ms. Monira Hasan, completed a Master's program in Education from Queens University, Kingston, Canada.

2. In-country Training

i. RED organised a two-week training workshop (28 April - 9 May, 1993) on Research Communication. The participants:

1. Ms. Dilruba Banu, Staff Sociologist
2. Ms. Ishrat Ara, Staff Economist
3. Ms. Amina Mahbub, Young Researcher
4. Dr. Rukhsana Gazi, Medical Officer (Research)
5. Dr. Kaosar Afsana, Medical Officer (Research)
6. Mr. ASM Amanullah, Staff Economist
7. Md. Kaiser Ali Khan, Area Manager
8. Mr. Sarwar Jahan, Staff Sociologist
9. Mr. Shah Asad Ahmed, Staff Sociologist
10. Mr. Rezaul Karim, Staff Statistician
11. Mr. Samir R. Nath, Staff Statistician

12. Md. Mohsin, Staff Statistician
 13. Mr. Nurul Amin, Program Organizer (Research)
- ii. BRAC, in cooperation with ODA, organised a one-week refreshers training (July 11-18, 1993) on Rapid Rural Appraisal (RRA) for a mixed group of BRAC staff. The participants:
1. Mr. Kamal Chowdhury, Area Manager, RDP
 2. Mr. Showkat Hossain Chowdhury, Area Manager, RDP
 3. Mr. Mujibul Huq, Program Organizer, RDP
 4. Mr. Ramapada Dey, Program Organizer, Monitoring
 5. Mr. Shams Mustafa, Research Economist, RED
 6. Mr. Karimul Huq, Staff Economist, RED
 7. Ms. Mahmuda Rahman Khan, Staff Economist, RED
 8. Ms. Dilruba Banu, Staff Economist, RED
 9. Md. Abu Yousuf, Staff Economist, RED
 10. Ms. Ishrat Ara, Staff Economist, RED
 11. Mr. Ahmed Ali, Sr. Staff Nutritionist, RED
 12. Mr. Nurul Amin, Program Organizer (Research), RED
- iii. BRAC, in cooperation with ODA, organised a three-week (22 July - 8 August, 1993) Training of Trainers (TOT) course on Rapid Rural Appraisal (RRA) Methodology. The participants from RED:
1. Ms. Ishrat Ara, Staff Economist
 2. Ms. Naveeda Khan, Staff Sociologist
 3. Ms. Amina Mahbub, Young Researcher
 4. Ms. Maliha Mayeed, Young Researcher
 5. Mr. Shah Asad Ahmed, Staff Sociologist
 6. Mr. Sarwar Jahan, Staff Economist
 7. Mr. Azmal Kabir Kazal, Research Assistant
- iv. The following RED field researchers participated in training on Organisation Development held at TARC Savar on 9-14 October, 1993 and 4-9 December, 1993.
1. Mr. Mizanur Rahman, Team-in-Charge, Manikganj
 2. Mr. Nizamuddin, Team-in-Charge, Joypurhat

- v. The following staff took part in a special course on "Gender Awareness and Analysis" starting from 21-26 August to 25-30 December, 1993, held at CDM, Rajendrapur.
1. Mr. Nurul Amin, Program Organizer (Research)
 2. Mr. Syed Shoaib Ahmed, Program Organizer (Data Management)
- vi. Two RED researchers participated in a three-week (24 January - 18 February, 1993) course on Epidemiological Methods in Public Health organized by ICDDR,B.
1. Mr. Shah Noor Mahmud, Sr. Area Manager
 2. Dr. Kaosar Afsana, Medical Officer (Research)
- vii. Dr. Kaosar Afsana, Medical Officer (Research), took part in a course on Integrated Qualitative and Quantitative Methods in Population and Health Research held at ICDDR,B from 8 - 12 August, 1993.

STRATEGIES OF RED - 1994 AND BEYOND

A. NEEDS AND AREAS OF FUTURE RESEARCH

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>A.1. Mandate of RED</u>		
<i>Current mandate is almost entirely focussed on BRAC program</i>	<i>BRAC programs should continue getting priority</i>	<i>RED/BRAC Management</i>
<i>Very limited number of studies are undertaken on request from other organizations</i>	<i>More studies on issues that address both the BRAC's goal and national needs should be undertaken</i>	<i>RED/Other Agencies</i>
<i>Lesser emphasis is given on policy and synthesis research</i>	<i>More emphasis needs to be given; expertise to be developed in these areas</i>	<i>RED/BRAC Management</i>
<u>A.2. Main Audience of RED Research</u>		
<i>BRAC management and program staff, donors, concerned development agencies</i>	<i>In addition to the present audience: (a) policy planners, (b) research community, and (c) development practitioners</i>	<i>RED</i>
<u>A.3. Broad Areas of Research</u>		
<i>Health, nutrition, family planning, rural development, and education</i>	<i>In addition, the following areas should be included: Gender, Environment, GO-NGO-Donor linkages, Policy Analysis, Human Resource Development (HRD) and STD-AIDS</i>	<i>RED/BRAC Management</i>
	<i>Capacity development is needed for research in the new areas</i>	

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>A.4. Research Collaboration</u>		
<i>Existing partners: Hellen Keller International, ICDDR-B, London School of Hygiene and Tropical Medicine (LSHTM), and Institute of Development Studies-Sussex</i>	<i>In addition, collaboration with the following may be explored: national research institutes (e.g., BIDS, CSS, BARC, BARD, BLRI, BFRI, BARI), universities, NGOs, and international research institutes.</i>	<i>RED/BRAC Management</i>
<u>A.5. Contract Research</u>		
<i>A few contract research have been undertaken</i>	<i>Larger number of contract research need to be undertaken</i>	<i>RED/BRAC Management</i>
<i>Existing expertise and facilities not adequate to expand activities in contract research</i>	<i>Expertise, support service and physical facilities need to be developed further</i>	
<i>Policy for contract research not yet formulated</i>	<i>Clear policy is needed By 1995, 10% of RED's budget should be generated through contract research</i>	

B. QUALITY AND USE OF RESEARCH

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>B.1. Increasing the Quality of Research</u>		
<i>Researchers are constrained by time limitation due to rising demand for larger output</i>	<i>Improved time budgeting for each study is needed</i>	<i>RED/BRAC Management</i>
<i>Inadequate academic supervision</i>	<i>Services of external experts, from within Bangladesh, should be ensured</i>	
	<i>Literature review and analytical framework to be incorporated in each study proposal</i>	
	<i>Review of reports by external experts is needed</i>	
	<i>Recruit a professional editor for refining reports</i>	
	<i>RED should assess the use and impact of its research recommendations on BRAC programs</i>	
<i>Expertise in some research areas is inadequate</i>	<i>Promote staff development, identifying the specific needs</i>	
<i>Inadequate physical facilities</i>	<i>Increase needed logistic and physical facilities</i>	
<u>B.2. Research Review Process</u>		
<i>RED Seminar</i>	<i>Ensure larger participation of program staff in Seminars</i>	<i>RED/BRAC Management</i>
<i>Comments on draft reports are available from relevant program personnel only</i>	<i>Introduce peer reviewing as part of job description</i>	

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<p><i>Comments/suggestions by fellow researchers on research proposal/report are not acknowledged</i></p>	<p><i>In addition, arrange systematic review by external reviewers</i></p> <p><i>Acknowledgement for contributions in any form should be incorporated</i></p>	
<p><u>B.3. Wider Use and Dissemination of Research</u></p>		
<p><i>Time lag between program's need and output delivery reduces the usefulness of research results</i></p>	<p><i>Formulate study plan in consultation with program management indicating their specific need and time</i></p>	<p>RED/BRAC Management</p>
<p><i>Inadequate communication between research and BRAC's operational program</i></p>	<p><i>Increase interactions with program personnel; Promote dissemination of research results</i></p>	
<p><i>Program not always appreciative of research findings</i></p>	<p><i>Involve more program personnel in specific studies; conduct review of research findings by program personnel as necessary</i></p>	
<p><i>Findings of BRAC research are confined to limited audience</i></p>	<p><i>Strengthen dissemination of research at different levels of audience (reports to be sent to program heads, managers at regional and field levels, etc.) through different ways</i></p>	
<p><i>Research results do not reach BRAC staff at field levels</i></p>	<p><i>Disseminate research findings in simple language through BRAC newsletter</i></p> <p><i>Publish summarized Bangla version of research reports for program personnel</i></p> <p><i>Researchers to participate in study circles at CDM and TARCs, and meetings at HO and field offices</i></p>	

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
	<i>Provide abstracts of research reports at the "reading corners" of CDM and TARCs</i>	
<i>Lack of interactions with other research institutes, academics</i>	<i>Increase network with other research institutes</i>	
	<i>Publish newsletter and journal</i>	
<i>B.4. Preservation and Use of Data</i>		
<i>Huge data set in existence, but not in use</i>	<i>Store all the data in magnetic tape at BCC and RED</i>	<i>RED/BRAC Computer Centre</i>
<i>No standardized system for preservation, and retrieval</i>	<i>Ensure storage of data in standardized computer software</i>	
<i>Data not accessible to fellow researchers</i>	<i>The user should provide a clear-cut analysis/plan for access of data-set</i>	
	<i>Formulate clear guidelines for access to and use of data-set by internal and external researchers</i>	

C. CAPACITY DEVELOPMENT AND PERFORMANCE ASSESSMENT

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>C.1. Manpower and Capacity Development</u>		
<i>Shortage of manpower and lack of expertise in certain fields</i>	<i>Recruit researchers in selected fields</i> <i>Arrange training of staff in research methodology and relevant fields (at home and abroad), keeping in view the current and emerging needs</i>	<i>RED/BRAC Management/ BRAC Computer Centre</i>
<i>Shifting researchers to another study before completion of research projects at hand; lack of skills related assignment</i>	<i>Introduce a more rational system for assigning projects to researchers</i>	
<i>No incentives for publication</i>	<i>Arrange providing incentives for and scope of individual publication</i>	
<i>Existing incentives for Research Assistants/ Coders not adequate</i>	<i>Undertake measures for their absorption in BRAC programs</i>	
<u>C.2. Role of External Experts</u>		
<i>Right type of experts not always available</i>	<i>Ensure adequacy of experts; preference to locally available experts</i>	<i>RED/BRAC Management</i>
<i>Inadequate understanding of BRAC's research needs by external experts</i>	<i>The relevant RED researcher should be consulted while hiring experts</i>	

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>C.3. Dropout of Researchers</u>		
<i>Inadequate incentives including salary</i>	<i>Better salary, higher retirement and fringe benefits be considered</i>	<i>RED/BRAC Management</i>
	<i>Introduce a performance related incentive system</i>	
<i>Lack of social recognition in terms of status, job instability</i>	<i>Upgradation of the existing rates of gratuity and other benefits</i>	
<i>Better career development opportunity elsewhere</i>	<i>Promote institutional support for research publication</i>	
<i>Better job opportunity elsewhere</i>	<i>Provision of technical allowance for researchers may be considered</i>	
<i>Lack of congenial physical work environment</i>	<i>Improve library facilities, physical facilities etc.,</i>	
<u>C.4. Performance Assessment of Staff</u>		
<i>Present assessment criteria not known to all staff</i>	<i>Two way (by management and staff) and sharing of assessment</i>	<i>RED/BRAC Management</i>
	<i>Frequency of assessment should be specified, once a year for permanent staff and quarterly for probationary staff</i>	
<i>Absence of appropriate indicators for assessment</i>	<i>A small committee may formulate detailed performance assessment criteria</i> <u><i>Some suggested indicators:</i></u> <i>Commitment for work, initiative, quality of output, involvement in types of research, outputs, analysis and expression skill, usefulness of research findings, publication in journals</i>	

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>C.5. Recruitment Policy</u>		
<p><i>Recruitment takes place in the following manner:</i></p> <ul style="list-style-type: none"> - <i>Advertisement</i> - <i>Oral interview/written test</i> - <i>Transfer from program</i> - <i>Short term assignment (mainly for senior researchers)</i> 	<p><i>Preference be given to qualified in-house personnel</i></p> <p><i>No differentiation to be made between new recruits and existing incumbents with respect to position/emoluments having similar background</i></p>	<i>BRAC Management</i>
<u>C.6. Career Development</u>		
<i>Female bias in higher training</i>	<i>Provide equal opportunity for higher education/ training for all</i>	<i>RED/BRAC Management</i>
<i>Very few training (in house) opportunities for methodological and relevant research techniques</i>	<p><i>Arrange adequate training (in-house) on research methodology and communication</i></p> <p><i>Depute researchers to research institutions for gaining experience by working with established researchers</i></p> <p><i>Hire short-term, full-time consultants for facilitating publication including editing</i></p>	
<i>Lack of institutional assistance for publication</i>	<i>Create scope for research publication of RED researchers</i>	

D. COORDINATION LIAISON, PHYSICAL, FACILITIES

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<u>D.1. Coordination and Monitoring of Research</u>		
<i>Within the existing Study Groups, cooperation seems to be good, but inter-team coordination is not very encouraging</i>	<p><i>Introduce regular monthly meetings of Study Group coordinators/senior researchers</i></p> <p><i>Introduce bi-monthly meetings for all RED researchers</i></p>	<i>RED/Program Personnel</i>
<i>Coordination is not up to the mark between RED and BRAC programs (at different stages of study design and dissemination of findings)</i>	<p><i>Ensure participation of program staff at different stages of research</i></p> <p><i>Increase interactions between program personnel and researchers</i></p>	
<i>Monitoring at field level is inadequate</i>	<p><i>Ensure routine field visits of head office research staff</i></p> <p><i>Create scope for field level staff to attend meetings at head office and exchange experiences with the researchers</i></p>	
<i>Insufficient time and manpower for maintaining liaison with outside agencies</i>	<i>One or two persons be responsible to maintain liaison with outside agencies</i>	
<u>D.2. Interaction with Programs, Field and BRAC Management</u>		
<i>Present interaction with program, field and BRAC management is inadequate</i>	<p><i>Researchers should increase field visits and participate in regular meetings held at regional level</i></p> <p><i>Researchers should also attend monthly meetings (RMs and AMs of RDP, WHDP, NFPE, and Field Monitors) held at head office</i></p>	<i>RED/BRAC Management</i>

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
	<i>Hold review meeting with senior BRAC management every six months</i>	
<i>Inadequate understanding between RED and program about research</i>	<i>Every core researcher should attend a minimum of two region level meetings a year of different programs (RDP, WHDP, NFPE)</i>	
	<i>No program staff should be affected due to findings of research on BRAC programs</i>	
<u>D.3. Physical Facilities.</u>		
<u>Library, Logistics</u>		
<i>Existing sitting arrangement is not satisfactory for research work</i>	<i>Arrange separate rooms/adequate space for researchers</i>	<i>BRAC Management</i>
<i>Insufficient reading materials and journals</i>	<i>Subscribe useful journals, acquire multiple copies of selected books, develop sound reading corners in the library</i>	
<i>No modern search system in BRAC Library</i>	<i>Introduce computer search service in library</i>	
<i>Inadequate transport support for field work and telephone facilities</i>	<i>Ensure increased transport support and introduce card telephone facilities</i>	
<u>D.4. Program's Participation in Research</u>		
<i>Growing interest of programs to do research by themselves</i>	<i>Reasons are not known to RED. Management may review the issue</i>	<i>BRAC Management</i>
	<i>Research undertaken by operational programs should not restrict the scope of RED researchers in that field</i>	

<i>Present Situation</i>	<i>Recommendations</i>	<i>Implementing Authority</i>
<i>D.5. Use of Computer Facilities</i>		
<i>Computer facilities at RED are inadequate</i>	<i>Increase number of PCs and powerful sets for data analysis at RED</i>	<i>RED/BRAC Management/ BRAC Computer Centre</i>
	<i>Purchase software (for eg. Bengali package at RED)</i>	
<i>Lack of computer professionals at RED</i>	<i>Promote training of RED staff in computers</i>	
	<i>Recruit qualified computer staff at RED</i>	
<i>BRAC computer centre can not meet the needs of RED timely and adequately</i>	<i>Increase programmers for timely accomplishment of research outputs</i>	

PUBLICATIONS IN JOURNALS AND BOOKS

1. "The Bangladesh Cyclone of 1991: Why So Many People Died" - by AMR Chowdhury, A. U. Bhuiya, A. Y. Choudhury and Rita Sen in *Disasters* Vol 17 (4). 1993.
2. "Bangladesh Rural Advancement Committee (BRAC): Backyard Poultry and Landless Irrigators Programs" - by Shams Mustafa, Sanzidur Rahman and Ghulam Sattar *In* Farrington et al. (eds) *NGO and the State in Asia: Rethinking Roles in Sustainable Agricultural Development*. ODI. London: Routledge. 1993.
3. "Institution Building and Development in Three Women's Organizations of BRAC: Participation, Ownership and Autonomy" - by Naveeda Khan and Eileen Stewart in *Grassroots*, Vol 3 (9). 1993.
4. "Medical Pluralism: The Case of Bangladesh" - by S. M. Ahmed. *J. of Preventive and Social Medicine (JOPSOM)*, Vol 12 (1): 26 - 29. 1993.
5. "Death Clustering of Children in Families: Are Mothers to Blame ?" - by S.M. Ahmed, *J. of Preventive and Social Medicine (JOPSOM)* (in press).
6. "NGO Sahayak Granthagar O Tathya Sebar Bhumika" (in Bangla) - by S. Nasima Begum, in *Proceedings 1993*, Library Association of Bangladesh, 26-28 Dec. 1993.
7. "Growth Monitoring in the Context of a Primary Health Care Program" - by Fazlul Karim, Nasreen Huq, Laurine Brown and AMR Chowdhury in *Food and Nutrition Bulletin* (forthcoming).
8. "Does Health Education Change Knowledge and Practice ?" - by Fazlul Karim and AMR Chowdhury in *J. of Preventive and Social Medicine (JOPSOM)*. (forthcoming).
9. "Factors Affecting use of Contraceptives in Rural Bangladesh - A Case Study" (Abstract) - by Md. Mohsin in *Research Compendium*. Vol 1, ENHR,B, 1993.
10. "Assessment of Basic Competencies of Children Using a Simplified Procedure" - by AMR Chowdhury et al., in *Review of Education* (forthcoming).
11. "Cultural Incorporation of ORT Knowledge" - by AMR Chowdhury and RA Cash in *Lancet*, June 1993.
12. "Low Birth Weight in Rural Bangladesh" - by Elizabeth Goodburn, AMR Chowdhury and Rukhsana Gazi in *Journal of Tropical Medicine* (forthcoming).

PARTICIPATION OF RED RESEARCHERS IN SEMINARS AND WORKSHOPS

1. A.M.R. Chowdhury, Ph.D., Director Research, participated in the following seminars/workshops:
 - i. SAARC workshop on "Assessment of Basic Educational Competencies Methodology", Dhaka, February 1993.
 - ii. Annual Conference of the International Comparative Education Society, at Kingston, Jamaica, March 1993.
 - iii. Consultation on a proposed training workshop on "Gender and Enterprise Development", at the Aga Khan Foundation, Toronto, Canada, June 1993.
 - iv. Workshop on "Methodology for Exploring the Mechanism of Change", at Harvard University, Cambridge, USA, June 1993.
2. Md. Ghulam Sattar, Manager Research, participated in the International Seminar "Asia in the 1990s" at the Queen's University, Kingston, Canada, October 28-31, 1993.
3. S.M. Ziauddin Hyder, Research Nutritionist, participated in the following seminars/workshops:
 - i. "State of the art of gender and development. Country report: Bangladesh". Paper presented in The Regional Workshop on MPS-FNP: Addressing Gender Issues in Food and Nutrition Planning at Colombo, Sri Lanka on 3-5 November, 1993.
 - ii. "Nutritional status of the children of the rural poor". Paper presented at Sixth Bangladesh Nutrition Conference organized by Nutrition Society of Bangladesh on 27-29 November, 1993.
 - iii. "Self monitoring of growth and health status by adolescent girls". Paper presented at Sixth Bangladesh Nutrition Conference organized by Nutrition Society of Bangladesh on 27-29 November, 1993.
 - iv. Workshop on "Compendium of Men and Women" held at Planning Commission, BBS on 4 April, 1993.
 - v. Seminar on "Prevention of Child Malnutrition Through Promotion of Proper Breast Feeding", organised by PIACT, Bangladesh on 8 April, 1993.
 - vi. Seminar on "Rural Poverty in Bangladesh 1990-92" held at BIDS, Dhaka on 20 April, 1993.
 - vii. Seminar on "Agricultural Growth Through Crop Diversification" held at BIDS, Dhaka on 30 May, 1993.
 - viii. Seminar on "Consultative Workshop on Software Package 'PROFILE-11'" organized by UNICEF, Dhaka on 29 June, 1993.

- ix. Seminar on "Food Safety" presented by Prof. Anthony Hazard, held at NIPSOM, Dhaka on 18, July, 1993.
 - x. Seminar on "BRAC-ICDDR,B Study" presented by Abbas Bhuiyan, held at ICDDR,B, Dhaka on 2 August, 1993.
 - xi. Seminar on "Environment" presented by Dr. John Clark, held at USIS, Dhaka on 13 October, 1993.
 - xii. Seminar on "Food Consumption and Nutritional Effects of the Rural Rationing and Vulnerable Group Development Program", organized by IFPRI, Dhaka on 25 October, 1993.
4. Manzurul Mannan, Research Anthropologist, participated workshop on "BRAC-ICDDR,B Matlab Project", held at ICDDR,B Dhaka from 26 June to 15 July, 1993.
 5. Shams Mustafa, Research Economist, participated in a workshop "The State and BRAC: A Case Study of Joint Public Action in Bangladesh". Paper presented in the Workshop on NGO-Local Government Collaboration in South Asian Countries, organized by the UN Centre for Human Settlement, at BRAC's Centre for Development Management, Rajendrapur, Bangladesh from 29 November to 3 December, 1993.
 6. Md. Mohsin, Staff Statistician, participated in the following workshops/seminars:
 - i. "Factors Affecting Use of Contraceptives In a Rural Bangladesh: An Odds Ratio Analysis". Paper presented at 4th Annual Conference of Bangladesh Statistical Association, Dhaka, 15-16 January 1993.
 - ii. Workshop on "BRAC-ICDDR,B Joint Research Project". Matlab, Bangladesh organised by BRAC and ICDDR,B, February 7-14, 1993.
 - iii. Participated as a discussant in the Workshop on "Assessment of Basic Competencies of children (ABC)", jointly organized by UNICEF Regional Office Kathmandu and UNICEF, Dhaka, at Dhaka on 25-27 February, 1993.
 - iv. Participated as discussant in the Workshop on "Baseline Survey of North West Extension Fisheries Project", held at CDM, BRAC, Dhaka, March, 1993.
 - v. Workshop on "Compendium on Women and Men in Bangladesh", organized by the Bangladesh Bureau of Statistics, Planning Commission Dhaka, 4th April, 1993.
 7. Syed Masud Ahmed, Medical Officer (Research), participated in the following workshops/seminars:
 - i. Workshop on "BRAC-ICDDR,B Joint Research Project". Matlab, Bangladesh, organised by BRAC and ICDDR,B, February 7-14, 1993.
 - ii. Seminar on "SPSS for Windows" held at Hotel Sonargaon on 28 November, 1993.

8. Samir R. Nath, Staff Statistician, participated in the following seminars/workshops:
 - i. "Fourth National Statistical Conference", organized by the Bangladesh Statistical Association at Dhaka from 15-16 January, 1993.
 - ii. Participated as a discussant in the Workshop on "Assessment of Basic Competencies of children (ABC)", jointly organized by UNICEF Regional office Katmandu and UNICEF, Dhaka, at Dhaka on 25-27 February, 1993.
 - iii. Workshop on "Compendium on Women and Men in Bangladesh", organized by the Bangladesh Bureau of Statistics, Planning Commission Dhaka, 4th April, 1993.
 - iv. "Reconciling Our Needs to Standardize With the Flexibility of PRA". Paper presented at a PRA Network meeting held at Women's Voluntary Association, Dhaka on 27 September, 1993.

9. Dr. Abdullahel Hadi, Senior Research Sociologist, participated in a workshop on "Primary Health Care Management Advancement Program" held at ASEAN Institute of Health Development, Bangkok, Thailand from 3 - 20 August, 1993.

10. Syeda Nasima Begum, Librarian, participated in the national seminar on "Preparing Libraries and Librarians of Bangladesh for the 21 st Century" organised by the Library Association of Bangladesh from 26 - 28 December, 1993.

11. Dr. Firoz M. Kamal, Medical Officer (Research), participated in seminar on "Family Planning in Integrated Rural Development" held at BARD, Comilla from 25-26 September, 1993.

12. Dr. Nazrul Islam, Medical Officer (Research), participated in the following workshops/seminars :
 - i. "Second Annual Scientific Conference", organized by ICDDR,B Dhaka from 16-18 January, 1993.
 - ii. Seminar on "Urban Family Planning and Health Services: Lessons learned from Urban Volunteer Program", organized by ICDDR,B Dhaka on 30 may, 1993.
 - iii. Workshop on "Development of Strategies for Prevention and Control of STDs in Bangladesh", organized by ICDDR,B Dhaka from 11-12 October, 1993.
 - iv. Symposium on "Responding to the HIV/AIDS Epidemic: Institutional Issues", organized by ICDDR,B Dhaka from 28-29 November, 1993.

13. Mr. Ahmed Ali, Senior Staff Nutritionist, participated in the following workshops/seminars :
 - i. Workshop on "Focus Group Methods" organized by the Population Council, at ICDDR,B Dhaka from 14-17 June, 1993.

- ii. Study tour at Tamil Nadu Integrated Nutrition Project (TINP), Madras, India from 14-20 November, 1993.
- 14. Md. Kaisar Ali Khan, Senior Program Organizer (Research) presented a paper "BRAC's non-Formal Primary Education Program" at the Workshop on "International Literacy and Education Program", held at Literacy Research Centre, University of Pennsylvania, Philadelphia, USA from 23 June to 2 July, 1993.
- 15. Shahriar Reza Khan, Sr. Staff Statistician, participated in the following seminars
 - i. Seminar on "Field Level Management Information System of BFP Program" at ICDDR,B Dhaka on 25 November, 1993.
 - ii. Seminar on "SPSS for Windows", held at Hotel Sonargaon, Dhaka on 28 November, 1993.
- 16. Sanzidur Rahman, Staff Economist, attended at a special talk on "Role of Legislation and Public Participation in Environment Programs", facilitated by Prof. Robert B. Keiter, University of Utah, USA at the Bangladesh Environmental Lawyers Association (BELA), Dhaka on 22 November, 1993.

ANNEXURE V

RED SEMINAR AND WORKSHOPS HELD IN 1993

<i>Date</i>	<i>Topic</i>	<i>Speaker</i>
January, 04	<i>Demographic Registration System</i>	<i>Rezaul Karim</i>
" 17	<i>Institution Building and Development in Three Women's VOs: Participation, Ownership & Autonomy</i>	<i>Naveeda Khan Eileen Stewart</i>
" 18	<i>Does Health Education Change Knowledge and Practice?</i>	<i>Fazlul Karim</i>
" 19	<i>Effects of Mothers Club in Improving Health Practice Behavior and Child Health Care Advice Utilization.</i>	<i>Fazlul Karim</i>
" 28	<i>The NFPE Teacher: Competence in English and Mathematics and Their Personal Background</i>	<i>Kaiser Ali Khan</i>
" 31	<i>Study on Pre-pneumonia and its Treatment Practices (Proposal Presentation)</i>	<i>Ahmed Ali</i>
February, 18	<i>Study on Consequence, of Low Birth Weight</i>	<i>Rukhsana Gazi</i>
" 24	<i>Research Findings on RDP Activities</i>	<i>David Hume et al.</i>
" 25	<i>Monitoring Process of WHDP</i>	<i>Shah Noor Mahmud</i>
" 04	<i>BRAC Approach to Pregnancy Identification in Rural Setting: Evaluation of Its Accuracy</i>	<i>Kaosar Afsana</i>
" 18	<i>Women's Development Leadership in Rural Bangladesh</i>	<i>Anne Marie Goetz</i>
" 22	<i>Verbal Autopsy as a Tool of Identifying the Causes of Death: Assessing the System Allotted by BRAC</i>	<i>Firoz M. Kamal</i>
April, 08	<i>Coping With Everyday life: A Study of Households Option in Two Village of Bangladesh.</i>	<i>Qamrul Islam Shah Asad Ahmed</i>

<i>Date</i>	<i>Topic</i>	<i>Speaker</i>
April, 13	<i>Research for Drop-out of Formal NFPE Students from Formal Schools: An Exploratory Study (Proposal Presentation)</i>	<i>Kaiser Ali Khan</i>
" 21	<i>Research Findings on Savings Default by the V.O. Members.</i>	<i>Iftekhhar U. Ahmed</i>
May, 12	<i>Maternal Morbidity Relating to Delivery and the Puerperium</i>	<i>Liz good burn</i>
June, 16	<i>Some Preliminary Data from Matlab Baseline Survey</i>	<i>Abbas Bhuiyan Syed Masud Mohsin</i>
" 17	<i>Women's Entrepreneurship in Restaurant Business: Case of SHURUCHI</i>	<i>Mahmuda Rahman Khan</i>
July, 08	<i>Transition and Changes in Rural Bangladesh: Impact of Intervention on selected Economic Indicators in BRAC Intervened Villages</i>	<i>Iftekhhar U. Ahmed Karimul Huq</i>
" 19	<i>IAS: A Review of RRA Training Courses</i>	<i>Mick Howes Karimul Huq M. R. Khan Shams Mustafa</i>
" 24	<i>Prevention and Night Blindness: The Home Gardening Approach</i>	<i>Nasreen Huq</i>
August,02	<i>Update on BRAC - ICDDR,B Joint Research: Salient Findings from Baseline Survey</i>	<i>Abbas Bhuiyan</i>
" 17	<i>Monitoring on Birth and Death Activities in WHDP</i>	<i>Kaosar Afsana</i>
" 17	<i>Assessment on the regularity of Iron-folic Acid Tablet Intake</i>	<i>Ahmed Ali</i>
" 17	<i>Does Early Enrolment of Pregnant Women with Antenatal Care Centres Increase Their Visits to Different Antenatal Service sources</i>	<i>Ahmed Ali</i>
" 19	<i>Education for Freedom: The Children of BRAC's Urban Schools</i>	<i>Naveeda Khan</i>
August, 24	<i>A Look into the Muktagacha Pilot Project on Nutrition</i>	<i>Petra Linden</i>

<i>Date</i>	<i>Topic</i>	<i>Speaker</i>
<i>September,02</i>	<i>Explanations and Insights for Matlab. Use of Participation Methods to Assess Change in Health and Women's Lives</i>	<i>Alayne Adams Amina Mahabub Rita Das Roy</i>
<i>" 19</i>	<i>Education Will Lead to Improved Health/nutrition and Overall Development</i>	<i>Md. Nazrul Islam</i>
<i>" 27</i>	<i>Women's Leadership in Rural Development in Bangladesh</i>	<i>Anne Maria Goetz</i>
<i>October, 10</i>	<i>Growth Monitoring at BRAC: A Closer Look at the Programme Data</i>	<i>Nasreen Huq</i>
<i>" 16</i>	<i>Strategy Analysis: The Study of Narayanpur</i>	<i>Rita Sen Amanullah Ferdous</i>
<i>" 21</i>	<i>Wrap up of IDS Consultant and Donors Representative on RDP Impact Assessment Study</i>	<i>Shams Mustafa</i>
<i>November,28</i>	<i>Analyzing Economic change in Matlab: A Methodological Survey</i>	<i>Hassan Zaman</i>
<i>December,02</i>	<i>Extension of VSP approach: Developing Training Module</i>	<i>Rita Sen Amanullah Ferdous Abul Kalam Akhter Hossain Kamala Sarker Shanaz Akter</i>
<i>" 08</i>	<i>Education System in Bangladesh: An Overview</i>	<i>Firoz M. Kamal Syed Masud</i>
<i>" 08</i>	<i>Traditional Medicine and Modern Medicine: Confrontation or Co-operation</i>	<i>S.M. Ziauddin Hyder</i>
<i>" 08</i>	<i>An Overview of the Iodine deficiency disorders (IDS) in Bangladesh</i>	

<i>Date</i>	<i>Topic</i>	<i>Speaker</i>
" 09	<i>RDP Impact Assessment Study: A Study Review</i>	<i>Shams Mustafa Ishrat Ara Dilruba Banu Md. Mohsin Abu Yousuf Azmal Kabir Kazal Sarwar Jahan Altaf Hossain</i>
" 15	<i>The Meeting of a Village Organization: Forces of Change and BRAC's Impact on Women's Lives</i>	<i>Manzurul Mannan AMR Chowdhury Abbas Bhuiyan</i>

LIST OF COMPLETED RESEARCH PROJECTS 1993

	<i>Title</i>	<i>Researcher</i>
<i>Education</i>		
1	<i>Assessment of Basic Competencies of Children in Bangladesh (1993)</i>	<i>Samir R. Nath Md. Mohsin AMR Chowdhury</i>
2	<i>Opinion of Parents What Life Skills Their Children Should Learn</i>	<i>Md. Mohsin Samir R. Nath AMR Chowdhury</i>
3	<i>Education for Freedom: The Children of BRAC's Urban Schools</i>	<i>Naveeda Khan Kaisar Ali Kahn</i>
4	<i>Factors Associated with Basic Competencies of Children in Bangladesh</i>	<i>Md. Mohsin Samir R. Nath AMR Chowdhury</i>
5	<i>Influence of Selected Socio-economic Factors on Life-Skills Knowledge of Children in Bangladesh: Multivariate Analysis</i>	<i>Samir R. Nath Md. Mohsin AMR Chowdhury</i>
6	<i>Enrolment Status and Literacy Differential: A Survey on Re-opening of NFPE School</i>	<i>Md. Kaisar Ali Khan Md. Mohsin</i>
7	<i>Identifying the Reasons for Dropout of Former NFPE Student in Formal Schools at Manikganj and Narshingdi</i>	<i>Md. Kaisar Ali Khan AMR. Chowdhury</i>
8	<i>Education System in Bangladesh: An Overview (Review Paper)</i>	<i>F M Kamal</i>
9	<i>Social Movement Through Basic Education Experience of BRAC in Bangladesh (Seminar Paper)</i>	<i>M. Ghulam Sattar</i>
<i>Socio-Economic</i>		
10	<i>Women's Entrepreneurship in the Restaurant Business: Case of Shuruchi</i>	<i>Mahmuda Rahman Khan</i>
11	<i>The Sharshi Village of Barisal: A Survey for NFPE through RRA/PRA</i>	<i>Mahmuda Rahman Khan</i>

	<i>Title</i>	<i>Researcher</i>
12	<i>Legal Knowledge of the Poor: Selected Baseline Information (Vol-1)</i>	<i>S. Asad Ahmed S. Mustafa</i>
13	<i>Savings Default by the VO Members: An Exploratory Study</i>	<i>Iftekhar U. Ahmed Rita Das Roy Shahnaz Akter</i>
14	<i>Development of 'Entrepreneurship' in Ayesha Abed Foundation, Manikganj: A Brief Analysis</i>	<i>Naveeda Khan</i>
15	<i>Women as Wage Earner: Does This Make Any Difference ?</i>	<i>Syed Masud Ahmed Md. Mohsin AMR. Chowdhury Abbas Bhuiya Shahriar Reza Khan</i>
16	<i>Land Ownership Pattern and Land Tenure Pattern: A Case of a Village in Bangladesh</i>	<i>Sadhana Biswas Karimul Huq Md. Rafi</i>
17	<i>Strategies to Enhance the Vocational Training to Improve Income Generating Activities: Experiences from BRAC</i>	<i>Abdullalhel Hadi</i>
18	<i>The Impact of BRAC Rural Development Program in Gilanda Village, Manikganj (A Report on RRA Field Exercise)</i>	<i>Mick Howes with Nurul Amin, Ishrat Ara, Dilruba Banu, Ramapada Dey, Karimul Huq, Showkat Hossain, Mahmuda R. Khan, Shams Mustafa, Tayebur Rahman, Reazuddin, Abu Yousuf</i>
19	<i>The Impact of BRAC's Rural Development Program in Gurki Village, Manikganj (A Report on RRA Field Exercise)</i>	<i>Shah Asad Ahmed Ishrat Ara Pabitra Kumar Basu Md. Altaf Hossain Kamrul Huda, Sarwar Jahan Mostafa Kamal Azmal Kabir Kazal Maliha Mayeed</i>
20	<i>Destitute Women and Sustainable Rural Development: Poultry Workers of the IGVGDP of BRAC</i>	<i>S.M. Ziauddin Hyder</i>

	<i>Title</i>	<i>Researcher</i>
	<i>Health, Family Planning and Nutrition</i>	
21	<i>Gender Preference and Practice of Contraceptive in Matlab of Bangladesh</i>	<i>Md. Mohsin Syed Masud Ahmed AMR Chowdhury Abbas Bhuiya Shahriar Reza khan</i>
22	<i>Practice of Contraceptives by Selected Socio-Demographic characteristics: Experiences from Sixty Villages of Matlab</i>	<i>Md. Mohsin Syed Masud Ahmed AMR Chowdhury Abbas Bhuiya Shahriar Reza khan</i>
23	<i>Impact of Immunization on Child Nutrition: Experiences from Rural Matlab</i>	<i>Syed Masud Ahmed Md. Hahsin Abbas Bhuiya AMR. Chowdhury Shahria Reza Khan</i>
24	<i>Traditional Medicine and Modern Medicine: Confrontation or Cooperation?</i>	<i>Syed Masud Ahmed</i>
25	<i>Food Consumption and Nutritional Status in Rural Bangladesh: Findings on Longitudinal Database</i>	<i>Karimul Huq AMR. Chowdhur</i>
26	<i>Nutrition and Poverty: Diets and Life Style of Rural population in Bangladesh</i>	<i>Karimul Huq Md. Rafi</i>
27	<i>Health, Family Planning and Sanitation in Rural Bangladesh: A Base Line Survey of 10 Villages</i>	<i>Karimul Huq Shoaib Ahmed</i>
28	<i>Women's Health and Illness: Perception of Men and Women in the Rural Areas of Bangladesh</i>	<i>S.M. Ziauddin Hyder</i>
29	<i>An Overview of Iodine Deficiency Disorders (IDD) in Bangladesh (Paper)</i>	<i>S.M. Ziauddin Hyder</i>
30	<i>Nutritional Baseline survey of the Income Generation of the Vulnerable Group Development Program: Report of the Baseline Survey. Jan 1993</i>	<i>S.M. Ziauddin Hyder</i>
31	<i>The State of the Art of Gender in Food and Nutrition Planning (Bangladesh Country Report)</i>	<i>S.M. Ziauddin Hyder</i>
32	<i>Nutritional Status of the Children of the Rural Poor</i>	<i>S.M. Ziauddin Hyder</i>

	<i>Title</i>	<i>Researcher</i>
33	<i>Growth Monitoring at BRAC: A Closer Look at Program Data</i>	<i>S.M. Ziauddin Hyder Nasrin Huq</i>
34	<i>Family planning in Integrated Rural Development: A BRAC Perspective (Seminar Paper)</i>	<i>F M Kamal</i>
35	<i>Nutritional Impact Study of the Income Generation for the Vulnerable Group Development Program (NIS-IGVGDP): Report of July, 1993 (A Database)</i>	<i>S.M. Ziauddin Hyder</i>
36	<i>Maternal Morbidity Relating to Delivery and the Puerperium: Beliefs and Practices in Rural Bangladesh</i>	<i>Elizabeth Goodburn Rukhsana Gazi</i>
37	<i>Assessment on the Regularity of Iron-folic Acid Tablet Intake</i>	<i>Ahmed Ali Fazlul Karim Shah Noor Mahmud Md. Nazrul Islam</i>
38	<i>Does Early Enrolment of Pregnant Women with Ante-natal Care Centres Increase Their Visits to Different Ante-natal Service Sources?</i>	<i>Ahmed Ali Fazlul Karim Shah Noor Mahmud Md. Nazrul Islam</i>
39	<i>Monitoring of Birth and Death Recording Activities in Women's Health and Development Program</i>	<i>Kaosar Afsana Ahmed Ali Shah Noor Mahmud Fazlul Karim Md. Nazrul Islam</i>
40	<i>Evaluation of TB Laboratory Operations in Women's Health and Development Program of BRAC</i>	<i>Md. Nazrul Islam Shah Noor Mahmud Fazlul Karim Md. Nazrul Islam</i>
41	<i>Utilization of Different Health Services in RDP-PHC areas</i>	<i>Ahmed Ali Shah Noor Mahmud Fazlul Karim Md. Nazrul Islam</i>
42	<i>Development of Village Health Committee for Community Participation in PHC: Insights from a Follow-up Study About the Present Status of the Strategy</i>	<i>Fazlul Karim</i>

	<i>Title</i>	<i>Researcher</i>
43	<i>Assessment of Community Based TB control Programme</i>	<i>Shah Noor Mahmud Md. Nazrul Islam Fazlul Karim Ahmed Ali Kaosar Afsana</i>
44	<i>Monitoring on Birth and Death Updating in WHDP</i>	<i>Kaosar Afsana Fazlul Karim Ahmed Ali Shah Noor Mahmud</i>
45	<i>Women, Workload and Women's Health Development Program: Are Women Overburdened?</i>	<i>Kaosar Afsana S.M. Masud Maliha Mayeed Rita Das Roy Fazlul Karim</i>
46	<i>Effect of Education on Health, Nutrition and Overall Development: A Case of BRAC NFPE in WHDP</i>	<i>Md. Nazrul Islam Fazlul Karim S.M. Ziauddin Hyder F.M. Kamal Md. Mohsin</i>
47	<i>The Impact of WHDP on the Relation Among GOB, Community and BRAC</i>	<i>Ahmed Ali Shah Noor Mahmud Shams Mustafa Fazlul Karim</i>
48	<i>Targeting the Bottom 50 Percent: Is it a Better Approach to Promote Health Service Utilization Among the Poor ?</i>	<i>Fazlul Karim Shah Noor Mahmud Ahmed Ali Md. Nazrul Islam AMR Chowdhury</i>
49	<i>Maternal Mortality in Northern Rural Bangladesh</i>	<i>Ahmed Ali Fazlul Karim AMR. Chowdhury</i>
50	<i>Participatory Methods to Assess Change in Health and Women's Lives: An Exploratory Study BRAC-ICDDR,B Joint Project in Matlab</i>	<i>Alayne Adams Rita Das Roy Amina Mahbub</i>
51	<i>Kutubdia 1992, Report on the Health Survey</i>	<i>Abdullahel Hadi</i>
52	<i>Change and Variation in Fertility in Bangladesh: Evidence from BRAC</i>	<i>Abdullahel Hadi</i>

	<i>Title</i>	<i>Researcher</i>
52	<i>Health and Development Watch: BRAC (Tables and Figures)</i>	<i>Abdullahel Hadi</i>
54	<i>Factors Influencing the Complete Coverage of Immunization - Experience from Matlab</i>	<i>Shahriar Reza Khan Abbas Bhuiya Md. Mohsin Syed Masud Ahmed AMR Chowdhury</i>
Others		
55	<i>Annotation of Literature on Empowerment of the Poor</i>	<i>Manzurul Mannan Amina Mahbub Fazlul Karim</i>
56	<i>Maltab Baseline Survey Technical Documentation'93</i>	<i>Syed Masud Ahmed Md. Mohsin Abbas Bhuiya AMR Chowdhury</i>
57	<i>System Strategies and Behavior: A Study of a Village in Jamalpur District</i>	<i>SPF Senaratne et al.</i>
58	<i>The State and BRAC: A Case Study of Joint Public Action (Seminar Paper)</i>	<i>Shams Mustafa</i>
59	<i>Agroforestry in Bangladesh (Review Paper)</i>	<i>Sanzidur Rahman</i>
60	<i>Jamuna Multipurpose Bridge: Survey of Residual Land and Projected Affected Persons</i>	<i>T.K. Barua Samir R. Nath Sarwar Jahan</i>
61	<i>A Rapid Rural Appraisal of the Present Status and Future Prospects of BRAC's Sericulture Program</i>	<i>Dilruba Banu Karimul Huq Abul Kalam Mahmuda R. Khan Akhter H. Mallik Abu Yousuf</i>
62.	<i>Base line survey report, BRAC-ICDDR,B Joint Research Project, Matlab</i>	<i>Syed Masud Ahmed Md. Mohsin Dr. Abbas Bhuiya AMR. Chowdhury</i>

ANNEXURE VII

LIST OF ONGOING RESEARCH PROJECTS

	<i>Title</i>	<i>Researcher</i>
1	<i>The Making of a village Organization: Forces of Change and BRAC's Impact on Women's Lives</i>	<i>Manzurul mannan</i>
2	<i>Case Tracking of Loanees in a Few RDP Areas Including Matlab</i>	<i>AMR Chowdhury Abbas Bhuiya Maliha Mayeed</i>
3	<i>An Analysis of Female Headed Households in Matlab Using Baseline Survey Data</i>	<i>Md. Mohsin Syed Masud Ahmed Shahriar Reza Khan</i>
4	<i>An Analysis of Male Morbidity in Matlab Using Baseline Survey Data</i>	<i>Md. Mohsin Syed Masud Ahmed Shahriar Reza Khan</i>
5	<i>An Analysis of Destitute Women in Matlab Using Baseline Survey Data</i>	<i>Md. Mohsin Syed Masud Ahmed Shahriar Reza Khan</i>
6	<i>An Analysis of Life-skill Indicators in Matlab Using Baseline Survey Data</i>	<i>Md. Mohsin Syed Masud Ahmed Shahriar Reza Khan</i>
7	<i>An Analysis of Dowry in Matlab Using Baseline Survey Data</i>	<i>Md. Mohsin Syed Masud Ahmed Shahriar Reza Khan</i>
8	<i>Medical Pluralism: The Case of Bangladesh</i>	<i>Syed Masud Ahmed</i>
9	<i>Identifying the Reasons for Expulsion and Dropout of VO members from Village Organization</i>	<i>Md. Kaisar Ali Khan AMR Chowdhury</i>
10	<i>Role of NFPE/KK Graduates in Development Activities</i>	<i>Md. Kaisar Ali Khan</i>

	<i>Title</i>	<i>Researcher</i>
11	<i>Impact Assessment Study of RDP/RCP</i>	<i>Shams Mustafa Ishrat Ara Abu Yousuf Sarwar Jahan Md. Mohsin Altaf Hossain Azmal Kabir Kazal Dilruba Banu</i>
12	<i>Livelihood in the Oxbowlakes Communities: A Baseline survey</i>	<i>Shams Mustafa Dilruba Banu Md. Azmal Kabir Kazal</i>
13	<i>A Standard of Living Index for Matlab</i>	<i>Hassan Zaman Masud Rana</i>
14	<i>A Qualitative Exploration of Few Major Baseline Issues in BRAC-ICDDR,B Matlab Project on the Study of Mechanism of Change</i>	<i>Maliha Mayeed Amina Mahbub Rita Das Roy</i>
15	<i>The Rate of Return of BRAC Financed Investments in Matlab</i>	<i>Hassan Zaman Masud Rana</i>
16	<i>Nutritional Status of Under-five Children in Bangladesh: Findings from Longitudinal Data</i>	<i>Karimul Huq Shoaib Ahmed</i>
17	<i>Socio-economic survey: Post Cyclone Rural Development Program Kutubdia</i>	<i>Karimul Huq Shoaib Ahmed</i>
18	<i>Impact of DTW Irrigation Technology on the Lives of Poor in Bangladesh</i>	<i>Karimal Huq</i>
19	<i>Institutional Change in Rural Bangladesh: Focus on Selected Socio-economic Indicators in Bangladesh</i>	<i>Karimal Huq</i>
20	<i>Demographic Registration System: A Report on Vital Events 1991-1992</i>	<i>Md. Rezaul Karim</i>
21	<i>BRAC-ICDDR,B Pilot-Project on the Impact of BRAC Programmes on Women's Lives in Jamalpur</i>	<i>Gul Rukh Selim</i>
22	<i>Jamuna Multipurpose Bridge Survey of Residual Land and Project Affected Persons in Additional Land of Tangail District</i>	<i>Samir R. Nath Mohammad Rafi</i>
23	<i>Evaluation IGVGDP</i>	<i>Shams Mustafa</i>

	<i>Title</i>	<i>Researcher</i>
24	<i>Factors Influencing the Complete Immunization - A Matlab experience</i>	Shahriar Reza Khan Md. Mohsin Syed Masud Ahmed
25	<i>Nutrition surveillance at BRAC</i>	S.M. Ziauddin Hyder
26	<i>Does group meeting of the IGVGD Program improve knowledge on child feeding and general hygiene of the rural women'</i>	S.M. Ziauddin Hyder
27	<i>Assessment of Post-training Knowledge and Practice of Shastho Karmis</i>	Fazlul Karim Shah Noor Mahmud Ahmed Ali
28	<i>Assessment of Post-training Knowledge and Practice of Shastho Sebikas</i>	Md. Nazrul Islam Shah Noor Mahmud Fazlul Karim Ahmed Ali
29	<i>Evaluation of TBA Performance</i>	Md. Nazrul Islam Shah Noor Mahmud Ahmed Ali Fazlul Karim
30	<i>A Comparative Study on Shastho Sevika in Manikgonj and Other RDP-RCP Areas</i>	Md. Nazrul Islam Kaosar Afsana Rukhsana Gazi Shah Noor Mahmud Fazlul Karim Ahmed Ali
31	<i>Role of Gram Committees in Basic Health Care Service Delivery</i>	Fazlul Karim Shah Noor Mahmud Ahmed Ali
32	<i>Mother's Perception on Pregnancy and Ante and Post Natal Care: A Retrospective Look</i>	Kaosar Afsana Shah Noor Mahmud Ahmed Ali Md. Nazrul Islam Fazlul Kari
33	<i>Study on the Status of Ante-natal Care of the Mothers Facing Still Birth Hazards</i>	Kaosar Afsana Shah Noor Mahmud Ahmed Ali Md. Nazrul Islam Fazlul Karim

	<i>Title</i>	<i>Researcher</i>
34	<i>Knowledge, Role and Practice of POs and Other Health Related Cadres in Pregnancy Identification in WHDP</i>	Kaosar Afsana Shah Noor Mahmud Ahmed Ali Md. Nazrul Islam Fazlul Karim
35	<i>Causes of Maternal Mortality and Factors of Maternal Morbidity in WHDP</i>	Fazlul Karim Ruksana Gazi Kaosar Afsana Md. Nazrul Islam Shah Noor Mahmud Ahmed Ali
36	<i>Process Documentation of Different Package Service Delivery in WHDP</i>	Shah Noor Mahmud Ahmed Ali Md. Nazrul Islam AMR Chowdhury
37	<i>Study on Family Planning in RDP-PHC Areas</i>	Ahmed Ali Shah Noor Mahmud Md. Nazrul Islam Fazlul Karim AMR Chowdhury
38	<i>Cohort Analysis of Growth Monitoring</i>	Ahmed Ali Shah Noor Mahmud Md. Nazrul Islam Fazlul Karim AMR Chowdhury
39	<i>Consequence of Low Birth Weight</i>	Ruksana Gazi Ahmed Ali Fazlul Karim
40	<i>A Study of Female Headed Households in RDP Areas</i>	AMR Chowdhury Aminul Alam Marty Chen

	<i>Title</i>	<i>Researcher</i>
41	<i>Change in Nutritional Status of Children and Women: An Exploration of the Mechanism</i>	<i>Abbas Bhuiya AMR Chowdhury Masud Rana Itu Rani Shaha Anisa Akter</i>
42	<i>Winter Syndrome: Visible Opposition to BRAC</i>	<i>Manzurul Mannan Fazlul Karim AMR Chowdhury</i>
43	<i>Dynamics of VO: Women's Status Production System</i>	<i>Manzurul Mannan Masud Rana</i>
44	<i>Credit, Cash and Capital: An Anthropology of Money Circulation Among the Poor</i>	<i>Manzurul Mannan Masud Rana</i>
45	<i>Environment, Natural Resource Management and Sustainable Development in Bangladesh</i>	<i>Sanzidur Rahman</i>

ABSTRACTS OF COMPLETED STUDIES

1. Kutubdia 1992: Report on the Health Survey

The survey has provided estimates of various demographic, socioeconomic, and health condition of the population where BRAC has begun operating its development programs after the devastating cyclone in 1991. The sample has been designed to be representative of both Kutubdia and each of its six administrative unions. The topographic and occupational pattern of the villages are considered in selecting village samples. A total of 3,394 (or 20 percent of the total) households have been selected.

It has been revealed that about 54.5 percent of the households are landless and nearly 18 percent has marginal (<50 decimals) amount of land in Kutubdia. Although literacy rate is higher in Kutubdia than other rural areas in general, the gender variation in literacy is visibly wide. The island has a very strong non-formal economic sector which has been controlled by less than 13 percent of adult male population. A group of middle aged, half educated land owning rural elites has been dominating the rural power structure. Despite natural disasters, migration

to the island has been very high in recent decades.

As a consequence of cyclone mortality, the age and sex composition of the population in the island has changed since death rates were much higher among children and women than adults and men. Such a loss of young people has raised total fertility rate (TFR) to nearly 7.1 and reduced contraceptive practices to only 12.5 percent. Kutubdia now carries with it an unusually high dependency ratio of 50 percent resulting almost entirely from the young persons in its age structure. Although have reduced in other BRAC areas, the incidence of death from diarrhoeal diseases has remained very high in Kutubdia. Of all episodes of deaths, 16 percent have been caused by diarrhoeal diseases and 14.2 percent by respiratory tract infections. Most of the incidence have occurred among children. About a third of children in Kutubdia is reported malnourished which might have a synergistic effect on the diarrhoeal morbidity to make it fatal. More than 15 percent of the population do not receive any treatment before their death. A fifth of deceased persons has the chance to see a quack and about 5

percent to a supernatural healer before their death.

The immunization coverage is only 38.3 percent and about 43 percent of children have never been reached for immunization. Nearly two-third of mothers have found exposed to tetanus at delivery. The vitamin-A coverage is also poor (only 41.6 percent) although a major drive had been undertaken by the government and the NGOs after cyclone in 1991. Thus 22 per 1000 children are found nightblind in Kutubdia. Most of the islanders have been using safe water for drinking but not for such other purposes as cooking, cleaning utensils or bathing. The poor households are at greater risk of using unhygienic water in cleaning and washing. About 85 percent of adult population, regardless of sex, defecate in unhygienic places such as hole latrines or open places. After defecating, more than 85 percent use water only to clean their hands and less than 5 percent use soap.

It is argued that the immunization coverage, health and fertility behavior and practices should be improved which is expected to reduce diseases and deaths particularly among children. As BRAC's program is targeted to the disadvantaged and poor, it is hoped that no one would die without treatment in the island any more.

2. Kutubdia 1992: Report on the Education Survey

The primary objective of this survey has been to generate estimates on such areas of education as general literacy among adults, literacy of school age children, assessment of basic competency and functional knowledge which will be compared with similar estimates when the current program ends after three years. The difference is expected to provide a picture of the impact of PCRDP on education in Kutubdia. The sample has been designed to be representative of Kutubdia and each of its six administrative unions.

The survey shows that the general literacy rate is nearly 35.7 percent in Kutubdia, although only 11.3 percent have received more their five years of schooling. The general literacy is much higher among male than female, non-target than target households and in the intervention than comparison area. The literacy rate is found highest in Baraghop and lowest in Dakkhin Dhurung among all unions.

The current enrolment rate is estimated as 58.2 percent. Like the general literacy rate, the enrolment rate is found higher among boys (63.9%) than girls (51.6%), non-target (70.4%) than target (52.1%) households, and in the intervention

(59.2%) than comparison (40.0%) area. The enrolment rate is found to be associated with the year of schooling of parents, ownership of land, housing condition and socioeconomic status. The dropout rate is estimated as 3.3 percent in Kutubdia. The girls are more likely to be dropped out than boys. Contrary to our expectation, the dropout rate is lower among landless or target children than otherwise.

Nearly 30.7 percent of 9-12 year children have scored 75 or more out of 100 in the basic competency rating in Kutubdia. On the other hand, nearly half (44.5%) of the children have scored 45 percent or less. As expected, the recorded score is higher among non-target and boys and currently enrolled children than target and girls and non-enrolled children. Such other scores as life, reading, writing and numeracy skills also show similar relationship with gender and socioeconomic status.

Indicators of perception and functional knowledge, as expressed by male respondents indicates that Kutubdia has remained very conservative and traditional. Discrimination toward women in term of property distribution, mobility outside home, gainful employment are generally endorsed although majority of them are poor and starving. When such perception are differentiated by various socioeconomic characteristics, no significant

variation is found.

3. Strategies to Enhance the Vocational Training to Improve Income Generation Activities: Experience from BRAC

This paper reviews the problems of vocational training program in achieving its goals and presents a discussion for change, based on BRAC's experience in operating occupational skill training programs for employment and income generation of the rural poor. The situation of vocational training institutions is then analyzed and such major problems as the poor status of vocational education, its rigid and inflexible guidelines, training contents and curriculum are examined. Then, BRAC's experience and current approach to skill development training is discussed. It has been shown that the training methods and course contents of BRAC are addressed to the need of the program and participants. The training curricula of BRAC are designed to constantly reviewed and modified. The quality of such training is assessed by the respective program by involving program supervisors in pertinent training sessions and in practical demonstrations. The newly trained group members are then closely followed up by the program staff to identify their weakness, if any. If serious problems are identified, both the training method and curriculum are revised.

It has been concluded that a vocational training program must base its operations on a comprehensive understanding of the development processes of the community where it is located. The basic principles on which the vocational training programs in Bangladesh are operating should be re-examined. Emphasis should be given on the selection of participants, their level of understanding, relevance of the curriculum, the potential use of the newly acquired skills, and the approach of training. Necessary steps should be taken to make the current training programs more useful to the needs of the community by changing curriculum, establishing closer cooperation with local communities, and involving trainers in community-wide development efforts. Unlike current practices of designing and implementing training programs for the young, men, and financially well-off, the program should be targeted virtually to all productive ages, men and women, and particularly to the rural poor. Improving the skills of already engaged work force should get preference than only grooming the youths who are yet to decide their future.

4. Health and Development Watch, BRAC (Tables and Figures 1986-93)

BRAC launched a demographic and health surveillance system covering 150 villages with a population of

nearly 100,000 distributed in four thanas of the country. The objective was to document the demographic changes that was induced as a result of massive Child Survival Project* (CSP) supported by Rural Development Program (RDP) of BRAC. Gradually, such other information of health coverage among children as immunization and vitamin-A capsule distribution were added to the system. Lately, education of 6-16 years old children was included to see the trend in enrolment and retention rates. It was thought that health and demographic data, provided by the surveillance system, might be very useful in planning health services and set priorities rationally. The findings and interpretations, presented in the report, would help understand the prospect and constraints in achieving the health goal by the year 2000.

Despite a stubborn nature of its economy, particularly in the rural areas since it achieved independence in 1971, the characteristics of the population have been changing. The population in rural Bangladesh has increased in general although the rate of increase has been lower in BRAC than in other areas. Both fertility and mortality in rural area have been declining. There appears to be a constant flow of migration from rural to urban areas. The age at marriage and dissolution of marital union, although slowly, has been increasing. The overall quality of

health has been improving in rural areas as a result of higher access to both curative health services and wider immunization coverage.

The health education provided by BRAC and many other NGOs has raised the demand for health services among the poor. The change in the diarrheal disease prevalence and immunization coverage suggests that if such demands are translated into programmatic actions by the government or any other service providers, a significant improvement in health sector could be achieved.

BRAC has gained considerable experience through its such efforts as oral therapy extension program (OTEP), child survival program (CSP), and tuberculosis prevention program which has been incorporated in the current primary health care (PHC) program of RDP. In this context, it is crucial to take note of growing concern regarding the sustainability of current level of health coverage and status in coming years. Considering the priorities of RDP in alleviating poverty and empower the rural disadvantaged, the PHC components are undoubtedly less likely to get importance than its core activities such as credit and income generation, etc. The activities scheduled to carry out under current components of PHC should, however, be reviewed, re-examined and possibly re-formulated. Management problems at the execution

level which has been reflected in the performance of health coverage and status should also be taken care of.

BRAC and some other organizations have been following target group approach in carrying out most of their program components including such PHC components as educating and promoting safe drinking water and sanitary practices. Such an approach would unlikely to help improving the hygienic practices of the community as a whole and thereby reaching the desired goal in the area of prevention of communicable diseases. Launching a social movement to attain the national goal would require a new deal involving all sections of community where BRAC could play the coordinating role among the government, development organizations, and the community.

5. Change and Variation in Fertility in Bangladesh: Evidence from BRAC

In 1986, Bangladesh Rural Advancement Committee (BRAC) launched a vital registration program in three rural unions in its project area in Manikganj, which consisted at that time of 87 villages with a total population of 51,739. The program was introduced to document the demographic changes that was induced as a result of a massive and sustained child survival project (CSP) supported by rural development program (RDP). The registration system was expanded in three more

rural unions in Joypurhat covering 63 villages with additional 35,708 population in 1987 where no such development intervention was underway. This made the project to be based upon an experimental design wherein nearly 60 percent population in the RDP (the intervention) area received such services as credit for income generation and employment, non-formal education and primary health care for the rural poor, while the rest of the population in (the comparison) area received only limited services provided by the government program. Both the intervention and comparison areas were similar in the sense that their economy was largely based on subsistence agriculture and social institutions were predominantly traditional but different in terms of literacy and fertility behavior. This paper reports the change and differentials of fertility based on data collected in 1986/87 and 1992/93 through the vital registration system. The difference in estimates explains both the change in fertility during the study period as well as the context which determines the variation in fertility.

The data shows that the general fertility rate has declined from 167 to 126 in seven years in the intervention area. In the comparison area, however, the reduction has been very slow, from 134 to 124 in six years. The age specific fertility rates for both

areas have also declined. As expected, the highest fertility rates are seen among women in the age groups 20-24 and 25-29 in both areas.

As women get older, the fertility rate drops consistently till the end of childbearing age. When the fertility estimates are compared between the two areas, it is revealed that the ASFRs are very close for age groups 15-19 and 20-24. Then the sudden decrease in the comparison areas for the two subsequent age groups was probably due to relatively rapid increase in of contraception among older women in the comparison area. The age specific fertility rates have declined consistently for all age groups except 25-29 in the intervention area. But, in the comparison area, the rates have slightly increased for the middle age groups (25-29 and 30-34).

The total fertility rate (TFR) has declined from 4.80 to 3.78 in the intervention and from 3.86 to 3.69 in the comparison area in six years. The TFRs have reduced for both the target and non-target women although the reduction is much higher in non-target (1.3) than the target (0.9) women. In the comparison area, the TFR has remained stable among the target women during the study period while has slightly reduced among the non-target women (0.34).

The fertility appears to have an inverse association with the involvement of NGOs in both areas.

Land ownership and occupation of the household head are also found to be associated with fertility. The TFR was higher among Muslims than Hindus in the intervention area in 1986/87. Although has declined in both groups, Muslim women have experienced higher reduction than Hindus in the intervention while has remained same in the comparison area.

As education of women appeared to be a potential force of fertility reduction in rural community, it is argued that the investment in non-formal education would seem likely to facilitate fertility regulation since better education raises the age at first marriage and encourage the limitation of childbearing within marriage. Wider scope of outside employment for female would also have synergistic role in reducing fertility and improving the health of her family since it would improve her access to health care system.

6. Woman's Health and Illness: Perception of Men and Women in the Rural Areas of Bangladesh.

The report presents findings from a study done in three villages of Jamalpur district. It provides an overview of health, illness, and common diseases perceived both by the rural men and women. Men's attitude towards different health problems of women are also highlighted in this report. The findings of the report is based on focus group discussions.

All participants of the discussion sessions were married, and belonged to similar socioeconomic stratum. The study reveals that most of the poor in the rural areas do not have adequate knowledge on women's health and related disorders. A wide range of misconceptions prevail in the rural communities. Both men and women perceive good health as a state in which they can perform daily routine work. On the other hand, ill health is viewed as complete inability to work due to the presence of severe symptoms; such as, severe pain, very high fever, etc. Mild or moderate symptoms of any disease are not perceived as ill health by the rural poor. Quite often, a sick woman does not receive enough care and attention by her husband due to ignorance and poor socioeconomic condition. Sexually transmitted diseases and other diseases related to reproduction are highly prevalent among married women. A woman, during pregnancy, hardly receives good quality medical care despite the presence of a government health and family planning workers within the community. In most cases, food restriction is common immediately after child birth which is harmful both to mother and child's health. The above findings are quite important from the health planner's/policy maker's point of view. Appropriate health education and awareness building programs for the rural poor may help them to identify their own health problems at

an earlier stage and, thus enable them to take necessary steps. Training module for the rural poor needs to be developed that can be used for different health education forum. Adequate attention is also necessary to strengthen government's existing health and family planning services delivery system at the grassroots level to address health problems of the service recipients. The Women's Health and Development Program (WHDP) of BRAC may also use the study findings to address different health problems of the target women and thus promote their health status.

7. Growth Monitoring at BRAC: A Closer Look at the Programme data

BRAC has conducted one of the largest growth monitoring programmes with over 22,000 children as part of its Primary Health Care Programme from 1986 to 1990.

Operational data from this project were analysed to reveal the trends in nutritional status of rural children who are less than two years old. Monthly measurements (weight for age) taken by the programme from January 1988 to February 1989 from four areas (Rangpur, Santhia, Gheor and Saturia) were analysed. Of 26,143 measurements, there were 12,784 of boys and 13,359 of girls. The nutritional status was analysed based on the Gomez classification using the NCHS standard.

Nutritional status was found to decline with increasing age in the first year and was fairly stable in the second year. This decline was apparent after the first three months. The proportion of severely malnourished remained constant at 5% through out. More girls were observed to be normally nourished than boys. More girls were also suffering from severe malnutrition. Improved nutritional status was observed between November and March which declined between April and October. Regional variations were observed with Saturia and Rangpur being worse off. The majority of the children of both sexes in all age-groups, seasons and regions were mild to moderately malnourished.

8. An Overview of Iodine Deficiency Disorders (IDD) in Bangladesh

Iodine Deficiency Disorders (IDD), one of the most severe public health problems in many parts of the world, is characterized by enlargement of thyroid gland in front of the neck of an individual. This is mostly due to long term deficiency of iodine, one of the micro-nutrients, in human body. It is revealed from a nationwide survey that about 10.51% of the total population in Bangladesh suffer from 'visible' goiter (IPHN, 1982) which may considered as 'tip of the iceberg' of the problem of IDD.

The purpose of the report is to describe the present situation of IDD

in Bangladesh and to provide an in-depth view on IDD prevention and control programmes that are being implemented in the country.

This paper is based on literature reviews, case studies, field observations, and informal discussions with the resource persons involved in nationwide Iodine Deficiency Disorders (IDD) prevention and control programme in Bangladesh.

Some important issues and policy considerations have been raised in this paper that are critical for the control and prevention of IDD and its other long term health and social consequences. Some recommendations and research topics have also been identified in order to minimize information gaps which are essential for proper planning and implementation of the IDD control and prevention programme in Bangladesh.

9. Nutritional Baseline Survey of the Income Generation for Vulnerable Group Development Program (Report of Baseline Survey, January, 1993)

Income Generation for the Vulnerable Group Development Program (IGVGDP) is one of the largest development program of BRAC where distressed rural women are the major participants. Other than income generation, improvement in the nutritional status is a basic concern of the program. The broad objective of this study is to assess the

nutritional impact of a development program like IGVGDP. This is a longitudinal study and data are collected every six months on the same cohort of population for two years. Children aged 0-6 years are the study population and are selected from three different types of households, i.e., program participants, non-participants within the program area, and non-participants outside the program area. All controls are matched against respective cases for their socioeconomic status. A total of 326 children are selected as cases and 210 children as controls from 6 unions of Tangail thana which is covered by IGVGD program. On the other hand, 204 children are selected from 1 union of Kalihati thana as controls outside the program area. A baseline survey was conducted in January, 1993. Detailed findings of the baseline survey is presented in this report. Other than anthropometric measurements and some selective variables on health status of the sampled children, data are also collected on some socioeconomic and demographic indicators, and sanitary conditions of the households. Five indicators of nutritional status, i.e., Wt/Age, Wt/Ht, Ht/Age, MUAC, and BMI are used to describe the nutritional status of the study children. The results of the study show similar situation for major socioeconomic, demographic, nutritional, and health indicators among three different samples and the

result tallies with the findings of the Nutritional Surveillance Program (NSP) of HKI. A final report of this study will be prepared after the end of the fourth round data collection (first quarter of 1995).

10. Nutritional Impact Study of the Income Generation for the Vulnerable Group Development Program (Report of July, 1993 Data Base)

A summary report on the baseline survey of the NIS-IGVGDP was circulated in May, 1993. The baseline survey was conducted in January, 1993. First round data of the NIS-IGVGDP was collected after six months of the baseline (July, 1993) on the same cohort of the sampled population. Socioeconomic and demographic data was collected from 540 households. Health and nutritional data was collected for 649 children aged less than 72 months from the above households. We failed to reach 12.3% of the study children and their corresponding households mainly due to heavy rain fall and flood in the study areas. A very few children were dropped out due to absence at the time of interview. Results of first round data of the NIS-IGVGDP are summarized in the following tables. Comparison within different rounds of data will be done after the third round of data collection in order to look at the nutritional and health impact of the IGVGD program.

11. Destitute Women and Sustainable Rural Development Poultry Workers of the IGVGD Program of BRAC

Poultry Workers (PWs) are one of the groups of participants and considered as leaders of the IGVGD program of BRAC. This study is based on Focus Group Discussion (FGD), in-depth interviews, and field observations and was conducted in three thana of a district in Bangladesh. The IGVGD program is being implemented in the study areas for about one and half years. The major goal of the study was to obtain views on the attitude of the PWs on different activities and implementors of the IGVGD program and their relationship with people they interact at different levels while performing duties as a PW. It is revealed from the study that majority of the PWs enjoy their tasks and are benefitted both socially and economically. They maintain quite good relationship and are encouraged by the local leaders, concerned government staff, and BRAC staff. With a few exceptions, PWs are not over burdened with their regular job and enjoy cooperation from the neighbors and husbands. None of the PWs reported to face any social problems while visiting within and outside the villages and at the UP offices. A sizable number of the respondents expressed towards positive attitude using a Borkha. According to them, Borkha provides security and increase mobility of a woman.

12. State of the Art of Gender and Development Country Report: Bangladesh

This paper is based on review of the existing documents and literatures. In this paper, the author intends to provide an overview on the situation of women in Bangladesh and to highlight their current position in different development policies/plans. Various constraints and recommendations in achieving gender equality are also highlighted in this paper.

Despite the recognition of equal right of both women and men by the Constitution of Bangladesh, women in this country are being left out from the main stream of development. Women's participation in national development, for the first time, was given proper emphasis in the Fourth Five Year Plan of the Government of Bangladesh. But, unfortunately, incorporation of women in the mainstream development has not yet been achieved properly due to inadequate political commitment, lack of understanding and many other factors.

It is commonly agreed that gender issues must be addressed at all levels of program planning and implementation in order to reach the desired level of sustainable national development.

13. Nutritional Status of the Children of the Rural Poor

Undernutrition among the pre-schoolers has been pointed out as one

of the most severe public health problems of the developing countries like Bangladesh. The general objective of this study is to describe the nutritional situation of the rural pre-schoolers who lie within the poorest of the poor segment of the rural society of Bangladesh. Data for this particular study are taken from the baseline nutritional survey of the Income Generation for the Vulnerable Group Development Program (IGVGDP) of BRAC. A total of 740 children from 67 villages of Tangail and Kalihati thana are included in the study of which 326 are from the program households (Tangail), 210 from the non-program households within the program area (Tangail), and 204 are from the households outside the program area (Kalihati). Each non-program household was matched against a corresponding program household in order to ensure similar socioeconomic condition of the households. Other than nutritional status, data on socioeconomic and demographic status of the children's households, sanitary condition, health status are also collected. Measurements made of height, weight, mid upper arm circumference (MUAC), and an estimate of age is made. Measurements are compared with the NCHS standards and five indicators are derived from these measurements: wt/age, ht/age, wt/ht, MUAC, and BMI. Result shows that about 50% of the study children were exclusively breastfed up to 6 months of age and the average month of weaning was 5.2 months.

Percentage of severely and moderately malnourished children are 6.1% and 54.5% and, on the other hand, the stunted and wasted are 55.8% and 5.0% respectively. According to data on health status, point prevalence of diarrhoea and ARI were 4.2% and 71.3% and the prevalence of night blindness was 1.5%. The VAC coverage was only 42% in the study areas. Population of our study were purposively selected from the poorest segment of the rural Bangladeshi society. If we compare this with the nutritional data published by the BBS or INFS, it can be seen that the situation of our study children is not much different from the national average even though they belong to the poorest segment. Moreover, some of the variables on nutritional and health status correlate with the HKI's Nutritional Surveillance Program data. The findings suggest that the nutritional status of the pre-school goes is still very poor irrespective of their socio-economic condition.

14. Annotation of Literature on Empowerment of the Poor

This annotation of literature is the outcome of an assumption: the different programmes of Bangladesh Rural Advancement Committee (BRAC) contribute to the empowerment of women and the poor. As BRAC is involved in empowering the poor in its poverty alleviation process, there exists a need to look into what others have done in this particular field. The endeavor of annotating

literature is a textual investigation of 58 books and articles on the concept of empowerment and its application. The annotation shows that empowerment is described variously as: an emerging approach; a concept; a paradigm; a driving force in development; or a process. Empowerment has become a buzzword in a number of disciplines including health, development, law and adult education and literacy. While empowerment is rarely stated as a program objective, and it is virtually absent from evaluation efforts, the concept has gained widespread acceptance as a force of profound social and behavioral changes. The annotation is organized according to six thematic areas: Search for Conceptual Framework; Tradition, Culture and Women; Women and Status; Women and Health; Empowerment; BRAC and Empowerment.

The emerging trend is that development practitioners, especially in NGOs and development agencies, are increasingly accepting the empowerment as a lever in their everyday discourse of development intervention. Moreover many tried to define empowerment from their own institutional positions with their own analytical models and tools. There hardly exists any universal or accepted notion, definition and understanding of empowerment and which may vary according to the perception of class, culture and country of individual scholars. Further, the comprehension of

empowerment becomes complicated in the absence of standard criteria and gauge. As the concept empowerment jumped into the development bandwagon, it is becoming synonymous with women issues, rather than a gender neutral concept. The authors explored and identified different dimensions of women's problems with an emphasis to secure their rightful share in society without indicating how they could ensure the much desired rights. Most of the literature are dealing with women's problem with the avowed intention to change the disadvantageous position of women in relation to men. A very small part of the literature is addressing the question of empowerment to examine the extent to which Government and NGO intervention has brought about changes in the life of the poor, particularly women.

15. Opinion of Parents on What Life Skills their Children should Possess/Learn

This report presents the opinions of parents about what they felt about their children aged 11-12 years should learn/possess to live in the society. Opinions were collected by using three survey methods viz., asking open-ended questions, suggesting selected skills using a check list and focus group discussions (FGDs). The survey covered three rural and three urban areas. Equally represented by gender a total of 240 parents were interviewed and 14 FGDs were

conducted. The study found 46 specific opinions which can be grouped under nine broad headings. It is seen that the opinions of parents vary by the survey methods, area of residence and respondents sex. Some of these opinions were suggested only for boys and some were only for girls. The analysis also to show that some of the opinions are similar with the life skills part of the study 'Assessment of Basic Competencies of Children in Bangladesh 1992', some may not be considered as life skills/Knowledge, and some can not possibly be tested on the children because of the lack of appropriate instruments. The regression models utilized for each of the opinions show the extent of influence of some socioeconomic characteristics of the respondents on each of the opinions.

16. Assessment of Basic Competencies (ABC) of Children in Bangladesh (1993)

This study presents an assessment of basic competencies of 11-12 years old children as a follow-up of the 1992 survey. The main features of this study are a number of modifications in the survey method and assessment instruments. Six different surveys were conducted, five in five rural administrative divisions and one in urban area of Bangladesh. Multistage cluster sampling strategy was utilized in selecting the sample. A total of 2520 children (Rural:2100 and Urban:420) were interviewed from 180 cluster for all Bangladesh.

Appropriate weighing factors were used to find the estimates. The findings of this survey shows that on an average 26.7 percent of the children have the expected basic competencies. In the tests boys perform somewhat better than that of girls. On the other hand the urban children do much better than their rural counterparts and among urban children the difference between boys and girls is much more prominent. The ordinary regression analysis reveals that the level of literacy of mothers and fathers, as well as the economic status of the children households have directly positive impact upon children attainment of the desired competencies.

17. Jamuna Multipurpose Bridge: Survey of Residual Land and Project affected Persons (PAPs)

This study is an outcome of a census of residual land and project affected persons of the Jamuna Multipurpose Bridge Project (JMBP) at the request of the Jamuna Multipurpose Bridge Authority (JMBA). The census conducted on the basis of affected households of two banks of the river Jamuna: Tangail and Sirajganj. A total of six questionnaires were used for this. The objective of this study is providing the JMBA with the necessary inputs for preparing the Resettlement Action Plan (RAP). Data were analyzed by different categories suggested by the World Bank for the Resettlement Policy Matrix of the JMBA. This task covered the

information on different kinds of land and socioeconomic-demographic situation of the directly affected households. Along with this indirectly affected household such as farm and non-farm workers, tenants, squatters and uthulies were also covered. Information on affected business & industries and community facilities were also collected.

The result shows that a total of 6156 households- 4131 in Tangail and 2025 in Sirajganj- have lost land and/or other properties, where live a total of 39422 people. Of these households 13.3 percent lost only homestead land, 63.1 percent lost only agricultural land, 22.6 percent lost both homestead and agricultural land and rest one percent lost only fallow land. Among the indirectly affected households 561 are tenant cultivators, 2462 are farm workers, 618 are non-farm workers, 2175 are squatters and uthulies, and 90 are business/industries. On the basis of the collected information and opinions of the affected persons some recommendations were also provided, which may help in preparing the Resettlement Action Plan.

18. Factors Associated with Basic Competencies of Children in Bangladesh

This paper attempts to examine the effects of selected socio-economic and demographic variables on basic competencies of children in Bangladesh. The study utilizes

primary data collected on 2100 children (Rural : 1680; Urban: 420) from all over the country. A series of multivariate logistic regression analysis have been used to identify the independent contribution of each of the selected variables. Analysis of this data shows that the children's residence, sex, years of schooling, parental level of education and access of electricity are important determinants of their basic competencies. Among the determinants, residence of the child emerged as the most influential factor.

19. Influence of Selected Socio-economic Factors on Life Skills Knowledge of Children in Bangladesh: Multivariate Analysis

This paper investigates the socioeconomic factors which influences the life skills knowledge of children in Bangladesh. Using data from a nation wide survey done by BRAC on basic education of children, a series of logistic and some ordinary regression models have been utilized for this purpose. Analysis shows that years of schooling of the children, parents education level and area of residence of children have highest influence on life skills knowledge of the children.

20. Assessment on the Regularity of Iron-folic Acid Tablet Intake.

A monitoring was conducted on random sample of 246 Id, <, during June and

July 1992 to look at the regularity of Folfe tablets intake by the recipient pregnant women. This monitoring used structured checklist to collect data from one randomly selected pregnant woman of each selected Id, who received Folfe tablets at least 10 days before. The overall results revealed that among all pregnant women, only 29% (72) women were found to be regular and 67% irregular in taking Folfe tablet. Inter-regional variation in regularity of Folfe tablet intake was found lowest (18%) in Mymensingh region and highest (38%) in Dinajpur region. Irregularity in taking Folfe tablets are possibly due to side-effects arising from iron-intake and also lack of regular follow-up visit by TBAs, SSs, BRAC POs, etc. Regular supervision of pregnant women by TBAs, SSs and POs, raising awareness of pregnant women about importance of Iron in pregnancy and making women aware of side-effects of Iron tablet through health education are recommended.

21. Maternal Morbidity Relating to Delivery and the Puerperium: Beliefs and Practices in Rural Bangladesh.

This study aimed to obtain background information about local beliefs and practices during pregnancy, delivery and the puerperium. Data was collected by using focus group discussion from three types of group: young less experienced mothers aged 25 years or less who had one to three births only, older more experienced

mothers more than 25 years who had four or more births and TBAs both trained and untrained. The participants said that evil spirits, different foods and physical factors cause diseases during pregnancy, delivery and puerperium. Most of the precautions against spirits involve avoiding activities, spiritual practices, practices of seclusion, etc. Different food taboos were linked to diseases by the participants, such as, avoidance of hot food during pregnancy, restriction of some foods, etc. Falls, heavy weight lifting and sexual relations were identified to avoid during pregnancy and puerperium. Most of the TBAs said that there is no need for antenatal check-up for healthy pregnant woman. The pregnant women usually sought antenatal care if they felt unwell and they preferably went to kobiraj or Fakir. Women identified TBA as the best birth attendant. Harmful delivery practices that lead to post-partum morbidity were common. Some of the traditional practices were identified as useful. The information gained was used to guide the main study design and questionnaire development and to develop a vocabulary of local terms and generate ideas for future research.

22. Does Early Enrolment of Pregnant Women with Antenatal Care Centres Increase Their Visits to Different Antenatal Service Sources ?

This monitoring aimed to assess the months of pregnancy when women were

enrolled with Id, frequency of visits women made to Id and their contact with TBAs. A survey was done during June to August 1992 in different thanas of WHDP. A purposive sample of 293 pregnant women were selected from 9 purposively selected Id. Majority of the women (69%) were found to be enrolled with Id during 4-6 months of pregnancy. Pregnant women who enrolled during 5-6 months to Id completed the required number of visits (3) to Id. Similarly pregnant women who enrolled during 5th months of pregnancy had average of 3.8 contact with TBAs. Declining trend was observed among women at the number of their visits to Id and TBA contact who were enrolled with Id in late months. Provision of refresher's training for POs, TBAs and SSs, motivation of mothers and family members through group discussion and different forums, provision of accessible Id as well as maintenance of privacy in Id are recommended.

23. Monitoring of Birth and Death Recording Activities in Women's Health and Development Program

A monitoring, conducted in some randomly selected villages during December 1992 to January 1993, aimed to determine the accuracy in birth and death recording system maintained by Women's Health and Development Program in its operational areas. Ten field based monitors collected information on births and deaths which occurred during 16th August to 14th November 1992 by using a

structured checklist. Data was compared with the birth and death events recorded at the same period in the program documents. The under recording and over recording of births were highest in Mymensingh region in comparison to other two regions of WHDP. Still-birth was also poorly recorded in Mymensingh region. The recording of death was lowest in Dinajpur region. Routine household visit by POs, updating of registers by POs just after field visit, regular check-up of couple and pregnancy registers, visiting 5% of the allotted household by area managers, routine contact with information network to raise their awareness and provision of incentives for informants are recommended for further improvement of the Program.

24. Evaluation of TB Laboratory Operations in Women's Health and Development Program of BRAC

A study was conducted to assess the quality of TB laboratory activities in WHDP thanas. Ten trained monitors of WHDP collected data by using a structured checklist. Although TB laboratories are functioning satisfactorily in all 10 thanas of WHDP still some points are needed to be highlighted for further improvement of the Program. Some of the laboratories were found to be ill-ventilated, damp and unclean. Microscopes were liable to produce mild electric shock. Reagents were not properly labelled in some

laboratories. Technicians wore aprons occasionally but none of them were found to wear gloves. Record keeping system was found to be incomplete. Increased attention to maintain suitable environment in laboratories, proper maintenance of lab equipments and improved record keeping system are recommended.

25. Utilization of Different Health Services in RDP-PHC Areas

This monitoring, conducted on five components (ORT, immunization, VAC, safe water and sanitation and FP) of RDP-PHC, aimed to assess the extent of service utilization and source of motivation for service utilization. One village with 200-300 households were randomly selected from random sample of 10 RDP-PHC areas. Ten monitors collected data from these households through cluster survey by using structured questionnaires during February 1993. Findings show that use of tubewell water for different purposes (except for bathing) was found to be satisfactory among both but higher in VO than non-VO household members. Construction and use of pit and slab latrine were found to be very low in both group but handwashing with ash/soap after defecation was higher in VO household members. Use of LGS was found to be higher in VO but use of packet ORS was higher in non-VO members. Maintenance of EPI card, status of complete immunization and VAC intake rate were observed to be higher among VO members. Family planning

acceptance rate (CAR), maintenance of women's TT card and status of immunization was found to be higher among VO than non-VO members. The Government health workers were found to be the main source of motivation for different service coverage. Increased activities of POs and PAs to motivate the target group through different forums, dissemination of information about health and FP by BRAC cadres through household visits, etc. are recommended.

26. Development of Village Health Committee for Community Participation in PHC: Insights From a Follow-up Study About the Present Status of the Strategy

A follow-up study, conducted in Bastia and Purnagram during May 1993, aimed to explore the present status of Village Health Committee in RDP-PHC. Data were collected through key-informant interview (4 from Bastia, 2 from Purnagram and 3 from BRAC), household survey and RDP-PHC record review. Some data of mid-term PHC evaluation were used as benchmark status to determine the changes in selective service utilization over the period. Key findings of the study reveal that VHC in Bastia was found to be non-existent since inception of RDP-PHC. All ex-VHC members (half are VO members) were quite aware about of RDP activities and no Sasthaya Shebikas were trained up in Bastia. In Purangram VHC was revived after withholding for 9-months and one SS was trained up there. Moreover,

growth monitoring, mother's club and house to house health education were found to be non-existent in both Bastia and Purangram. Compared with mid-term evaluation, slab latrine installation and practice of FP were sharply improved but utilization of child immunization and VAC was found to be declined. The status of different service utilization (except pit and slab) was found to be higher in Purangram. Reorganization of VHC in Bastia, self-raised health funds, formulation and implementation of policy guidelines to phase over WHDP to RDP, involvement of VHC members to imparting health education through forum, maintenance of record of drug and contraceptive sale and adequate training and supervision of BRAC staff are recommended.

27. Assessment of COMMUNITY BASED TB Control Program

After 5 months of TB control program implementation, a survey was conducted during November 1992 to assess the overall performance of TB control program. Ten monitors collected data through interviewing a total of 516 patients and their relatives by using a structured questionnaires. The overall results shows that 40.0% of patients received treatment within 7 days of case identification. About 24.0% of the treated patients was found to be irregular in drug intake. However, only 3.9% of the patients was found to be defaulters and 0.8% dropped out. In 51.7% of the cases

Streptomycin injection was given aseptically. Almost all of the SSS/SKs (97.0%) and TB POs (99.0%) paid follow-up visits to the patients regularly. In 18.5% of cases, the Medical Officers (MO) initiated treatment and in 26.8% cases visited the patients within one month of treatment. About 63.0% of the patients were visited by MOs after drug reactions. Initiation of treatment within 7 days of case identification, visiting the patients as early as possible by MOs, regular follow-up patients by POs and SSS/SKs, proper maintenance of TB cards are recommended.

28. Monitoring on Birth and Death Updating in Women's Health and Development Program

The monitoring aimed to determine whether or not the birth and death events are updated and posted in all the relevant registers maintained by the Program Organizers of Women's Health and Development Program. It was conducted in some randomly selected villages during March 1993 to verify the status of posting of birth and death information in all relevant registers. The POs and Area Managers were also interviewed to investigate their perceptions about not updating the registers. In WHDP region out of 571 births, 89.0% were recorded in the household register, 85% in child immunization registers, 80.0% in couple register, 45.% in VAC register and 42.0% in GM register. Comparing the performance of old and

new workers marked differences were observed in all registers. Performance of POs in updating deaths were appreciable in all regions of WHDP. Regarding the posting of birth and death events in the registers, majority of Program Organizers and Area Managers said that too much workload and lack of time were the prime factors which caused incompleteness in updating and posting the information on time. Based on the findings, proper supervision of POs by AMs and from the top levels, updating and posting of the registers just after field visit to minimize the mistakes, putting all the information in one register, raising awareness of POs about the importance of updating through the meetings and training and recruitment of more workers or enumerators on ad-hoc basis are recommended.

29. Women, Workload and Women's Health and Development Program: Are Women Overburdened ?

This research aimed to investigate whether or not different activities in Women's Health and Development Program (WHDP) overburden the participant women. The study was carried out in Monmothpur and Rampur areas of Parbotipur thana to collect data from the women who are associated with the different activities of WHDP. In the study they are categorized into four groups: Group-MS activities, GroupII-GC and VO activities group, GroupIII-VO

activities and Group IV-SS, GC and VO activities. Data was collected through Focus Group discussion, in-depth interviews and daily time use methods and 'Triangulation' method is applied here to cross-check the findings of the research. The findings reveal that reveal that, apart from the fact of women's enormous workload at home, WHDP activities lead to overburdening of the SSs. The SSs spend considerable amount of time in activities of WHDP without any monetary gain. They compel to finish household work hastily, which also leads to exhaustion and fatigue. By using free time, subsistence activities are greatly reduced. WHDP activities limit their income-earning activities. As the SSs skip regular household works which put pressure on school-going girls and old mother-in-laws. Getting up earlier in the morning reduce their sleeping time. Since a few of them are involved with other NGOs, WHDP activities add more to their workload. Provision of monetary support to SSs, selection of women more than 35 years and belonging to families with helping hands (with the option of giving them assistance in the form of loans, jobs, etc.) and women involved with no other NGOs are recommended to reduce overburdening of SSs.

30. Targeting the Bottom Fifty Percent: Is It a Better Approach to Promote Health Service Utilization Among the Poor ?

The study, conducted in October 1993, evaluated the effect of Target group

approach of intervention in improving different health and family planning service utilization among the target population. For the target approach, primary data was collected from 630 households of 4 villages of WHDP-CHDP areas. For the community approach, data, from a previous survey carried out in September 1989 on 2353 households in four thanas of BRAC's Primary Health care Program, was used. The study used multistage cluster sampling to draw the ultimate sample. The comparison between the TG in the Target Group Approach and the Community Approach showed a relatively better status among the TG of the Target Group Approach than those in the Community Approach in many of the indicators (6 out of 10 indicators), covered through the study implying that the Target Group Approach had better potentials to improve different health care service utilization by the TG. In this regard the effect of the Target Group Approach appeared to be strong when the TG status over the NTG of the Community Approach was compared (TG status was worse in 9 indicators out of 10).

31. The Impact of Women's Health Development Program on the Relation Among GOB, Community and BRAC

A comparative study conducted during October and November 1993, assessed the impact of WHDP on the relation among the Government of Bangladesh, community and BRAC and on greater

utilization of GOB services as a result of higher demand created by WHDP. Data was collected by using postal survey, observation of health centres and exit point interview of service receiver at the centres, focus group discussion with TG females of the community and cross-sectional survey through structured pretested questionnaires (different health and FP service utilization). Postal survey was done in 10 WHDP and 6 comparison thanas. The researchers selected three intervention thanas (1 from each region) randomly and three comparison thanas purposively selected for other methods. The study population were Government staff, BRAC staff and Gram Committee members in intervention thanas and Government staff and adult TG females in comparison areas. Findings show that BRAC has succeeded in developing relationship between the Government staff and the community that led to a greater demand creation and utilization of health and FP services. Although the service utilization was found to be increased but irregular and inadequate supply failed to meet the increased demand. Functional referral system came into existence and the referral cases were well-received and serviced. It was recommended to sensitize the health policy makers to ensure increased demand of the people, to assist in Government activities to share the workload, to promote health practice behavior and to promote community participation through concerted efforts of BRAC staff, Government

staff and village health cadres, to raise awareness of the Government staff for the TG people through management training and to strengthen functional referral linkage with the thana level staff.

32. Effect of Education on Health, Nutrition and Overall Development: A Case of BRAC's NFPE in WHDP

The study aimed to determine the effects of non-formal primary education for adolescent girls (NFPE AG) program on health knowledge, practice and role of the students in promoting health, nutrition and general well-being of the community. A comparative study was conducted during October 1993 on three groups of adolescent girls (11-14 years): (a) those completed NFPEAG course, (b) those enrolled in formal schools in class 3-5 or completed schooling and (c) those never enrolled in any school and their respective households. Trained interviewers collected data through interviews with the girls and mothers by using questionnaires. The principal researcher collected data through case studies of girls by using checklists. Findings reveal that retention of knowledge about health care activities was found to be higher among NFPE girls than other two groups. Significant differences were observed in most of the health care activities between the girls of NFPE and other two groups. Mothers of NFPE and formal school going girls retained higher knowledge on

different health care and utilization of health services than those of mothers of the never enrolled girls. More than two thirds of the NFPE girls were reported to be involved with income generating activities, such as, poultry and goat rearing. Reinforcement of NFPE girls to disseminate their knowledge to family members and neighbors, inclusion of girls from formal schools and illiterate section in the 'Kishory club' encouraging girls to attend GC and MS meetings and incorporation of goiter prevention in NFPEAG course are recommended.

33. Maternal Mortality in Northern Rural Bangladesh

A baseline study was conducted in Dinajpur and Bogra region to determine the maternal mortality rate in WHDP by following the "Sisterhood Method". Data was collected from three categories of thanas: pilot, intervention and comparison where 12,000 households (4,000 household from each categories) were selected through multistage sampling. The results reveal that maternal mortality was reported higher by female respondents (8.79 per 1000 live births) than male respondents (8.29 per 1000 live births). It was found highest (8.60 per 1000 live births) in intervention areas and lowest in comparison areas (8.29 per 1000 live births). Life time risk of death was 1 in 22 in intervention areas and 1 in 23 in both pilot and comparison areas.

34. Practice of Contraceptives by Selected Socio-Demographic Characteristics: Experiences from Sixty Villages of Matlab, Bangladesh

The main focus of this paper was to describe the situation of contraceptive practice, among currently married women from BRAC membership eligible and BRAC non-eligible households, during the time (1992), just before the intervention of BRAC's Rural Development Programme (RDP) at Matlab. For this purpose bivariate and multivariate logistic regression analysis was used. This paper was developed on the basis of information collected from 5,744 matched couples, taken from base line survey of BRAC- ICDDR,B joint Research Project. Bivariate analysis revealed that the contraceptive practice rate of women from BRAC membership eligible households was slightly higher than women from BRAC non-eligible households (42.2% vs 41.5%) and this was true for both MCH-FP (60% vs 58.4%) and comparison areas (30.2% vs 29%). As expected highest practice rate was found in MCH-FP areas compared to comparison areas. Findings of this study suggest, to achieve the national goal of contraceptive practice, BRAC's RDP should be give special emphasis on comparison areas. During the time of survey, women who received some skill development training, engaged in income earning activities, related to any cooperative organization and who expressed favorable attitude towards women's mobility outside home for

work played positive role on practice of contraceptives, and these components are also included in BRAC's RDP. So if BRAC give more importance on these aspects, the status of women and as well as contraceptive practice will increase. Value of children, especially value of son is still a barrier to increase the practice of contraception. It can be solve by motivating couples that girls can fulfil the economic demand of a family as like as boys.

35. Gender Preference and Practice of Contraceptives in Matlab of Bangladesh

This paper attempted to examine the relationship between the number of living sons and contraceptive practice among currently married women in Matlab of Bangladesh. A total of 9,853 women, of which 6245 from BRAC membership eligible households and 3608 from BRAC non-eligible households were interviewed. Analysis revealed that irrespective of BRAC group membership status, value of son is still a barrier to practice of contraceptives. Practice of contraception rises with increase in number of leaving sons up to two and then declines for addition of sons; and within each category of number of living children, women with two sons and one daughter have the highest contraceptive practice.

36. Women as Wage Earner: Does This Make Any Difference ?

Data from 60 villages in Matlab,

Bangladesh were used to investigate the socio-demographic characteristics of income-earning women and it's influence on their life in conditions of extreme poverty and underdevelopment. Information was collected from 328 income-earning and 9,525 non income-earning currently married women of reproductive age using pre-tested structured questionnaires. Analysis revealed that these income-earning women come mainly from socio-economically disadvantaged households and mainly engaged in traditions rural jobs. Income-earning activities had positive influence on their fertility behavior and contraceptive practice and were beginning to change women's attitude towards self-assertiveness. They were more knowledgeable about immunization, family laws and skills essential for running day-to-day affairs of life. It is concluded that involvement of women in income-earning jobs definitely have some impact on their attitudes and knowledge retention. The implications of this is discussed and suggestions for strengthening the impact is put forward.

37. Impact of Immunization on Child Nutrition: Experiences from Rural Matlab

This study was done to explore the effects of immunization if any, on nutritional status of children in Matlab, Bangladesh, from a set of cross-sectional data collected primarily for recording baseline

information. Data were collected on socio-economic conditions and immunization status of 1,279 children between 1 to 6 years of age, and anthropometry was done. There were more 'stunted' children than 'wasted' and 'under-weight'. Majority of the malnourished children came from economically disadvantaged households. Quite a substantial proportion of these malnourished children were found to be completely immunized against all the 6 EPI diseases. Thus, immunization did appear to have only some marginal beneficial effect on these children. The 'multifactorial' nature of malnutrition in developing countries and the marginal effect of vertical programmes like EPI in this instances, and suggestions for future course of action, are discussed.

38. Traditional Medicine and Modern Medicine: Confrontation or Cooperation?

'Indigenous' or 'Traditional' medicine exerts a significant influence in the field of health care in Bangladesh by competing with and delaying the use of modern ('Allopathic') medicine. These systems operate outside the Govt. health care system depending upon the financial capabilities of the patients and have justified their existence by the fulfillment of health care needs of a large section of population. This brief review describes the present state of

'Indigenous' medicine in Bangladesh and explores the future possibility of developing a culture of 'Integrated' medicine incorporating the two in the light of WHO's guideline.

39. Participatory Methods to Assess Change in Health and Women's Lives: An Exploratory Study for the BRAC-ICCDR,B Joint Project in Matlab.

The study was conducted in two villages of Jamalpur with two objectives - I. to assess the effectiveness of various participatory methods as a means of collecting baseline information II. to identify indigenous indicators of health, wealth and women's status ; and to investigate people's perceptions of change in these indicators over time. As regarding to the study findings this exploratory study confirmed the utility of participatory methods as a means of gathering quickly and relatively accurately, baseline data on village infrastructure, household demography, education, wealth, health, kinship affiliation etc. With respect to its second objectives this study sought to identify indigenous indicators of health, wealth and women's status and investigate people's perception of change in these indicators over time with the purpose of helping refine and clarify conceptual models being developed for Matlab study.

40. Savings Default by the VO Members: An Exploratory Study

This study is an attempt to identify the major causes of savings default by the member of Village Organization (VO) of BRAC in some Rural Development (RDP) areas. According to the high incidence of savings default, 5 area offices were selected as study area. There was found many reasons for savings defaulting such as due to illness, temporary migration, lack of proper utilization of credit, lean period of income etc. It was also come out from the study that savings default was higher in the men VOs than in women VOs. It was observed that loanees after availing of the loan facility tended to default more than the non-loanees. In view of these findings some recommendations were also presented for the consideration of the program.

41. Enrolment Status and Literacy Differentials: A Survey of Re-opening of NFPE Schools

NFPE opened its next cycle of schools after completion of a cycle at the same village if children exist available as per requirement of the program. The study attempts to enquire the possibility to re-open NFPE/KK schools in the villages where at least two cycles have been completed and identify the association between enrolment status and selected socio-economic characteristics.

Through covering 9 NFPE areas, 45 villages, 13,427 households and 19,212 children the survey found that out of 45 villages some 43 new schools (NFPE: 32 and KK: 11) can be opened in 22 villages. Among these 22 villages only NFPE can be opened in 13 villages and both NFPE and KK can be opened in the remaining 9 villages. The survey also found that, 66.7% of the children were enrolled in any kind of schools, 10.9% dropped out and 22.4% had never enrolled. The enrolment rate among the girls (69.1%) was found significantly higher than the boys (12.2%). The enrolment rate also found to be higher among the children aged 8-10 years compared to other age cohorts; among the children of BRAC non-target households compared to the children of BRAC target households (81.8% vs 56.7%) and among the children of non-BRAC members compared to the children of BRAC group members (70.0% vs 62.4%).

The survey results indicate that re-opening of schools in a village depends on some factors of villages; number of households, number of formal schools located, cycles of NFPE/KK opened and age-sex composition of the children among the target households.

42. Identifying the Reasons for Dropout of Former NFPE Students in Formal Schools

In 1991, through a conducted study BRAC came to know that 56% of the

former NFPE students have been dropped out from formal school within two years from among the children enrolled into formal schools after completing the NFPE course. On the basis of the finding RED conducted this indepth study to identify the common reasons for such dropouts including gender discriminations.

The study identified some reasons for dropout which are illiteracy of adult family member, poor socio-economic status, high cost of education in high schools, late enrolment in schools, poor performance of former NFPE teachers, lack of proper supervision in formal schools. The study identified another most important reason for dropout which has been titled as 'Systemic variables', i.e., the formal system is quite different from non-formal system. The study found also some gender discrimination for such dropout like, early marriage of girls, low priority to female education, parents feel insecure for their daughters to send schools for various types of suspicions like fear of rapes, love affairs and stigmatizing their daughters by bad elements of society. The parents also feel that the girls will leave their parental home after marriage. So, education is not worthwhile for a daughter.

43. System Strategies and Behavior: A Study of a Village in Jamalpur District

This is a report of the study

conducted in a single village. The study was broken down into two phases. During the first phase the concentration was on the study of institutions, largely through sessions with informants and this was taken further through case studies. During the second phase the household was the main concern and this investigation was done through indepth interview.

The objective of the was to identify and analyze the Collection of Strategies, the context in which they are generated and how the context and strategies altogether form a system.

The different areas of the village activity such as, the ownership and use of land, the wider economy, kinship, political activity and relationships with the outside world in terms of government and development were described in the study. The different strategies were defined and showed the application of different strategies to the different areas of activity. Here, an attempt was also made to explain the total system.

44. Land Ownership Pattern and Land Tenure Pattern: Case of a Village in Bangladesh

Land ownership pattern and land tenure practice are two important determinants shaping well being in rural Bangladesh. Any serious effort directed towards rural development in an agrarian economy like Bangladesh

should not overlook due importance to these two issues. As a recognition to their importance this study portraits land distribution pattern and land tenure practice in Monohorpur, a village in Jessore district. One of the important finding of this study is that land was considerable polarized in the village in 1990. In one extreme, a large group having no land at all, and on the other a small group having a decent amount.

45. The Impact of BRAC's RDP in Gurki Village, Manikganj

The study reports the findings of a two and a half day PRA exercise, which was carried out as a part of a PRA Training of Trainer course. It uses the methods proposed for the PRA component of the forthcoming BRAC Impact Assessment Study. In a difficult situation of severe economic inequalities and social and political divisions, it is not very easy to improve the economic condition of the relatively poor, unite them for some form of collective undertaking or breaking down some of the barriers confronting women. But the actual achievements of BRAC might actually be greater than what superficially appear to be the case.

46. The Impact of BRAC's Rural Development Program in Gilanda Village, Manikganj

This paper presents the findings of a one and a half day investigation of

the impact of BRAC's Rural Development Program on a village in Manikganj. It was conducted as a part of an RRA/PRA Refresher course and provided an opportunity to test out the methods to be used in the PRA component of the BRAC Impact Assessment Study. The study shows the history of BRAC's involvement in that particular location, who has been benefitted, to what extent and how? Finally the study draws out the wider implication of this pilot investigation for the IAS.

47. Food Consumption and Nutritional Status in Rural Bangladesh: Findings from Longitudinal Database

The study focuses on food consumption pattern and nutritional situation of the RDP and non-RDP member households. This aims at seeing the effects off BRAC intervention particularly on the lives of the rural poor who joined the BRAC programme. The information for this study is based on analysis of longitudinal data sheet on household's income, expenditure and daily food consumption pattern in 13 VSP village-seven from Jamalpur and Six from Jessore Study Area. A total 465 households from these village were taken the purpose of the study. These households covering 2134 population were followed up longitudinally.

The Study reveals that the food consumption pattern of both RDP and non-RDP member is dominated mainly by

rice and influenced by seasons-
indicating that the consumption level
of calorie and protein is higher in
peak season. This is equally true for
both types of households. Apart from
showing the seasonal variation in
food consumption between the RDP
member and non-member, the study
further reveals an interesting clue
that the households in the lower
scale of income, expenditure and land
had lower calorie and protein in
their average daily diets.

48. Health, Family Planning and Sanitation Practice in Rural Bangladesh : A Base Line Survey of 10 Village.

The study is conducted in 1359
households covering 10 village under
village Study Project (VSP). It aims
at generating bench- mark information
to facilitate the subsequent
evaluation of BRAC's health
intervention in these villages. The
surveyed households are classified
into three categories. Firstly, the
target households under brac
intervention Secondly, target
households not under BRAC's
intervention, and thirdly, non target
(NTG) households. The survey covers a
variety of issues particularly
relating to the health care knowledge
and practice. It portrays the bench
mark situation of three categories
of households from the view point of
the above issues addressed in the
survey.

49. Nutrition and Poverty: Diets and Life Style of Rural

Population in Bangladesh

The study focuses on the life style
of rural population in terms of the
standard of their average daily diets
and level of calorie consumption and
intends to see the dimensions of
rural poverty particularly relating
to the food consumption. The
information for this study is based
on the analysis of data on daily food
intake and household income and
expenditure pattern in four VSP
villages, two from Jessore and two
from Jamalpur study are. A total of
80 out of 160 households were taken
for the study. The sample household
were considered to be cohort
households and followed up
longitudinally.

The study showed that 64% of
household are trapped in the risk of
nutritional poverty. Among them 16%
belongs to the landless household
group and the remaining 48% belongs
to the category of the households
having land. The remaining 36% with
above 100 decimals of land are above
poverty line constructed at tk. 3055
for 1903 Kcal and 1991/92 prices. The
situation of poverty in the villages
of Jamalpur is more worse have the
villages in Jessore because the
proportion of households with calorie
consumption below the norm of average
requirement (1903 Kcal) is higher in
Jamalpur compared with Jessore.

The study further reveals that consumption of calories (Kcal) and protein is greater for those who have more land and more income with higher allocation of income on food.

50. The State and BRAC: A Case Study of Joint Public Action in Bangladesh

The paper proposes the application of 'social security' as a conceptual framework to study joint NGO and governmental action in the field of rural development. As a case study, the IGVGD program which is jointly undertaken by the Directorate of Livestock Services, the WFP and BRAC, is described. It describes the method by which the destitute women are provided income promoting supports, their integration into the market as well as the state structures and the measures taken to sustain this integration. The strengthening of the state structures along with the women's integration, are designed for sustainability of the program's outputs and impact.

51. Factors Influencing the Complete Coverage of Immunization - Experience from Matlab Results

The general research objective of this study is to identify factors that are significantly associated with the complete coverage of immunization of children. For this, the BRAC-ICDDR,B baseline survey data set was used which was collected in 1992. The analysis selected 17 independent variables to assess their

influence on the dependent variable which was the immunization status of children. Both bivariate and multivariate analyses were performed for the purpose of identifying key determinants of the problem of incompleteness or non-acceptance of immunization. This study made detailed study in Matlab comparison and intervention areas in respect of BRAC eligibility criterion. The results of the study were able to demonstrate clearly that the concept of the parents' socio-economic, behavioral and knowledge related status was reasonable important in comparison areas for both BRAC eligible and non-eligible members. In intervention areas, we made an attempt to explore determinants which would further enhance the immunization status of children for which the complete coverage could not be achieved. The results revealed that the complete coverage of immunization was more pronounced for BRAC non-eligible members than for eligible members. Mother's education and her health related knowledge were found to influence the level of immunization greatly. Besides, ICDDR,B's MCH FP intervention showed a high positive impact on the completion of immunization for children.

52. Agroforestry in Bangladesh

The paper attempts to provide an insight into the nature of the problems associated with deforestation and consequent

environmental degradations and the experience gained to date by both the government and NGOs using agroforestry practices as a strategy to combat deforestation. Some constraints are mentioned in brief and some conceptual considerations are highlighted along with some recommendations for a more successful and sustainable agroforestry program.

53. Family Planning in Integrated Rural Development: A BRAC Perspective

BRAC has been playing an active role in the field of family planning since its early days. And the approach has always been an integrated one with its other rural developmental programs. In 1974, BRAC launched its family planning program especially to promote the use of contraceptives like pills and condoms among eligible rural couples. However, great emphasis was given to improve public health infrastructures and also to raise peoples health awareness.

At present, BRAC's major inputs on family planning are being catered through its RDP's PHC and WHDP program. BRAC has deputed a family health assistant (Shasthaya Shebika) for every 50 households. Along with public motivation, she also works as a depote holder for condom and ills. A recent study conducted by Research and Evaluation Division (RED) of BRAC finds CPR 51 percent in its program area and 33 percent in comparison area. The CPR was found much higher among BRAC's village organisation

members (64 percent).

54. The Sharshi Village of Barisal: A Survey ffor NFPE through RRA/PRA

This report has a special characteristics in the sense that for the first time BRAC's NFPE program has used RRA/PRA methods to test the possibility of expanding the program into a new area. With a secondary objective of training some NFPE field staff on certain RRA/PRA techniques, the survey was primarily carried out to find out the feasibility of opening up of new NFPE and PEOC schools in this particular village. Within two and a half days, four field staff successfully completed the survey and found out that an NFPE and a PEOC school could be opened in that village using the RRA technique.

55. Development of Entrepreneuership in Ayesha Abed Foundation, Manikganj

The Ayesha Abed Foundation (AAF) was established in 1983 as a bold experiment to (a) involve rural women in traditional male activities such as weaving, printing and tailoring, and (b) to institutionalize management services and market conduits for those upcoming women producers. Since its inception the AAF's institutional structure has inlcuded a women's federation named Manikganj Shromojibi Mahila Shakti (MSMS). In theory this federation becomes the owner of the enterprise after loan repayments to the AAF are complete. The AAF has two stated goals:

- i. to alleviate poverty of rural women;
- ii. to make a commercial success of this enterprise for women producers.

The researcher made an attempt to sketch useful definition of 'entrepreneurship' which incorporates both leadership creation and participation; also she tried to assess how receptive AAF's environment is to the emergence of 'entrepreneurs'. Key management people viz-a-viz, general Managers of both AAF and Aarong, the Centre Managers of Manikganj and Jamalpur and relevant program organizers. Open ended discussions were made with selected women in the AAF such as sub centre in charges and section - heads. Along with these, extensive literature reviews even were done by the researcher.

In summary, the AAF is found to be inclined towards an individualistic definition of entrepreneurship. Those rewarded with head positions and promotions are generally selected by AAF management for consultation. AAF's commitment to its goal of poverty alleviation through empowerment is found wanting. It has to define and decide its midpoint between its two goals: poverty alleviation and commercial success. Without the clarity of goals, progress will be localized and socially insignificant.

56. Women's Entrepreneurship in the Restaurant Business: Case of Shuruchi
To enhance income generating

activities for women of the poorer households, BRAC recently introduced 'Shuruchi Restaurant', to be managed exclusively by its female members. This is a study on these restaurants with a special focus on (1) how far the women's entrepreneurship has developed. (2) how the income generated from the business is being used, and (3) whether women have control over the business. For this study Participatory Rural Appraisal techniques were used as a tool for data collection. Study shows that most of the restaurant owners were using family labour in running their restaurant and depended on outside family help in book keeping. They were also dependent on their husbands who largely decided many critical issues. The women were spending most of their time in cooking and washing in the restaurant. In general, entrepreneurship was not observed in case of most of the women involved with these restaurants. Though it appeared that the restaurants were making a modest profit, but under a strict scrutiny such profit was small. The study also showed that the women operating the restaurants were socially accepted. They had gained some mobility in the market place. In spite of running the restaurants most of these women did not develop any sense of ownership to the restaurant. From this study it appears that BRAC has been successful in bringing women physically out of their home to the market place. This, however, did not produce significant change in their position in the family or community.

57. Education for Freedom: The Children of BRAC's Urban Schools

BRAC's program of Non-formal Primary Education (NFPE) is attaining rapid growth, with over 20,000 NFPE schools operating all over the country. These are all in the rural areas and targeted to the children of the poor who have never been to any school or dropped out before gaining any meaningful learning.

In April 1992, BRAC opened 10 such schools in the slums of Dhaka city. This study covered two urban NFPE schools, one considered to be 'good' and the other to be 'bad'. The study questions were : What factors accounted for the difference in performance of these schools? What was the rationale for high drop-out of the students in NFPE's urban schools compared to the rural ones? A variety of methods was included in collecting information for the study : RRA technique of social mapping, interviews with the children of the two schools and NFPE field staff, observation of parent-teacher meeting, observation of classes in the schools, separate focus group discussions with the parents and students, informal talks with members of the club where the schools are held, etc. The findings revealed a lot of information, and being the first study on the urban NFPE, the information could provide some useful insights to the management of the program. The study showed that parents' lack of interest in sending

their children was the main cause for high drop out. Social environment of the 'bustees', or slum area, was another discouraging factor for students (as well as the parents) to attend school. Personal interest and teaching style of teachers of the two schools was an import factor in determining the success or failure in the schools' performance. The most encouraging element of the schools was, however, the obvious enthusiasm of the children which represented a strong potential for ensuring the sustainability of urban schools.