

BRAC Research

Annual
report

2007



Research &
Evaluation
Division

BRAC

BRAC Research

Annual report 2007



Editor
Hasan Shareef Ahmed

Copyright © 2008 BRAC

May 2008

Publisher
BRAC
BRAC Centre
75 Mohakhali
Dhaka 1212, Bangladesh
E-mail: research@brac.net
Fax: 88-02-8823542, 8823614
Telephone: 88-02-9881265, 8824180-87 (PABX)
Website: www.brac.net/research

Printing and publication
Altamas Pasha

Cover design and layout
Md. Abdur Razzaque

Photo credits
Syed Masud Ahmed p9, 10, 11, 25
Mirja M. Shahjamal p35

BRAC/RED publishes research reports, scientific papers, monographs, working papers, research compendium in Bangla (Nirjash), proceedings, manuals, and other publications on subjects relating to poverty, social development, health, nutrition, education, gender, environment, and governance.

Printed by BRAC Printers at Tongi, Gazipur, Bangladesh

Director's note	v
Preface	vii
Acknowledgements	viii
Introducing BRAC	I
Research and Evaluation Division: an introduction	3
Research highlights	7
Socioeconomic research	7
Health and nutrition	8
Education	12
Environmental research	13
Governance	15
Social development	16
Research support to international programmes of BRAC	17
Ongoing studies	19
Capacity development	28
Support extended to others	30
RED seminar in 2007	32
Presentations in conferences, seminars and workshops	34
Publications in 2007	36
Abstracts of reports and papers completed in 2007	39
Glossary and abbreviations	58

BRAC turned 35 in 2007. This has been a journey of focused vision, unexpected discoveries, evolving analysis, optimism and enterprise. Looking back, the decision to set up a dedicated, in-house but independent Research and Evaluation Division (RED) in 1975, as BRAC was beginning to focus attention to long-term sustainable development from immediate relief and rehabilitation was a significant one. It was a clear expression of BRAC's commitment to constantly improving the relevance and effectiveness of its work.

The idea was never to substitute independent external evaluations but to create a culture of analysis, self assessment and learning within the organization. Such capacity also enabled BRAC to engage better with external evaluations, which in turn created real value in terms of deeper understanding and knowledge for both BRAC and its stakeholders. RED over the years has been a key player in this virtuous loop of knowledge and analysis. This has enriched RED as well with new perspectives, new capacities and deeper engagement with practice.

In 2007, RED has embarked on several evaluation studies with a randomized control trial design. Though RED has always and shall continue to learn and apply a diverse range of evaluation methods, this move signals the seriousness that both RED and BRAC programmes place in adopting the best practices for rigorous impact assessment.

RED in 2007 has also started to extend its work beyond Bangladesh to support BRAC's international programmes. Small research cells have already been set up in Uganda and Afghanistan and they have already completed a number of studies. These cells will grow in future and will create the foundations of evidence and evaluation driven programming for BRAC International, a critical feature of the BRAC approach to development. We have included a separate section in this Annual Report on our international activities.

At home, the year 2007 has witnessed unexpected events. Two floods, a devastating cyclone at home combined with a global trend of spiraling food and energy prices have once again brought the food security question at the forefront of national urgency. A focus on revitalizing domestic agriculture has re-emerged after decades of neglect. Adapting to new challenges such as climate change and managing old ones such as maintaining the political economy balance between incentives of farmers and urban wage labourers will increasingly define the future of Bangladesh. RED, given its unique advantage of having access to the nationwide grassroots infrastructure of BRAC, is in an enviable position to contribute to policy discussions in addressing this challenge with evidence and analysis from the ground.

BRAC is emerging as a new phenomenon in international development, demonstrating how south-south partnership can deliver in the fight against poverty. Crafting a global knowledge compact with a southern core is a critical part of this exciting enterprise. RED, to survive and prosper, will have to rise to the challenge of finding its own strategic location in this knowledge enterprise of the global south. I along with my very capable colleagues will be working hard and closely with BRAC and other relevant BRAC affiliated institutions such as BRAC University in shaping this exciting future.



Imran Matin
Director

'BRAC Research 2007' is the twenty-first annual report of the Research and Evaluation Division (RED) of BRAC. The salient features of BRAC research conducted in 2007 and the major activities of RED are documented in this report. Established in 1975, as an independent multi-disciplinary research and evaluation unit, RED works within the framework of BRAC.

Abstracts of completed studies and published papers are included in this report. A list of more formal internal and external publications is also included. Copies of these reports and publications are available in the Ayesha Abed Library, BRAC University, 65 Mohakhali Commercial Area, Dhaka 1212 and on our website: www.brac.net/research. A list of acronyms and abbreviations used in this report appears at the end of this report. Readers wishing to make any comments on this report or would like to have copies of this report or more information on RED activities may please contact Chief Editor, RED, BRAC, BRAC Centre, 75 Mohakhali, Dhaka 1212, Bangladesh (e-mail: research@brac.net).

acknowledge- ments

The Research and Evaluation Division (RED) is supported by BRAC's core funds and funds from donor agencies, organizations and governments worldwide. Current donors of BRAC and RED include Aga Khan Foundation Canada, AusAID, Australian High Commission, Brigham Young University, Bill and Melinda Gates Foundation, BRAC University, NIKE Foundation, Campaign for Popular Education, Canadian International Development Agency, Charities Aid Foundation-America, Columbia University (USA), Conrad N Hilton Foundation, Danish International Development Agency, DEKA Emergence Energy (USA), Department for International Development (DFID) of UK, Embassy of Denmark, Embassy of Japan, European Commission, Fidelis France, GITAC Consult GmbH, The Global Fund, GTZ-Germany, Government of Bangladesh, The Hospital for Sick Children, ICDDR,B Centre for Health and Population Research, ICLARM/World Fish Centre, Institute of Development Studies (Sussex, UK), Inter-Cooperation Bangladesh, International Committee of the Red Cross, Japan International Cooperation Agency, International Research and Exchange Board, The Johanriter, Land O Lakes (USA), Manusher Jonno Foundation, Micro-Nutrient Initiative, NIKE Foundation, NORAD, NOVIB, OXFAM America, Plan Bangladesh, The Population Council (USA), RNE/DGIS, Embassy of the Kingdom of the Netherlands, Royal Norwegian Embassy, Scojo Foundation Incorporation, SIDA, Sight Savers, Stanford Medical School, Swiss Development Cooperation, ULG Northumbria, UNICEF, United Way International, University of Calgary, University of Leeds, University of Manchester (UK), World Bank, World Food Programme, and World Health Organization.

RED received wide support and cooperation from all divisions of BRAC, particularly from the field staff and the people of Bangladesh without whose sincere support and patronage no field research could be conducted smoothly. RED also received useful comments, suggestions, and guidance from researchers, reviewers, and editors from within and outside the country, which helped improve the quality of research and research outputs. RED is indebted to BRAC management for its continued support.

|| Just, enlightened, healthy and democratic societies free from hunger, poverty, environmental degradation and all forms of exploitation based on age, sex, religion and ethnicity. ||

BRAC was established just after the liberation of Bangladesh in February 1972 as a relief organization to help rehabilitate the war-affected people of Bangladesh. BRAC works with people whose lives are dominated by extreme poverty, illiteracy, disease, and other handicaps. With multifaceted development interventions, BRAC strives to bring about positive change in the quality of life of the poor people of Bangladesh.

BRAC firmly believes and is actively involved in promoting human rights, dignity, and gender equity through poor people's socioeconomic, political and human capacity building. BRAC tries to bring about changes at the national and global level policies on poverty reduction and social progress.

Following the success of BRAC's international initiatives in Afghanistan, Pakistan, and Sri Lanka, BRAC launched development activities in Tanzania, Uganda, and Southern Sudan. In order to finance BRAC's global expansion, two non-profit resource mobilization organizations were set up in the UK and the USA.

BRAC has evolved as one of the leading development organizations in the world virtually self-financed employing 110,119 people. Its multifaceted development interventions are extended to 7.37 million households in 69,421 out of 86,000 villages in all the 64 districts of Bangladesh.

BRAC Education Programme (BEP) is specially targeted to children of BRAC members who never went to school or dropped out at some point. With special emphasis on girls, BRAC non-formal primary education (NFPE) is for 8-10 years age group and the BEOC (Basic Education for Older Children) model is for 11-14 years age group. The unique feature of BRAC model is that one teacher teaches in one-room school the five-year primary education curriculum in four years by reducing the number of holidays and increasing contact hours. Currently BRAC runs 32,000 non-formal schools with nearly one million students (65% girls) and 20,140 pre-primary schools with little more than half a million students enrolled.

The health, nutrition, and population interventions aim to cater for the health needs of the poor people throughout the country through 68,095 health volunteers known as *Shasthya shebikas* and 30 static health centres called *Shushasthya* (meaning good health) or BRAC Health Centre. BRAC works in partnership with the Bangladesh government to implement community-based tuberculosis (TB) control programme, and malaria control programme. BRAC has developed a large programme for promoting safe water, sanitation, and hygienic behaviour in 150 upazilas, and also developed a maternal, neonatal and child health programme in urban areas.

BRAC also runs a number of social development and advocacy projects and provides legal aid education

and services for the poor people like human rights and legal education, staging popular theatre, forming *Pally Samaj* (Rural society), and help file cases against rape, acid throwing, women trafficking, etc.

BRAC has developed a number of programme support enterprises to support its pro-poor development interventions. These enterprises include eight centres of Ayesha Abed Foundation (handicraft training and production centres), eight Aarong shops (marketing outlet for rural artisans), an off-set printing press and a packaging unit, the second largest liquid milk plant in Bangladesh, 67 chilling plants, six poultry farms and hatcheries, three poultry feed mills, 21 seed production centres and two processing plants, two agricultural research centres and four laboratories, two iodized salt factories, 15 nurseries, 14 fish and prawn hatcheries, and a bull

station for artificial insemination. The other support services include research, training, monitoring and internal audit.

Other BRAC enterprises and related institutions include BRAC Industries Ltd., BRAC Agro and Salt Industries, BRAC Tea Estate, BRAC University, BRAC Bank Ltd., bracNet, Documenta Ltd., and Delta BRAC Housing Finance Corporation Ltd.

BRAC runs its programmes and activities through 56,740 full-time staff and 53,379 part-time school teachers, spending US\$ 482 million in 2007 of which 20% received from various donor agencies and countries.

BRAC at a glance as on 31 December 2007

Staff	110,119
School teachers	53,379
VO members	7.37 million
Loan disbursed to the poor (cumulative)	US\$ 4.63 billion (Tk. 270.73 billion)
VO members' savings (cumulative)	US\$ 198.05 million (Tk. 13.46 billion)
Primary schools	32,000
Pre-primary schools	20,140
Students enrolled in BRAC schools	Nearly one million
BRAC Health Centres (<i>Shushasthya</i>)	30
Training Centres	21
Expenditure in 2007	US\$ 482 million
Donor support	20%

[Source: BRAC at a glance, December 2007]

The Research and Evaluation Division (RED) was established in 1975 as an in-house but independent unit to provide necessary research and analytical support to BRAC programmes. Although RED concentrates its activities on BRAC programmes, it also undertakes multi-disciplinary studies on various development issues and subjects of national and global importance. These include poverty alleviation, socioeconomic development, agriculture, nutrition, health, population, education, environment, gender, and related fields. It also maintains strong linkages with government organizations, UN bodies, and a number of academic and research institutions at home and abroad.

Programmatic research

RED's primary mandate is to conduct research on BRAC programmes. RED usually undertakes short-term evaluation studies, longitudinal and impact studies, baseline surveys, and action research. The findings of BRAC research help achieve programme objectives through modifying and/or improving the programme strategies and identifying new programmatic issues. Others also find BRAC research useful for policy and academic purposes. Major studies done in 2007 are highlighted in the following chapter (p7).

Collaborative and commissioned research

RED also undertakes research in collaboration with different research institutions/universities around the globe. Most of the collaborative studies are on important development issues with particular focus on developing countries. Some multi-country studies are also underway. In addition, it also undertakes

commissioned research. RED initiated/conducted 17 collaborative and five commissioned researches in 2007. Of these, eight were completed and the rest are ongoing. The major area of research include: chronic and extreme poverty; impact evaluations; primary school culture and nationwide secondary education; indoor air pollution and medical waste management; tuberculosis, malaria, nutrition, and maternal, neonatal and child health; and enterprise and institution development. A list of the collaborative institutions with the respective study/project titles is given in tabular form on page 5.

Research output

Since inception RED has produced 1,127 research reports and papers until 31 December 2007. Copies of these reports are available in bound volumes in the Ayesha Abed Library at BRAC University, 65 Mohakhali Commercial Area, Dhaka. In 2007, RED initiated 65 new studies and continued 43 studies carried over from the previous years. Of the total 108 studies conducted in 2007, 56 were completed during the year. The abstracts of the completed studies are available in this report (p39) as well as in the RED website (www.brac.net/research). The BRAC research reports including the annual report are available in the RED website.

Dissemination

RED disseminates its research findings among its various stakeholders at different levels. The findings of BRAC research are published in prestigious journals worldwide. Twenty original research papers were published in national and international journals in 2007. Some of the journals that published the findings of BRAC research during the year are (in alphabetical order):

Anthropology and Medicine
Development in Practice
European Journal of Clinical Nutrition
European Science Editing
Food and Nutrition Bulletin
Health Policy
Health Policy and Planning
International Review of Education
International Journal of Early Years of Education
Journal of Cross-cultural Gerontology
Journal of Health, Population and Nutrition
Journal of Nutrition
Nutrition Bulletin

BRAC researchers contributed five books and book chapters during the year. Popular version of some research results were also published in newsletters and newspapers. A list of publications appears on page 36.

Twenty-two research papers were presented in various conferences, seminars, and workshops (p34). In 2007, RED arranged 25 in-house seminars to present and review study proposals and share preliminary findings (p32).

Research compendium

Nirjash – a research compendium in Bangla – is published in lucid language primarily for the field implementers of BRAC programmes at grassroots level. One issue of Nirjash was published in 2007. Nirjash is also distributed to other NGOs in Bangladesh, concerned government departments, libraries, and media for wider dissemination to share the findings of BRAC research.

Monographs and working papers

Three working papers on CFPR programme and four peer reviewed monographs on different topics were published in 2007 for wider dissemination.



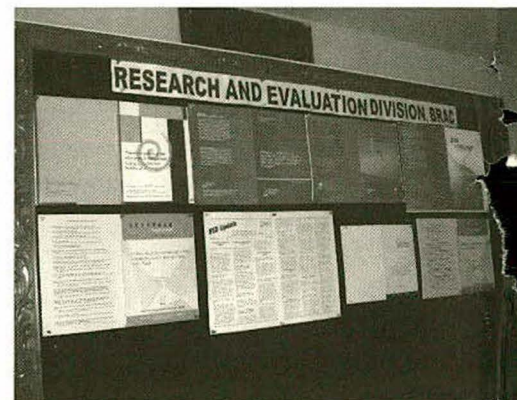
Newsletter

RED publishes a quarterly newsletter – RED Update to keep people updated, both within and outside BRAC, about its ongoing activities and significant achievements. Four issues were published in 2007.



Billboard

RED maintains billboards at all the residential training venues of BRAC scattered all over the country. The billboards are updated frequently with the recent key research findings, publications, and other activities of RED.



Management and finance

The research and dissemination activities at RED are decentralized. Under the overall supervision of the Director discipline-wise research units conduct research under the leadership of Unit Coordinators and Research Coordinators. Currently there are eight research units, these are economics, education, environment, governance, health, MNCH (maternal, neonatal and child health), nutrition, and social development. Besides, the following support units supplement the task of research – field management, data management, administration and logistics, and editing, design and publications. As of 31 December 2007, RED has 53 researchers and 33 support staff, 33% being female. Besides, six researchers were on study and long leave.

In 2007, RED spent US\$ 923,948 (Tk. 62.82 million), 68% of which came from BRAC's core funds and the remaining raised from external collaborative research, consultancy, and commissioned research projects.

Collaborative studies

Name of the study	Partners	RED contact
BRAC-AKFC learning partnership programme*	Aga Khan Foundation Canada	Imran Matin (imran.m@brac.net)
Secondary education under general and madrasa streams: curriculum, learning achievement and employment opportunities (Education Watch 2007) (Commissioned research)	Campaign for Popular Education, Dhaka	AMR Chowdhury and SR Nath (nath.sr@brac.net)
Alternative approaches to hardcore poverty	Economic Research Group, Bangladesh	Economic Research Unit, RED (mehnaz.r@brac.net) and Economic Research Group
Public-private partnership model development in medical waste management in Bangladesh*	Government of Bangladesh, Institution of Policy Support Unit (IPSU) under the Ministry of Environment and Forest (MOEF)	Nasima Akter (nasima.akter@brac.net) M Rahman, IPSU and MOEF team
Efficacy of Sprinkles and IFA tablets during pregnancy* (Commissioned research)	The Hospital for Sick Children, Canada	Nuzhat Choudhury (nuzhat.c@brac.net) and MM Rahman
Investigating factors associated with anaemia in infants at 6 months of age in a developing country* (Commissioned research)	The Hospital for Sick Children, Canada	Nuzhat Choudhury (nuzhat.c@brac.net) and Y Shakur
Formative, baseline and operation research on MANOSHI programme of BRAC	ICDDR,B, Dhaka, Bangladesh	Syed Masud Ahmed, <i>et al.</i> (ahmed.sm@brac.net)
Malaria prevalence survey	ICDDR,B, Dhaka, Bangladesh	Syed Masud Ahmed, <i>et al.</i> (ahmed.sm@brac.net)
TB prevalence survey	ICDDR,B, Dhaka, Bangladesh	Syed Masud Ahmed (ahmed.sm@brac.net) and S Islam
Mainstreaming nutrition in MCH programme	ICDDR,B, Dhaka, Bangladesh	Monira Parveen (monira.p@brac.net)
Analysis of existing data collected for impact evaluation of CFPR phase I	International Food Policy Research Institute (IFPRI), USA	Akhter Ahmed, M Rabbani (mehnaz.r@brac.net), M Sulaiman, and NC Das
Impact of perinatal maternal depression on infant development and health in Bangladesh	Karolinska Institute, Sweden	Hashima-e-Nasreen, <i>et al.</i> (nasreen.h@brac.net)

Name of the study	Partners	RED contact
Adolescent development pilot in Uganda and Tanzania	NIKE Foundation, London School of Economics, UK and International Centre for Research on Women (ICRW)	Munshi Sulaiman (munshi.s@brac.net), A Zerihun, and LSE team
Impact evaluations of the Food for Training and Income Generation (FFTIG) programme in Southern Sudan	London School of Economics, UK	Proloy Barua (proloy.b@brac.net), M Sulaiman, and LSE team
Impact assessment of CFPR phase II	London School of Economics, UK	RED CFPR Research Group (mehnaz.r@brac.net)
Ethnographic study on primary school culture in Bangladesh*	Plan Bangladesh	Samir Ranjan Nath (nath.sr@brac.net)
Bangladesh health equity watch (jointly with ICDDR,B)	Rockefeller Foundation, USA	Syed Masud Ahmed, et al. (ahmed.sm@brac.net)
A study on small and medium enterprises (Commissioned research)	ShoreCap Exchange	Sakiba Tasneem (sakiba.t@brac.net), R Shahnaz, and M Sulaiman
Ecosystem Services and Poverty Alleviation Study in South Asia (ESPASSA) (Commissioned research)	TERI University, India, SWIMMER, UK, IUCN Sri Lanka, and SDPI, Pakistan	Moushumi Chaudhury and Kazi Faisal Bin Seraj (faisal.k@brac.net)
The causes and consequences of indoor air pollution: an experimental investigation in Bangladesh	University of Colorado at Boulder, Brown University and Stanford Medical School of the USA	Nasima Akter (nasima.akter@brac.net) and MAQ Sarker
Chronic and extreme poverty in Bangladesh	University of Manchester, UK	Naomi Hossain and Imran Matin (imran.m@brac.net)

* Already completed

SOCIOECONOMIC RESEARCH

Focusing on adolescents and youths

Development interventions that aim to effectively bring about meaningful change in the lives of the poor are often too late in the life cycle. Hence targeting a younger population is important for greater return and sustainability of poverty alleviation programmes. BRAC addresses this issue with two broad sets of interventions for adolescents. The first set of interventions is designed to improve human capital through social and health related education and awareness. The second approach is through entrepreneurship development. In congruence with BRAC's overall policy of empowering women, all these programmes are designed for adolescent girls who have limited voice, specially regarding major decisions of their own lives, and limited access to markets. The key question is which approach should get priority. Is there any trade-off or synergy between the two?

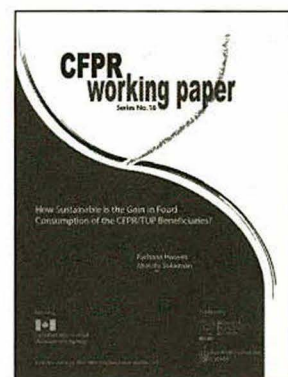
Evaluation of BRAC's adolescent education and awareness raising programmes shows that the majority of adolescents are aware of their rights regarding education, marriage, domestic violence and availability of legal services. Adolescents participating in the specialized microfinance programme for entrepreneurship development show similar positive trends, with age of marriage delayed significantly for BRAC members. Adolescents participating in BRAC programmes are more social and have strong educational aspirations.

Combining social development components to microfinance is found to have a positive impact on adolescents. Microfinance participation of ELA

(Employment and Livelihood for Adolescents) members (who attend social development meetings in addition to microfinance), when compared to regular members (who do not receive social development intervention), is stronger. They are also better-off in terms of mobility, involvement in economic activities, earnings, savings and engagement in sports and social activities. Evidence from BRAC's experience with adolescents' shows that integrating the two approaches (education and financial empowerment) is key in ensuring development of the youth. Further findings from ongoing work will strengthen recommendations for improving effectiveness of these programmes.

Graduation pathways for the ultra poor

In Bangladesh, there has been a widespread realization that microfinance alone is not able to address the needs of the extreme poor. A more comprehensive strategy is required to support the extreme poor to access mainstream development activities and contribute positively to the economy.



BRAC is implementing Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP) programme since 2002 with innovative approaches for reaching excluded groups in Bangladesh. First of all, the programme centers around an asset transfer (instead of the cash transfer usually used for the target group), supported by skill development training, health services, social mobilization and ultimate mainstreaming into regular

development programmes. Learning from this programme shows that the extreme poor are not only poorer than the poor, but they are also qualitatively different from the poor. Poverty traps exist both at household and community levels. While addressing extreme poverty at the household level requires extensive support, addressing spatial traps demand a more holistic approach, with creating the right environment for enabling households to escape out of extreme poverty.

Although impact evidence was very encouraging for the programme, a number of new questions have surfaced. At the beginning of the programme, it was thought that all targeted households would 'graduate' to BRAC's regular microfinance platform, which would provide access to the mainstream economic activities for the beneficiaries. However, low capacity created by long-term deprivation at the demand side and keeping the microfinance product unaltered on the supply side have led us to rethink the needs and opportunities for these households. A more gradual and phased out support package, with an eye on both economic and social transition for each household is needed for sustainability of benefits.

HEALTH AND NUTRITION

BRAC's maternal, neonatal and child health initiatives

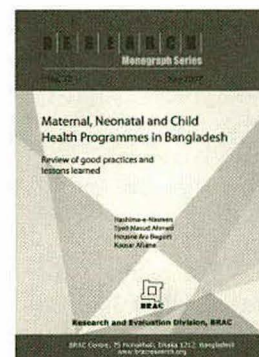
Bangladesh has made impressive gains in the field of health since independence. The life expectancy at birth has increased to above 60 years, total fertility rate is reduced to half¹ and infant mortality is reduced three times². However, maternal and neonatal mortality remain as major challenge. Though reduced substantially, maternal mortality currently stands at around 3 per 1000 live births and 43% of infant mortality is due to neonatal mortality, both of which are high compared to other low-income countries. During 2006-2007 a review on good practices of existing MNCH (Maternal, neonatal and child health) programmes in Bangladesh reveals that

upgrading service quality, building functional health care system, developing human resources and coverage of safe motherhood and neonatal care services will have the largest pay-off in averting deaths and reducing disability among women and children in Bangladesh. Thus, to supplement and complement government's efforts in this regard, BRAC has undertaken community-based initiatives both in rural and urban slum areas with this background in mind for the last two years. The initiatives draw heavily on BRAC's past works in this field such as WHDP and others.

RED conducted a baseline survey in 2006 and a follow-up survey in 2007 in Nilphamari, the pilot initiated in the rural area. In addition, RED carried out some formative researches as well. These studies provided deeper insights into the EmOC, how BRAC establishes referral linkages with government facilities, barriers encountered, and how traditional beliefs and cultures influences modern maternal and neonatal care services. These were supplemented by the process documentation research through participant observation on the process of service delivery and participants' behaviour, initiated at the beginning.

RED conducted a baseline survey in 2006 and a follow-up survey in 2007 in Nilphamari, the pilot initiated in the rural area. In addition, RED carried out some formative researches as well. These studies provided deeper insights into the EmOC, how BRAC establishes referral linkages with government facilities, barriers encountered, and how traditional beliefs and cultures influences modern maternal and neonatal care services. These were supplemented by the process documentation research through participant observation on the process of service delivery and participants' behaviour, initiated at the beginning.

In the urban area, BRAC started a 5-year MNCH initiative in slums of Dhaka city, nick named MANOSHI in September 2006. One of the major differences from the rural initiative is the establishment of community birthing huts in the slums. Since the inception of the project, a number of formative researches have been done. These studies have come up with socioeconomic and geographic characteristics of the slums, community needs and demands and mapping the presence of health facilities which helped programme in designing appropriate strategy, as it rolls out. A number of operation researches since late 2007 are looking at the use of birthing hut and its determinants, community health workers'



¹ From 6.3 to 2.7 births per woman during 1971-1975 to 2004-2006 per woman

² From 150 to 52 deaths per 1000 live birth within first year during 1972-1973 to 2004-2006

performance and causes of death. A number of other studies are assessing the impact of perinatal maternal depression on child health and growth, how MNCH referral system is addressing delays in the community, whether MANOSHI is reaching the poor, willingness to pay, cost of services, and quality of care. These studies are expected to answer many of the questions on gaps in service delivery system and help in developing a model for scaling-up intervention in BRAC and Bangladesh.

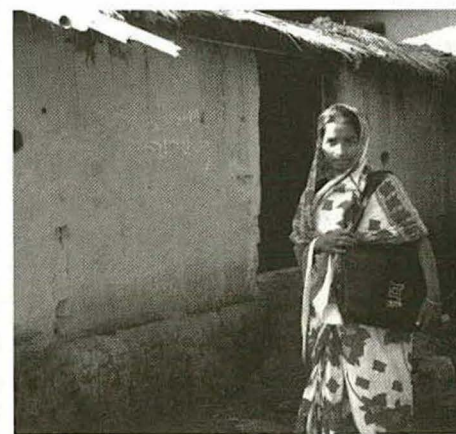
Essential healthcare and the *shasthya shebikas*

To mitigate the income-erosion effect of illness and vulnerability of the poor households, BRAC integrates Essential Health Care (EHC) activities with its microcredit-based poverty-alleviation interventions. The EHC delivers preventive and basic curative health services to the villagers including the BRAC VO members. It has been in operation for the last 25 years but the question remains: how far it has been effective in improving the health status of the VO member households? To address some of these concerns, a rapid response study was done by RED in 2007 to validate the high immunization coverage (93%) found among children (12-23 months of age) by the internal monitoring unit in selected VOs (n=90). The RED study found this high figure to be valid with an EPI card retention of 76%. Encouraged by this finding, RED is planning to do a representative survey next year among the VO member households across Bangladesh to find out the status of different health indicators³ to see if the saying 'charity begins at home' also holds true for this population.

The front-line worker of BRAC's health programme is the *Shasthya shebika* (SS) who forms the core of its EHC services. She is selected from among the VO members and though she is supposed to provide voluntary services, in-built mechanisms exist within programme so that she can be compensated against opportunity cost of SS work to some extent. But is this enough to sustain her in the long run? The programme is now burdened with their drop-outs, lack of motivation and quality of services offered. It

is imperative to have more knowledge about her motivation...and how her income can be increased and what are its determinants? In 2007, we particularly sought to find some answers to these questions.

To start with, a review was done to explore the existing BRAC model of sustainable community health workers working on a voluntary basis, including its problems and prospects. Empirical evidence found that meticulous selection, supportive supervision and logistics, functional referral linkage and performance-based incentives are key factors responsible for the sustenance of the model till date. The review concluded that given the constraints of Human Resources for Health (HRH) in low-income countries, BRAC's *Shasthya shebika* model can be instructive for ensuring a minimum quality of care for the poor in resource-poor settings.



A *Shasthya shebika* on way to work in her village

A second study looked in-depth at the motivations of the SS and the determinants of their income. Financial incentive is found to be the main motivation for taking up SS work, besides social welfare motives. As such, their meagre monthly income is not sufficient for continuing SS work over long run. Income of an SS is found to be a factor of competition, experience, seasonality, training, brand preference, and diversity of services provided. It called for efforts to select the 'right person for the right work' and equip them with skills to deliver quality services. The study gave an idea about the different measures that can be considered to increase their income, and thus retention. A number of other studies exploring the perception of the SS on volunteerism vis-à-vis their work as SS, and their role as health worker vs. sales agent of health products, and unit cost analysis are in the pipeline for 2008. These studies

³ e.g. Immunization coverage, family planning, water, sanitation, hygiene practices, etc.

are expected to fill in the gaps in knowledge necessary to develop a sustainable model of community health workers for the poor rural people.

DOTS divide study

The World Health Organization (WHO) declared tuberculosis (TB) as a global health emergency in 1993, and adopted the DOTS⁴ strategy to combat TB and achieve the MDG 6 (indicators 23 and 24). It continues to be a major killer disease in low-income countries (LIC) and WHO ranks Bangladesh

5th among the 22 high burden countries. The national TB control programme (NTP) of the Bangladesh government has been implementing DOTS strategy in partnership with non-government organizations (NGO) including BRAC. Since 2003, the programme has been expanded throughout the country with financial help from the GFATM.

Twelve NGOs including BRAC have joined the venture, and BRAC alone covers about two-thirds of the country.

Over 300,000 incidences of TB occur in Bangladesh accounting for 70,000 deaths annually. But paucity of data makes it difficult to assess the socioeconomic divides in TB incidences and in DOTS services utilization. To find out sex differences in and gender barriers to TB control, TDR of WHO/UNDP/UNICEF/WB commissioned a multi-country study in Bangladesh, India, Malawi and Colombia in 2000, wherein BRAC also participated. Capitalizing on the key findings of the study, BRAC launched several interventions towards improved gender-sensitive TB control programme in Bangladesh. Programme MIS indicates gradual improvement in programme reach to both women and men TB suspects together with diagnostic quality and treatment outcome. Though

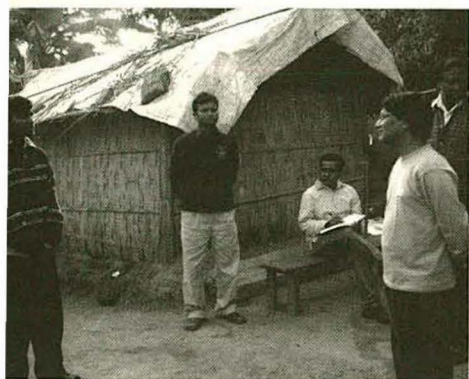
current case detection increased from 46 to 71, during 2004-06, gender difference still persists in different clinical steps of detection and treatment, raising serious concern about gender equity in access to DOTS services.

TB treatment process is rarely linear. At each clinical step, diverse socioeconomic divides can occur, posing barriers to effective TB control by the DOTS strategy. In this backdrop, BRAC RED has implemented a study to measure the prevalence of pulmonary TB (PTB) in the population, and understand the different barriers as well as assess socioeconomic and gender differences in different stages of DOTS.

Population-based active case finding shows that on aggregate, women are less likely to report chronic cough, and less likely to be smear positive. Sputum microscopy is apparently less sensitive in detecting TB in women than in men. PTB prevalence is almost identical across different asset quintiles except for the 4th quintile, implying that all socioeconomic groups are susceptible to TB. The study also suggests that the existing DOTS services are accessible to the poor though about half of them still rely on informal healthcare providers as the first source of treatment. Results suggest that patients who are relatively older have both lower and slower detection. Similar pattern is observed among patients who smoke. The study found that lack of knowledge among the rural providers about TB prevented them from playing an important role in detecting the cases.

Malaria

Malaria was nearly eradicated from most of Bangladesh by the 1970s, but never disappeared in the eastern regions associated with tea gardens and forests. It re-emerged as one of the major public health problems in the 1990s and remains so. Out of the total 64 administrative districts, 13 are in the malaria endemic areas and about 98% of the total malaria morbidity and mortality reported from Bangladesh each year originate from these districts. The three districts of Chittagong Hill Tracts (Rangamati, Khagrachhari, and Bandarban) at the south-east of the country traditionally report the highest incidence of malaria.



The health researchers of RED discussing with a TB patient (extreme left) at his village home

⁴ Directly Observed Treatment Short Course.

Besides the government, BRAC health programme (BHP) has been implementing malaria prevention and control activities in the three CHT districts since 1998. BHP has now expanded the programme under the GFATM funding from 2007. To provide research support to the programme, RED conducted a baseline malaria prevalence and socioeconomic survey in 2007 in collaboration with ICDDR,B, the first of its kind in the country. An elaborate research agenda has been planned for 2008 to help programme in informed



A female programme organizer taking finger-prick blood for screening malaria parasite

designing of interventions. These include formative research on explanatory model of malaria, existing treatment-seeking practices and perceptions of prevention by the community, and process documentation. RED is also planning a surveillance site (in collaboration with ICDDR,B) in one of

the high prevalence *upazila* to track malaria incidence, mortality and morbidity to fill in gaps in knowledge in these areas.

Improving the quality of life of the elderly

Bangladesh is one of the 20 countries in the world with largest number of elderly persons. More than one-third of elderly persons in Bangladesh are poor and majority of them suffer from different chronic illnesses. To address health care needs of the elderly persons, services provided from the formal sectors are inadequate and no services are offered from the existing primary health care infrastructure.

To examine the impact of health education in addressing healthcare needs of the elderly persons at primary health care level, RED conducted a multi-country intervention study (nicknamed PHILL study) in a rural area in 2005. Results indicate that health education intervention may enhance health and health-related quality of life of the elderly persons to a substantial extent. It also found that health

education activities such as adherence to regular physical exercise (e.g., walking or swimming) and avoiding intake of harmful food reduce the prevalence of arthritis-related illnesses. Effects were also seen on self-rated health status and health-related quality of life as a result of health education intervention.

In 1998, the government of Bangladesh initiated lifelong old age allowance programme for the poor elderly persons. The allowance is provided among a small proportion of the elderly persons and the per capita allocation is trivial. RED conducted a study in 2007 on the targeting and selection process and the perceived benefits of the old age (and widow) allowance. Findings reveal that the vulnerable population were more likely to benefit than the poor, but both groups benefit in significantly greater proportions than the non-poor. In practice, selection processes appeared to be dominated by the Union Council members and chairmen. There was limited evidence of corruption in the process of beneficiary selection and the distribution of benefits. The majority of beneficiaries expressed satisfaction about the ongoing allowance programme. A proportion of beneficiaries invested money for income generating activities beyond consumption. Overall, the allowance was found to contribute in improving the Quality of Life of the incumbents.

Mainstreaming nutrition initiative into BRAC Health Programme

There is ample evidence of linking nutrition with good maternal and child health (MCH) outcomes and its contribution in achieving the Millennium Development Goals 1, 4 and 5. However, like many other countries, nutrition has been poorly integrated into MCH activities in Bangladesh. BRAC has had an interest in promoting nutrition for many years now, participated in government's National Nutrition Programme (NNP) implementation until recently, and have yielded a variety of critical insights including the importance of developing a strong behaviour change communication (BCC) programme focused on antenatal care (ANC) and infant and young child feeding (IYCF). Following BRAC's withdrawal from the NNP, the felt need of strengthening and improving nutrition interventions for women and children

led BRAC to mainstreaming nutrition initiative into one of its thrust programmes, the Maternal, Neonatal and Child Health (MNCH) programme launched in Nilphamari district. To facilitate this, a brief formative research was carried out in 2007. This formative research was basically intended to produce insights and information needed to design an effective BCC strategy. In-depth information on the feeding and caring practices for 0-24 months old children of rural mothers were collected and attempts were undertaken to identify the factors constraining and facilitating optimal feeding practices. Findings of this research provided contextual information that helped BRAC's MNCH programme addressing IYCF issues within and outside the current structure.

Nutrition research on CFPR/TUP programme

Malnutrition among women and children is widespread and has long been a public health problem in Bangladesh. Hunger and chronic malnutrition remain the most ruthless manifestation of extreme/ultra poverty. Lack of adequate dietary intakes (lack of food insecurity), infection and its consequences (lack of adequate health services), and lack of proper caring practices result in poor nutritional status and trap the extreme poor to remain in extreme poverty over generations. BRAC has been implementing the Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP) programme with the principle objective of reducing extreme poverty through establishing a sustainable livelihood for the targeted ultra poor. To assess the impact of this programme, nutritional outcomes have been considered to be important ones among the major indicators and being assessed through comprehensive baseline and end-line surveys. A study was conducted on the dietary intakes and nutritional status of the CFPR/TUP-Phase-II beneficiaries in 2007. Data are being analyzed.

Research on micronutrient Sprinkles

After successful completion of a series of studies micronutrient Sprinkles for children, BRAC initiated a study in 2005 for pregnant mothers to evaluate relative efficacy of two different models of iron supplementation: Iron Folic acid (IFA) tablets and

Sprinkles. The results showed that Sprinkles was not inferior to IFA tablets and both were equally effective in raising haemoglobin level. Recent research evaluating the impact of iron supplementation during pregnancy suggests that positive effects on maternal and infant health outcomes may be evident when treatment and prevention of anaemia occurs before or early in pregnancy. To test this, another study was initiated in 2006 to examine the impact of peri-conceptional iron supplementation on female iron status during first trimester of pregnancy. This study is expected to be completed in 2008. In late 2007, an initiative has been taken to evaluate the impact of oral iron supplementation (in the form of Sprinkles) on infectious morbidity. The study aims to determine the safety of oral iron supplementation (as Sprinkles) in a paediatric population (aged 12-24 months) with high prevalence of iron deficiency and moderate to severe malnutrition; the efficacy profile will also be investigated. The study will continue in 2008.

EDUCATION

Educational Research Unit of RED primarily conducts research on BRAC Education Programme (BEP). BEP mainly provides support to the national system in order to achieve Education for All. BEP also concentrates to improve the quality of education provided both by BRAC and the government. Of the 11 studies undertaken in 2007, five were completed and the others are ongoing. These studies made an effort to understand the present status of education provided by BEP and their further development. However, to address the gap amongst different providers, comparisons were made occasionally.

Of the five completed studies, three investigated the issues which primarily include BEP's programmes; the others explored the issues related to the national context. Findings reveal that the performance of education, especially primary provision, has improved though the schools are experiencing a number of constraints in their settings and culture. Studies find that BRAC system performs better than its public counterpart. However, the gap between government and BRAC provisions, which was higher earlier, has over time narrowed due to modest

improvement in quality of schools. It is worthwhile to note that BRAC has recently started providing support to the government schools to help them improve quality Assurance. BRAC works with the government schools and local community following a participatory approach.

Of the six ongoing studies, two will investigate curriculum context exclusively and the others will evaluate different components of BEP. These studies will also aim to review the curricula from quality control perspective. Since both BRAC and the government have made a significant progress on achieving access/enrollment in education, quality is now a major concern. The ongoing studies will help inform the status of quality of education and will also provide suggestions to improve education quality.

The Educational Research Unit, in collaboration with other research institutions in Bangladesh, also conducts nationwide *Education Watch*. Reanalysis of *Education Watch* data reveals that literacy and access to pre-primary education is an increasing feature in Bangladesh. It is also important to note that while most of the regions of the country have almost achieved the universal primary education, some communities require special attention as they are less motivated to send their children to school. It is, therefore, important to increase policy attention towards these special groups.

ENVIRONMENTAL RESEARCH

BRAC's role in environmental conservation

One of the major focuses of BRAC's vision is to free Bangladesh from environmental degradation through sustainable development. Thus, BRAC initiatives such as the renewable and alternative energy programme (solar, wind, biogas, etc.), water, sanitation and hygiene (WASH) programme and social forestry programme as well as its paper recycling plant directly contribute to the preservation of environment.

BRAC's solar energy programme is producing 1.6 MW of alternative electricity serving 34,000 rural

families. BRAC conducted an action research on rural electrification with biogas generation in 2005 to develop a sustainable business model as well as generating by-products such as high-grade fertilizer.

Diversified selection and production of plants at BRAC nursery also helps maintain biodiversity in the country. Medicinal plant cultivation, tissue culture, and BRAC agriculture research laboratories producing hybrid agricultural varieties using the local gene pool are some of its cutting edge technologies serving the purpose. Some commercial ventures are directly contributing to environmental conservation such as BRAC tea estate by conserving 25% of the area under natural forest cover (natural, and reforestation with native and medicinal plants), including 500 to 1,000 acres for extinct/endangered species plantation. About 110 acres of water body in these areas is providing habitats for migratory birds and wildlife.

BRAC established Environmental Research Unit in 1996 to make BRAC's programme environment-friendly by regular evaluation and taking new environmental initiatives towards environmental protection and conservation. Researches from this unit have contributed towards the formulation of national policies and guidelines such as the medical waste management (MWM) pilot study. Learning from this study helped design national MWM policy and draft rules. BRAC's experience on partnership model on MWM has opened the window of collaborative work among government, NGOs and private entrepreneurs in the field of MWM. Study on climate change and related impacts on business sectors widen the identification of and discussion on these issues.

BRAC WASH programme

BRAC has established the water, sanitation and hygiene (WASH) programme to facilitate, in partnership with the government of Bangladesh and other stakeholders, the attainment of the MDGs related to water, sanitation, and hygiene for all, especially for underprivileged groups in rural Bangladesh and thereby improve the health situation of the poor and enhance equitable development. It targets the water, sanitation, and hygiene sectors in 150 rural upazilas

in Bangladesh with additional water coverage for 8.5 million people, sustainable sanitation coverage for 17.6 million people, and hygiene education for 37.5 million people by 2010.

Environmental Research Unit is doing critical theoretical analyses of different programmatic interventions of WASH as well as operation research. The unit has under taken various studies including willingness to pay for improved sanitation services, assessment of impact of flood on sanitation, process documentation of PRA social mapping, cultural construction of hygiene practice and behaviour. A baseline survey has been completed and the water, sanitation and hygiene atlas was prepared. The unit also explored the dimensions of relationship between government and BRAC in implementing the WASH programme.

Indoor air pollution

The smoke produced from the burning of solid fuels on open fires or traditional stoves is referred to as indoor air pollution. Indoor air pollution is a major cause of acute respiratory infections, which constitute the most important cause of death for young children in developing countries. One of the major causes of this pollution is traditional cooking practice in rural households. Poor burning of biomass or fuel in traditional kitchen and traditional cook stove emits health-damaging pollutants as smokes. Different organizations and government are being trying to promote improved cook stove (ICS) to reduce the pollution and health consequences related to this. Yet no one is getting encouraging response from the community to adopt the improved technology. However, there is not much information generated about the reasons of failure of improved cook stove intervention. The environmental research unit is trying to explore the successes and failures of stove programmes and suggest how adoption rates can be improved more consistently through its action oriented pilot research on ICS intervention. Study findings would help address the deficiencies in existing knowledge and provide relevant information to the policy-makers. After learning from this action research BRAC would go for extension of ICS in its programme area as an integrated part of environmental health component.

Land use and land cover mapping of BRAC tea estate

There are some commercial ventures of BRAC which directly contribute to the environmental conservation. BRAC tea estates are an example. BRAC had four tea estates, of which the Karnaphuli Tea Garden is one of the biggest tea garden of the world. From environmental point of view, the tea estate strategy is to keep 25% of the area under natural forest cover (natural, and reforestation with native and medicinal plants), including extinct/endangered species plantation. There are some water body, which is providing habitats for migratory birds and wildlife. With these activities BRAC tea estate is contributing to the natural conservation and biological diversity of that area. To make BRAC tea estate environmentally responsible commercial venture the unit is going to make land use and land cover mapping of the tea estates.

Agarwood plantation at BRAC tea estate

Agarwood is a resinous substance occurring in trees of the genus *Aquilaria* (a member of the Thymelaeaceae family), a fast-growing forest tree which can be found growing from the foothills of the Himalayas to the rain forests of Papua New Guinea. First-grade agarwood is one of the most expensive natural raw materials (used as base of perfume) in the world, with prices in consumer countries ranging from a few dollars per kg for very low quality material to more than US\$ 30,000 per kg for top quality wood. This plant also has conservation value as it is ranked as threatened species according to IUCN Red List Categories. BRAC tea estate has initiated agarwood plantation in collaboration with the Environmental Research Unit. Under the supervision of the BRAC Tea Estate Kaiyachhara division a 17-acre plantation has been created, where 83,400 agar seedlings were planted during August-October 2007. About 700,000 agar seedlings have been planted in two nurseries. It is assumed that these plantations will have huge financial and environmental benefits for BRAC.

Internal review of BRAC WASH programme

To ensure hygiene practices with improved sanitation and safe water a team consists of professionals from WASH programme and the Environment Research Unit in cooperation with ITN, BUET conducted an internal review of the WASH programme. The purpose of the internal review was to improve the quality of the programme by assessing compliance with WASH programme and organizational requirements, evaluating activities of the programme, and assessing institutional effectiveness in providing support, oversight, and resources necessary to meet BRAC WASH mission.

Ecosystem Services and Poverty Alleviation Study in South Asia (ESPASSA)

Improvement of well-being of the poor is dependent on the proper functioning of the ecosystems and their services. This is because ecosystems, a dynamic interaction between living materials and their non-living environment, provide essential services that are necessary for the existence of life form on earth. The services provided by the ecosystems include provisioning services such as food, fuel, fiber; regulating services such as climate regulation and disease control; and non-material services such as spiritual or aesthetic benefits. Thus, an interruption in any of these services has an immediate impact on the livelihood of the poor in the form of reduced well-being. Conceiving the fact that poor sections of the community in South Asian countries receive benefits from goods and services from the ecosystems for their livelihoods and well-being, a consortium headed by SWIMMER, Liverpool University, UK undertook a situation analysis (called ESPASSA). BRAC as a member of the consortium carried out situation analysis for Bangladesh. The situation analysis focused on the state of different ecosystems, assessed the policy response and tried to identify the linkages between ecosystem services and poverty alleviation.

World Environment Day Fair 2007

BRAC participated in the World Environment Day Fair 2007 held in Dhaka on 5-7 June 2007.

Environment and Forest Adviser Dr. CS Karim inaugurated the fair. The World Environment Day slogan selected for 2007 was *Melting ice – a hot topic?* BRAC exhibited its environmental activities and publications on environmental education and research.

GOVERNANCE RESEARCH

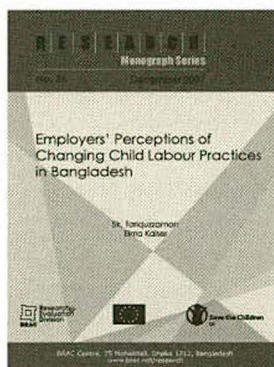
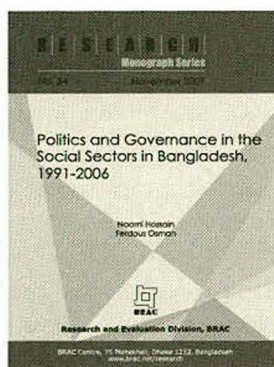
In 2007, the core activities of the Governance Research Group focused on the theme of risk and insecurity, in line with its mandate to undertake research on how governance conditions affect the poor. Research projects conducted under this theme included:

1. The first national crime and insecurity survey, in which a nationally representative sample of 2,000 households (in partnership with the international NGO Saferworld) and an additional 2,500 households living in conditions of vulnerability and marginality were surveyed for their perceptions and experiences of human security, crime, violence, law enforcement, and community and personal coping mechanisms. The findings from the national sample survey are to be published as part of Saferworld's Human Security in Bangladesh report in April 2008. Further analysis of the full sample survey will be undertaken.
2. A series of studies on the perception and experience of human insecurity, crime, violence, and community coping mechanisms, including:
 - The meanings and dimensions of insecurity,
 - Insecurity, crime and violence in the lives of the urban poor,
 - Insecurity, crime and violence among minority groups, and
 - Mapping of community security strategies.

This involved contact with some 350 poor people in 50 focus group discussions and interviews, as well as more in-depth research with members of the *Ahmadiyyah*, *Garos* and *Biharis* communities in six locations across the country.

- Research into the political and governance dimensions of insecurity, through a survey and qualitative research into beneficiary selection and distribution of benefits in the old age and widows' allowance schemes. The full report is due in 2008.

The Child Poverty Research sub-group published (as a research monograph) the first of its reports on its Employers of Child Labour study. This study explores the changing demand for and supply of children's employment in Bangladesh. The first report, Employers' perceptions of changing child labour practices in Bangladesh, focuses on how employers perceive the market for children's labour has changed since the early 1990s. Another report on politics and governance in the social sector in Bangladesh was also published as a research monograph.



A joint research activity between the Environment and Governance Research Groups was undertaken to explore relations between GoB and BRAC staff within BRAC's WASH Programme. BDP also commissioned a study from the Governance Research Group into the comparative advantages and future options of the Gram Daridra Bimochan Committees and the *Pally Shamaj* federations. Other commissioned research in 2007 included a study on the politics of justice sector reform for the World Bank and one on the Public Service Commission for the Institute of Governance Studies at BRAC University.

A report on the study of governance of schools and health facilities undertaken by the Governance Research Group with Oxford Policy Management and Mitra and Associates was recently completed.

The study was the qualitative follow-up study to the Social Sector Performance Surveys, public expenditure tracking surveys undertaken in 2004-6. The report was submitted to the Financial Management Reform Programme, ministry of finance the government of Bangladesh.

SOCIAL DEVELOPMENT

Threatre for development: BRAC's popular threatre programme

The conception of development has evolved over the past century---from largely an economic perspective to a more holistic perception of development. Today development emphasizes human development – positive change in the quality of human life, in the social, cultural, economic, and political environment – that can start at the individual level and work into society, or from the society to the individual. This approach views human being as the subject and not as the object of development, and believes in the participation of human beings in shaping their realities. To achieve this, it uses elements such as: i) communication ii) participation and iii) empowerment. The potential of art as a tool to communicate ideas, to teach and educate, to engage people and finally to conscientize and empower them is extremely high. Of different art forms theatre is believed to be most effective in this respect. Thus theatre, more specifically popular theatre, is chosen as a means of communicating for development. Use of popular theatre as a tool for development is however connected to the philosophy of popular education advocated by Freire.

Popular theatre: The potential in participation is important to note with regards to popular theatre, especially when one recalls similar value of participation in development. This participation can translate into empowerment. Popular theatre as a group pedagogy aimed at the active, interpretive study of one's own social, economic, cultural and political conditions with the objective of researching and analyzing community problems, enabling dialogue and communication among community members as learners, and provide the foundation for collective action. Thus, popular theatre is a learning pro-

cess that tends to raise the level of critical thinking among all involved – those acting and those who seeing. Through this, theatre audiences can realize that they can fight against oppression and can find a way of fighting against it. Popular theatre as the most important performing visual art establishes real relationship with the society. The individuals or group by whom the popular theatre is being conducted by placing their ideology to the audience are in fact in a position to place their demand for socio-political changes

In various developing countries popular theatre has been used to make people to initiate changes. Bangladesh is not an exception to this. BRAC has introduced popular theatre in 1998 for rural development; since then it has organized popular theatre through out the country. The social development unit of RED has conducted a study on theatres. The popular theatre appeared to be quite successful in educating people and thus contributed to their empowerment. The education that theatre provided manifested in the conscientization and in changing their attitudes. But the audiences took the theatres nothing more than entertainment. So when they were asked to stay back for the dialogue session

and to attend the community meeting they did not show any interest and declined to do that.

The popular theatres of BRAC was strong enough in imparting knowledge, conscientization, and bringing change in the attitude – definitely contributing to the empowerment of the audiences. Such an empowerment was of course achieved with the help of communication and participation. It has also been observed that the theatres were not strong enough in motivating the community in materializing development. This is where the programme should focus upon in order to achieve its objective.

RESEARCH SUPPORT TO INTERNATIONAL PROGRAMMES OF BRAC

BRAC replicated its development experience to war-ravaged Afghanistan in 2002 to help its poor population. Since then BRAC operations expanded to Pakistan, Sri Lanka, Uganda and Southern Sudan with nation-specific priorities. Following the programmes, RED started working in those countries to generate and document new knowledge and experience in



A researcher from RED (sitting in the centre) in a group discussion with microfinance participants in Southern Sudan

different contexts. The initial focus is to build a local understanding with the long-term aim of providing solid evidence and reasons of programme success/failure.

RED initiated a number of studies for BRAC programmes in Afghanistan and Africa. This expansion holds exciting opportunities for RED to make cross-country comparisons of different development initiatives. At the same time it is a challenge for RED to maintain and demonstrate the methodological rigor with which the studies are conducted in Bangladesh. This is also critical to build up credibility in the contexts where evidences are relatively scarce.

Research for BRAC international has been able to pursue the best practices of evaluation. Several evaluation projects have been initiated following randomized control trial (RCT) method. However, alternative methods of evaluation are not completely

discarded. Baseline surveys have been conducted to evaluate microfinance and health programmes in Afghanistan. Evaluation initiatives in Uganda include microfinance, health and adolescent development programmes, all of which follow RCT design. Similar projects are also underway in Tanzania. BRAC Southern Sudan is designing a livelihood development programme for the ultra poor through food transfer and skill development. The evaluation of this programme will also be conducted following RCT design. Besides the evaluations, a number of small scale operations research will be conducted to provide quick feedback to the programmes.

Instead of relying solely on the experiences of conducting research in Bangladesh, RED has formed new research partnerships as well as expanded the existing ones for BRAC international programmes. These initiatives are going to be vital not only for BRAC to reshape its development practices but also for the other agencies working there.

ECONOMIC STUDIES

Baseline for evaluating ADP in border areas

Rizwana Shahnaz

The Adolescent Development Programme (ADP) of BRAC has designed a specialized intervention for the vulnerable girls in the border areas of Bangladesh. A baseline survey has been conducted with greater focus on HIV/AIDS, sexual and reproductive health, and child and women trafficking. The study follows a case-comparison design.

Baseline for randomized evaluation of different approaches of adolescent development

Sajeda Amin, R Shahnaz, R Afroz and M Sulaiman

In recent years, there has been enhanced focus on innovating social programmes for the development of adolescents, especially of the girls. This study is designed to have a cross evaluation of four different approaches viz. a) creating social space through girls' clubs, b) providing microfinance services to adolescent girls, c) providing both social and financial services simultaneously, and d) an integrated approach with a focus on mentoring.

Baseline survey for CFPR-II

RED, BRAC and London School of Economics, UK

A comprehensive baseline survey has been completed for impact evaluation of the second phase of CFPR. This study, in collaboration with London

School of Economics, is following a randomized control experiment design and covers about 10,000 specially targeted ultra poor households as well as 20,000 households representing the general population from those localities.

State of the rural economy in Bangladesh

Mahabub Hossain

Based on the long-term panel survey in 62 villages, this study intends to show the trends and dynamics of rural economy in Bangladesh over the past two decades. Started in 1988, the panel also includes two other waves of 2000 and 2004. With the new round, the changes in rural economy and their drivers will be investigated to identify the future challenges and agenda.

Time as a resource: investigating the time use pattern of the population in CFPR-II areas

Mehnaz Rabbani and N Zahra

One of the major constraints for the ultra poor in their endeavour to better livelihood is the lack of opportunities for using their labour. To better understand the time-use pattern of the ultra poor compared to the population of other wealth groups, a baseline survey was conducted on the population in the CFPR-II areas. The study also intends to evaluate the changes in time-use by the beneficiaries (i.e. the specially targeted ultra poor).

⁵ Arranged titles alphabetically under broad subject headings.

Tracer study on BRAC non-formal primary school graduates

Samer Al Samarai, S Tasneem and N Zahra

BRAC's non-formal education has been hailed for its effectiveness in reaching the poor left-out learners, especially the girls. Studies have confirmed the success of this model in developing competencies among the learners. However, there is limited evidence of its usefulness in the livelihood of the graduates. This tracer study surveyed three cohorts of learners who graduated from BRAC schools in 1996, 1998 and 2002.

Wages and poverty status of employees in small and medium enterprises

Munshi Sulaiman, S Tasneem and R Shahnaz

This study is designed to assess the correlates of the wages that the employees of small and medium enterprises (SME) receive with their poverty status. The study population is the clients of BRAC Bank's SME scheme. Secondary objective of this study is to gather evidence to build up a database to monitor the changes in employment in SMEs.

EDUCATION STUDIES

BRAC school curriculum: reflection of primary competencies and pupils skills in language and mathematics

Samir Ranjan Nath, NC Dutta, R Afroze and G Roy

This study looks at the curriculum of BRAC primary schools in the light of the competencies supposed to be addressed at primary level. Two basic subjects viz., Bangla and mathematics are brought under this study. Review of curriculum and testing the pupils' learning achievement at various classes are two major parts of this study.

Competencies achievement of BRAC school graduates

Samir Ranjan Nath, G Roy and A Hossain

Using the test instrument developed for Education Watch 2000, this study intends to assess the level

of competencies achieved by the students of BRAC primary schools in 2007. Two groups of students, viz., ethnic minorities and the Bangalis were assessed at the completion of primary course.

Continuation of education of BRAC school graduates and their performances in secondary schools

Samir Ranjan Nath and A Hossain

A cohort of BRAC primary school graduates of 2005 was sampled to see their further education and performance in secondary school. The first round data were collected in late 2007. Tracing the sampled graduates once a year for the next 5-years is planned.

Evaluation of BRAC pre-primary programme

Mirja Mohammad Shahjamal and SR Nath

It is important to give a strong foundation at the early years of children's life because it affects their cognitive, motor, and socio-emotional development. BRAC runs pre-primary education programme to create such foundation before their enrolment in primary education. It is a year-long programme for children aged 5/6 years. This year 20,140 single teacher; one-room pre-primary schools are run by BRAC throughout the country. An evaluation of this programme has been initiated to review curriculum and its implementation in the classroom, teacher preparation, socioeconomic background of the pupils, and learning achievement in the formal primary schools. Both qualitative and quantitative techniques will be applied to gather data and analyze the situation.

An evaluation of the present status of education for indigenous children programme

Nazia Sharmin

This study aims to shed light on the current prospects and identify the challenges of the Education for Indigenous Children (EIC) programme initiated by BRAC in 2001. This study is expected to provide insights to the EIC schools by using qualitative

research method and put some suggestions to take further initiatives for the progress of the ethnic students through the programme.

Secondary education: curriculum, learning achievement and employment opportunities

AMR Chowdhury and SR Nath

This is the second study on secondary education under *Education Watch* initiative. It aims to do comparative analysis of secondary curriculum and the learning achievement of the students of two major streams, viz., general and madrasa. Employment opportunities of the secondary graduates of these two streams will also be explored.

ENVIRONMENTAL STUDIES

An assessment of the impact of flood on sanitation in flood-prone areas of rural Bangladesh

Shamim Ahmed

This research aims to study the impact of floods on sanitation coverage under BRAC WASH programme. It also aimed to provide insights into the reasons behind the degree of damage and issues regarding practical constraints. Different reasons behind the damage and a brief cost analysis was presented for programme support.

Assessment of risk behaviour of poultry and restaurant workers and consumers of poultry goods in increasing the risk of spreading bird flu

Md. Tariq ul Hassan Khan

This study aims to find out the risk behaviour of both poultry workers and consumers of poultry goods in urban and rural areas which may increase the risk of spreading bird flu. The study will try to differentiate risk behaviour between urban and rural poultry-related practices. Consumers' practice regarding disposal of chicken waste will also be studied.

Cultural construction of hygiene practice and behaviour in rural Bangladesh: insights from BRAC's WASH programme

Hasanur Rahman

The findings revealed that a good number of study people had knowledge and perception about cleanliness and uncleanness. But many of them did not practice those hygienic activities due to lack of awareness. Floors of houses and courtyard were swept every day in most cases. Most of the people used to take bath almost regularly, but without soap. Most of the households used to wash their utensils with tubewell water. Disposal of faeces of children and poultry birds and wastes was done hygienic ways in some cases, but unhygienic ways in most cases.

Effectiveness and appropriateness of selected hygiene indicators and baseline information on hygiene practices in rural Bangladesh

Shamim Ahmed

This study emphasizes the importance of hygienic behaviour and practices for sustaining MDGs related to health and thus the main objective of this study is to see the effectiveness and appropriateness of selected hygiene indicators in rural Bangladesh. The study aimed at identifying and applying different research techniques to address the complex issue of measuring hygiene practices at household level. This study will also work as a baseline for reviewing hygiene practices in rural Bangladesh. Several measurement tools including survey, FGD, in-depth interview, scoring and pocket voting will be used to assess information and techniques used by the programme regarding changing hygiene practices, behaviour and its appropriateness for greater effectiveness.

Environmental monitoring of micro-finance and small and medium enterprises

MA Quayum Sarkar, S Ahmed and N Akter

Small and medium enterprises cover a wide range of business activities some of which might have

negative environmental impacts. To prevent any adverse environmental impact raised from micro-enterprises, environmental monitoring of micro-finance in BRAC is being started. Environmental monitoring of BRAC micro-finance will be done following the standard environmental indicators selected for BRAC programmes. This is to assess how BRAC programme is addressing environmental issues. This monitoring will also identify whether the programme comply with environmental policy or not. This will be done in collaboration with the monitoring department of BRAC.

Environmental surveillance system as an adaptation strategy for climate change

Nasima Akter, et al.

The goal of this project is to create a database on environmental parameters and microclimatic variables. Using this database, realistic early warning system for each local area could be developed for farmers/agricultural sector and community as an adaptive measure. Weather forecasting along with other probable environmental disaster forecasting would help local community plan their livelihood activities accordingly. Therefore, farmers may have plan and strategy to cultivate and harvest different crops that will reduce the economic loss related to disaster and climatic variation. The overall objective is to develop an environmental surveillance system at local level for effective adaptation measures and to improve the rural livelihood.

Indoor air pollution – technology selection, intervention with ICS at selected rural areas to see what influence in decision-making to select ICS and health and environmental consequences related to indoor air pollution

Nasima Akter, MAQ Sarkar, MM Rahman and T Arif

Several studies will be conducted under this project. Comparative analysis of different ICS technologies will be done to select the best options. Then the baseline survey will be done before offering the different ICS options to the community. Field emission testing of community kitchen, follow-up

survey will be conducted at the end of intervention period. The study will find out the socioeconomic factors related to ICS selection and practice. It will also focus on environment and health consequences related to different cooking practices.

Land use pattern at BRAC tea estate using GIS and satellite remote sensing, integration of commercial venture with conservation of biodiversity at BRAC tea estate

Sheikh Tawhidul Islam and N Akter

Land use planning for BRAC tea estate will be outlined using GIS and satellite remote sensing technology. This exercise will help BRAC tea estates plan and monitor their activities and improve their performance. This study will find out the land ownership and disputes, boundary/area demarcation, land use/land cover, taxonomy categorization, sectoral planning, tea plantation and monitoring, future planning (land use, infrastructure, network), historical land use trend analysis, security planning, updating information, attribute data generation and local resource identification

Review of sanitation technologies and water options available in Bangladesh with special reference to critical areas

Tahmid Arif and N Akter

The study focusses on low cost, sustainable and environment-friendly sanitation technologies for coastal, hilltracts, haor, high water table and hard soil areas of Bangladesh. It also aimed to review arsenic mitigation options available in those areas.

Ecosystem services and poverty alleviation study in South Asia: a situation analysis for India and the Hindu Kush Himalayan region

Moushumi Chaudhury

The Ecosystem Services and Poverty Alleviation Study in South Asia (ESPASSA) project is one of four regional projects commissioned by UK agencies (NERC, DFID and ESRC) to facilitate the development of an 'Ecosystem Services and Poverty Alleviation (ESPA)' programme. Concurrent situation

analyses are being undertaken in four of the world's poorest regions (China, Amazon, Africa and India and the Hindu Kush Himalayan region).

The situation analyses will establish baselines to define the current status of and relationships between ecosystems and poverty in each region. The baselines will then be used to underpin the development of strategic initiatives to instigate changes, as well as to assist in measuring their impact. BRAC is a member of the consortium that is responsible for the situation analysis to be carried out in India and the Hindu Kush Himalayan region. As a part of the project BRAC successfully arranged a stakeholder workshop and a situation analysis from Bangladesh context is underway.

Status of environmental attributes at CFPR/TUP area: potential environmental and health benefits and consequences of different interventions

Nasima Akter, S Ahmed and KFB Seraj

This study aims to assess the environmental condition at CFPR/TUP areas after the intervention. This study will carry out an environmental inventory of CFPR/TUP area. Specific objectives are to assess the status of selected environmental attributes, to see the linkages (health and livelihood) of TUP with those environmental issues/condition, to identify potential benefits and consequences related to selected environmental attributes.

WASH Watch: morbidity and mortality due to waterborne diseases and health situation at selected WASH villages

Nasima Akter, et al.

Longitudinal study on diseases prevalence in selected WASH area will be done to assess and evaluate the impact of WASH intervention on health improvement as reduction of morbidity due to waterborne diseases. Data will be collected for 3 to 4 years to see the impact of the programme.

HEALTH AND NUTRITION

Bangladesh healthcare provider survey under Bangladesh Health Watch

Syed Masud Ahmed and MA Hossain

This is a civil society initiative led by BRAC School of Public Health and others and aims to study the density, skills-mix, distribution, production and training of all types of healthcare providers (formal and informal) in Bangladesh. The survey was done, draft report is under review, and the final report is expected to be launched in April 2008.

Capacity building of the informal providers: post-intervention survey

Syed Masud Ahmed and MA Hossain

This pilot project implemented a health education intervention for the unqualified allopathic providers for improving their practice towards rational management of illnesses and rational use of drugs. A survey was done after an intervention on six modules related to the management of common illnesses/conditions to see its effects. Data are being prepared for analysis and a draft report is expected by June 2008.

CFPR phase II (Baseline survey: health component)

Syed Masud Ahmed

Data of the second phase of the CFPR study are being processed and are expected to be ready for analysis by April 2008.

Effect of birthing hut and factors affecting the use of birthing hut

Hashima-e-Nasreen, S Rashid and M Koblinsky

Consolidating lessons learned in 32 birthing huts were scaled-up in nearly 650 slums in Dhaka city (as of September 2007), this study plans to explore the effect of birthing huts on safe delivery and neonatal care, quality care and factors affecting the use of birthing huts with challenges and threats. This will help programme planners to take further measures about birthing huts to achieve proposed project objectives.

Evaluation of reading glass project

Shafayetul Islam and SM Ahmed

BRAC has been implementing a pilot project in six *upazilas* to test and provide reading glasses for near vision for the last two years. An evaluation of the pilot programme will be done to help programme refine and redesign the intervention for better effects. A concept paper is prepared and the designing of the evaluation protocol is in progress.

An exploration of emergency obstetric care services of BRAC MNCH programme

Morsheda Banu, H Nasreen, S Rashid and M Akhter

A community and facility-based study was carried out during April-September 2007 to explore emergency obstetric care (EmOC) services of BRAC MNCH intervention in three *upazilas* of Nilphamari district. We identified 12 complicated pregnancies from the *Shasthya karmi's* (Health worker) register and 30 referred cases of obstetric emergencies from the office register. We followed them till delivery to see the outcome and how they were managed. It would provide the programme planners and policy-makers with more insights into the programme performance. The draft report is being prepared.

The impact of peri-conceptional iron and folic acid tablets

Amina Khambalia and N Choudhury

The study is designed to see the impact of iron supplementation on female iron status before and during the first trimester of pregnancy. This study will be completed in 2008.

Malaria study (Baseline survey and formative research)

Syed Masud Ahmed, MA Hossain and O Farooq

A baseline survey on socioeconomic and behavioural aspects of the community in the 13 south/south-eastern and north/north-eastern malaria-endemic districts and a malaria prevalence (parasitological) survey were completed. The data will be ready for analysis by January 2008. Formative research to feed

the programme in its inception phase (e.g., training of health workers and bed-net distribution) has begun.

Mapping of existing maternal, neonatal and child health (MNCH) care providers and facilities in Kamrangirchar slum of Dhaka city

Mohammad Awlad Hossain, MK Mridha, B Alam, S Nahar and T Wahed

This is part of the formative research under the MANOSHI programme. The existing MNCH-related facilities and providers are being mapped for programme use. The draft report is expected to be ready by June 2008.

Patient-provider interaction and the role of gender among patients with TB in Bangladesh

Fazlul Karim, et al.

This study aims to explore the pattern of interaction between providers and patients at laboratory and DOTS initiation at community from a gender perspective. The draft report is in progress.

Performance, motivation and retention of BRAC health volunteers: role of incentives and disincentives

Khurshid Alam, S Tasneem, E Oliveras, M Rahman and MK Mridha

Since the inception of the *Shasthya shebika* (SS) model, BRAC has struggled with high dropout rates of SS in both urban and rural areas. The study focuses on assessing the incentives and disincentives that affect performance, motivation and retention of SS; both the role of those that have already been noted in other BRAC projects and also the role of those identified at the global level. It is hoped that the findings of the proposed study will benefit the MNCH project by identifying factors likely to affect performance, motivation and retention of SS and providing recommendations about how to use these incentives and disincentives to ensure increased participation and productivity of SS.

Process documentation research on MANOSHI

Sarawat Rashid, Kamruzzaman, D Mitra and MI Bhuiyan

A continuous process to systematically identify and document progress and barriers of project implementation; changes and innovations made to improve project activities; and to scale up the interventions has been initiated in November 2007. The research team has spent first few months in building rapport in two areas, developing a strategy for their future work, and doing a general assessment of study areas or issues requiring follow-up. They plan to identify one or two issues in each 2-month period and follow those in more in-depth. Currently PDR team is documenting overall activities of MANOSHI field staff, refresher training of SS, and supervision system in two MANOSHI working areas.

Studies on essential healthcare and Shasthya shebika

Syed Masud Ahmed, S Tasneem and AKMM Rana

A number of studies on essential healthcare (EHC) (Current state of EHC indicators in BRAC programme areas) and *Shasthya shebika* (unit costing) is underway which will continue in 2008.

TB study (TB communication survey, EQA study, KAP of stakeholders undergoing half-day orientation on DOTS)

Shafayetul Islam and SM Ahmed

Based upon programme needs, a number of studies are planned for 2008. The study on health communication is almost completed and a draft report is expected by March 2008.

Watch DSS

Showkat Gani and SM Ahmed

Watch DSS is collecting data periodically from ten sites across Bangladesh since the 80s. Till date, the data are in a cross-sectional format. An attempt is taken to link the data from different time periods fit for longitudinal analysis and is expected to be completed by April 2008. A trend analysis of different

health indicators will be done from a development perspective.



Training of Shasthya shebikas

What do the ultra poor households do in relation to their maternal and neonatal care?

Nuzhat Choudhury

This qualitative study will provide an exploratory description of maternal and newborn care practices among the ultra poor households of rural Bangladesh and to reveal their underlying socioeconomic, cultural and behavioural determinants.

SOCIAL DEVELOPMENT

Baseline survey of GQAL programme

Md. Abdul Alim

The study aims to look into existing knowledge, attitudes, and perception of the villagers towards gender roles and relations, and their behaviour. Data were collected from the villagers of 200 GQAL spots of 50 branches under 10 districts. Data are being processed.

Exploring the formal and informal justice system in Chittagong Hill Tracts

Ashrafuzzaman Khan, M Samadder, DK Kundu and SS Naomi

This study aims to provide a comprehensive picture of formal and informal justice system in Chittagong

Hill Tracts. The content of the study will be grouped under two sections. The informal justice section will deal with the traditional and informal justice system and the formal justice section will focus on the formal legal court, procedures and institutions. The study will observe four indigenous communities including Chakma, Marma, Tripura and Mro in Rangamati and Bandarban districts of Chittagong Hill Tracts. The findings of the study will provide information likely to facilitate extension of the human rights and legal aid services programme in the region.

Legal challenges on the way to judicial remedy in rape cases: the role of BRAC human rights and legal aid service

Sharin Shajahan Naomi

The study looks into the legal issues which hinder the judicial remedy in rape cases of BRAC Human Rights and Legal Services (HRLS) programme. The study will unfold the present and the potential role of BRAC HRLS programme in encountering these legal challenges. Ten case studies have been used to collect data for the study. The study is on the way to compile the findings from the data.

Report on the findings of focus group discussions of human rights and legal aid service of BRAC

Sk. Tariquzzaman and SS Naomi

The existing curriculum of human rights and legal education training of BRAC has been considered to be lengthy, thus distracting the learners from the training. This study intends to point out the contents which can be curtailed from the curriculum. Along with the contents, the study is also likely to identify the problems of the human rights and legal education classes. Data for the study have been collected from a series of focus group discussions held with the village organization members, *shebikas*, programme organizers, staff lawyers, male groups, and local community leaders in four areas of Bangladesh.

A study on group formation, dynamics and performance of legal rights implementation committee

Debasish Kumar Kundu and M Samadder

BRAC human rights and legal services programme initiated formation of a ward-based legal rights implementation committee – a small group of 19 members to ensure justice for the community people in 10 pilot districts. This study intends to explore the dynamics of group formation, the strength and weakness of the group and its performance in achieving expected goals. The method covered four pilot districts including Khulna, Moulvi Bazar, Jamalpur, Munshiganj with an intensive observation of 7 months.

Understanding the reasons of student dropout in BRAC primary school

Ashrafuzzaman Khan and M Samadder

The objective of the study is to capture underlying causes of dropout of BRAC primary school students. The study will be conducted in Dhaka and Chittagong urban area along with Chittagong Hill Tracts to document various dimensions of dropout. The study is designed in such a way so that BRAC education programme will get immense information of the causes and consequences of dropout of BRAC primary school students.

RED INTERNATIONAL: RESEARCH FOR BRAC INTERNATIONAL PROGRAMMES

Assessment of targeting and the profile of the microfinance participants of BRAC Africa

Munshi Sulaiman, A Zerihun and P Barua

Baseline surveys were conducted in November 2007 to assess the targeting effectiveness of microfinance programme in Tanzania and Uganda. The principal objectives of the studies also include assessing the financial market participation of the population and the satisfaction of the participants with BRAC's quality of services.

Profiles of the VO members of microfinance programme of BRAC Afghanistan

Narayan Chandra Das and M Sulaiman

This study is based on the baseline survey conducted on 480 VO members and 600 non-members (comparison group) during September-October 2007. Specifically, this study will analyze the demographic characteristics, social awareness and empowerment of the women, education, income and employment, and financial market participation of the households.

Knowledge and attitudes of general population towards tuberculosis and perception of barriers in accessing to TB services in two provinces of Afghanistan

Shafayetul Islam and SM Ahmed

This survey looks at the knowledge and attitudes regarding cause, barriers and diagnosis of tuberculosis,

and treatment of people of two provinces of Afghanistan. The data collection is completed and the analysis will begin in February 2008

Health indicators for mothers and children in rural Badghis province of Afghanistan

Shafayetul Islam and SM Ahmed

This study investigates whether any change in certain selected indicators occurred as a result of BRAC intervention in rural Badghis in Afghanistan. The data will be analyzed in early next year.

Baseline survey on essential healthcare in Tanzania

Syed Masud Ahmed

A baseline survey on the essential healthcare component of the health programme in Tanzania is ongoing and the data are expected to be ready for analysis by March 2008.

OVERSEAS TRAINING

Doctoral programme

Farhana Haseen is doing her PhD in epidemiology at the Queens University, Belfast, UK.

Chowdhury SB Jalal is pursuing doctoral programme in nutrition at the Cornell University, USA.

Fazlul Karim is pursuing doctoral programme in medical science at the Karolinska Institute, Sweden.

AKM Masud Rana is pursuing doctoral programme in geriatric epidemiology at the Karolinska Institute, Sweden.

Masters programme

Md. Mahbubul Kabir, is pursuing M. Phil degree in Education in the University of Tromso, Norway.

Mirja Mohammad Shahjamal got M. Phil degree in Comparative and International Education from the University of Oslo, Norway.

Short courses/workshops

Syed Masud Ahmed, Hashima-e-Nasreen, and Nuzhat Choudhury of RED visited three organizations in India to learn from their successful interventions on safe motherhood, child health, and reproductive health of women and adolescents. The organizations visited during 7-16 March 2007 were: a) Health Institute for Mother and Child, New Delhi; b) Society for Education, Action and Research in Community Health, Maharashtra, and c) Seva Mandir, Rajasthan.

Syed Masud Ahmed

- Participated in the 7th Annual General and Scientific Meeting of the INDEPTH Network in Nairobi, Kenya, 3-7 September 2007.
- Participated in the TOT course for the Executive Level Evaluation Course conducted by the Indian Institute of Health Research Management, Jaipur, India, 1-6 December 2007.

Samir Ranjan Nath attended a training course titled 'Transparency, accountability and anti-corruption measures in education' arranged by the International Institute for Educational Planning, UNESCO held in Paris, France, 6-15 June 2007.

Mahjabeen Rahman attended a workshop on 'Methodologies for researching empowerment' hosted by the Social Research Center of the American University in Cairo, Cairo, Egypt during 28 January-4 February 2007.

Speaking tour in Canada

As part of the BRAC-AKFC learning partnership, a RED research team was invited for a speaking tour by Aga Khan Foundation Canada during 1-8 February 2007. The team presented research findings of CRPR programme at four Canadian universities – Carleton University (Ottawa), University of British Columbia (Vancouver), University of Toronto (Toronto) and McGill University (Montreal).

IN-COUNTRY TRAINING

Masters programme

Marufa Aziz Khan is doing her MPH at JPG School of Public Health, BRAC University, Dhaka.



RED researchers (three from right) discussing with the village development committee members in a village in Rajasthan, India

Short courses

Rifat Afroze, Shamim Ahmed, Md. Abdul Alim, Sharmina Bashir, NM Rabiul Awal Chowdhury, Notan Chandra Dutta, Md. Mahbubul Kabir, Raihana Karim, Goutam Roy, and Md. Abdul Quaiyum Sarkar participated in a training course on 'SPSS & applied statistics' conducted by the Institute of Statistical Research and Training, University of Dhaka, Dhaka during 2-28 June 2007.

Masuma Ahmed, Shamim Ahmed, Marufa Akter, Md. Abdul Alim, Morsheda Banu, Proloy Barua, Sharmina Bashir, Kabita Chowdhury, NM Rabiul Awal Chowdhury, Lopita Huq, Mahbubul Kabir, Elma Kaiser, Tanveer M Kamal, Raihana Karim, Sahida Islam Khondaker, Sarawat Rashid, Fatima Jahan Seema, Halima Akhter Shirin, Sk. Tariquzzaman, and Sakiba Tasneem attended the 'Training course on research methodology for work' organized by RED, BRAC in Dhaka during 30 June-06 July 2007.

Morsheda Banu attended a training course on 'Epidemiology and biostatistics' organized by ICDDR,B in Dhaka during 18 March-12 April 2007.

Debasish Kumar Kundu attended the 'Training on cost-benefit analysis' organized by RED, BRAC in Dhaka during 15-20 June 2007.

Sharin Shajahan Naomi attended 8th Human Rights Summer School, organized by Empowerment of Law through Common People (ELCOP) at Manikganj during 29 November-10 December 2007. She has been awarded with the Best Mooter Award (Best pleader).

Shahnawaz Mohammad Rafi

- Participated in a course on 'Equity in health' organized by James P Grant School of Public Health of BRAC University, ICDDR,B, and World Bank in Dhaka during 10-15 November 2007.
- Attended a training workshop on 'Methods of evaluating impacts of social protection programmes' organized by the International Food Policy Research Institute (IFPRI), USA and BRAC RED in Dhaka during 11 November-01 December 2007.

Sarawat Rashid attended a course on 'Equity in health' organized by James P Grant School of Public Health of BRAC University and World Bank in Dhaka during 4-7 June 2007.

Nahleen Zahra and Proloy Barua attended a certificate course on 'Methods of impact analysis' organized jointly by IFPRI and ERG during 17-22 March 2007.

Hasan Shareef Ahmed presented lectures on 'Who should be an author' on 12 June and 'Ethics of publications' on 13 June at the Workshop on Scientific Writing organized by the Bangladesh Medical Research Council, Government of Bangladesh in Dhaka.

Shamim Ahmed

- Worked as a Teaching Assistant at James P Grant School of Public Health, BRAC University, Dhaka in the course titled 'Healthcare financing: priority setting and budget control' designed for the government medical doctors during November 2007.
- Involved as an external faculty for the course titled 'Health system research', jointly arranged by BRAC University and ICDDR,B in Dhaka.

Syed Masud Ahmed

- Offered a course on monitoring and evaluation of public health programme (as a co-faculty) to the MPH students of the BRAC University James P. Grant School of Public Health during 2007.
- Guided the dissertation of an MPH student on Effects of flood on treatment compliance of tuberculosis in rural Dhaka, Bangladesh: a mixed method study.
- Local guide of Md. Golam Sarowar, an Erasmus Mundus MPH student at the University of Sheffield, UK. During his internship period in BRAC in 2007, he worked on his dissertation on the determinants of underutilization of primary healthcare services in Bangladesh.

Nasima Akter

- Took classes in the Planning Academy, government of Bangladesh (GoB) on ecology and environment, environmental assessment as initial environmental examination, environmental impact assessment, and strategic impact assessment in September 2007.
- Serving as a member of National Medical Waste Management Implementation Committee under the Ministry of Health and Family Welfare (MOHFW), GoB and also as a member of IEC Material Development Committee in the office of the Director General of Health Services under MOHFW, GoB.
- Lectured on 'Sustainable development: effect of hazards on health, environment, and development' at Dhaka Medical College and Hospital, Dhaka for health professionals organized by BRAC Training Division.
- Lectured on 'Sustainability and development' at CDM course offered by BRAC Training Division.
- Supervised thesis work of an MSc student of Khulna University. Also supervised several student interns came from different universities of Bangladesh and abroad.
- Conducted classes in environmental health course for MPH students of BRAC University, Dhaka.

Nasima Akter, Kazi Faisal Bin Seraj, and MA Quaiyum Sarkar were involved in the internal review of WASH programme.

Narayan Chandra Das took classes on statistics and computer skill development in the Masters in Development Studies, BRAC University, Dhaka.

Hashima-e-Nasreen

- Offered technical assistance to Plan Bangladesh to carry out a research on newborn care practices in rural Bangladesh during November 2007.
- Provided technical assistance to the Commonwealth Secretariat, UK in carrying out mapping the policy process and programmatic landscape of HIV in Bangladesh during February 2007

Samir Ranjan Nath

- Wrote Bangladesh country report for the Global Campaign for Education, UK titled 'Could do better? What more must the UK govern-

ment do to ensure quality primary education for all by 2015.'

- Worked as a member of an investigation committee formed by the Ministry of Education, government of Bangladesh in November 2007. The task of the committee was to investigate the situation of C category secondary schools and recommend for their improvement.

Mohammad Rafi offered two courses (Research methods and concepts and Research design and proposal writing) to master degree students of the Development Studies Programme of BRAC University, Dhaka during 2007.

Shahnawaz Mohammad Rafi offered technical assistance to International Finance Corporation (IFC) in designing and implementing a pre-feasibility study on Sylhet Specialized Economic Zone (SSEZ) during December 2007.

INTERNS AT RED

Thirteen interns, six of them from abroad, were placed at RED for internship during 2007. They were attached to different research projects and have gained extensive field level experience. Particulars of the interns are given below:

Name and country	Projects worked with	Duration
Ms. Fahmida Abedin, Bangladesh	Iron safety trial	31 Dec 2007 - 29 May 2008
Ms. Emily Jean Adama, USA	CFPR ⁶	30 Aug - 28 Nov
Ms. Nabila Ahmed, Bangladesh	Employment and livelihood for adolescents	21 Jun - 02 Aug
Ms. Nushrat Awwal, Bangladesh	ESPASSA ⁷	03 Dec 2007 - 31 Jan 2008
Ms. Taylor Cook, USA	Micro-finance and gender	31 May - 30 Jul
Ms. Amina Khambalia, Canada	Nutrition	07 Feb - 16 Jul
Mr. Benjamin B. Megan, USA	CFPR ⁶	30 Aug - 28 Nov
Ms. Rafiath Rashid Mithila, Bangladesh	Education	01 Dec 2006 - 31 May 2007
Ms. Maliha Muzammil, Bangladesh	ESPASSA ⁷	25 Sep - 31 Dec
Mr. Ananta Zakaria Neelim, Bangladesh	Water, sanitation and hygiene	17 Jun - 31 Dec
Dr. Golam Sarowar, Bangladesh	Essential healthcare	27 Mar - 02 May
Mr. Joseph K. Shin, USA	MANOSHI	01 Nov 2007 - 31 Dec 2007
Ms. Pam Vallance, UK	Human rights	18 Oct - 19 Dec

⁶ CFPR = Challenging the Frontiers of Poverty Reduction

⁷ ESPASSA = Ecosystem Services and Poverty Alleviation Study in South Asia

RED seminar in 2007

Date	Topic	Speaker
Jan 15	The state of governance in Bangladesh 2006: knowledge, perceptions, reality (Findings presentation)	Naomi Hossain
25	Willingness to pay for safe water supply services in rural Bangladesh (Proposal presentation)	Kazi Faisal Bin Seraj
	Cultural construction of hygiene practice and behaviour in rural Bangladesh (Proposal presentation)	Hasanur Rahman
28	Governance and management of schools and health facilities: findings from the social sector: performance qualitative study (Findings presentation)	Naomi Hossain, Sk. Tariquzzaman, Ashrafuzzaman Khan, Mamun-Ur-Rashid
Feb 15	Reasons and use pattern of existing sanitation facilities at WASH area (Proposal presentation)	Mizanur Rahman
20	Measuring willingness to pay for improved sanitation services in rural Bangladesh (Proposal presentation)	Kazi Faisal Bin Seraj
25	Hygiene [constraints] in rural Bangladesh (Findings presentation)	Tanveer M Kamal
Mar 25	BRAC WASH hygiene baseline proposal	Tanveer M Kamal
May 10	Mapping exercise using WASH data (Concept note presentation)	Tawhidul Islam
13	Analyzing interventions of 'Partnership with mainstream primary schools' project (Proposal presentation)	Education Research Unit, RED
29	Screening of 'An inconvenient truth'	Dr. Ainun Nishat, Country Representative IUCN Bangladesh
July 02	A presentation on the country environmental analysis 2006 of the World Bank (Concept note presentation)	Ananta Neelim, RED Intern
10	Authorship conflict in selected research institutions in Bangladesh: an exploratory study (Findings presentation)	Hasan Shareef Ahmed, Abdullahel Hadi and Nuzhat Choudhury

Date	Topic	Speaker
11	Sharing experience gained from a recent workshop on 'HIV/AIDS mainstreaming in NGOs in Bangladesh'	Hasan Shareef Ahmed
Aug 02	Impact assessment of Adolescent Development Programme of BRAC (Findings presentation)	Md. Mahbulul Kabir, Rifat Afroze, Mahmuda Aldeen
	An evaluation of sexual and reproductive health education intervention through BRAC's APON programme among adolescents in rural Bangladesh (Proposal presentation)	Hashima-e-Nasreen Marufa A Khan Sarawat Rashid
05	BRAC Water, Sanitation and Hygiene (WASH) programme: findings and observations from sanitation related studies (Findings presentation)	Kazi Faisal Bin Seraj Shamim Ahmed Mizanur Rahman
Sep 18	What do the ultra poor women do in relation to their delivery and newborn care? (Proposal presentation)	Nuzhat Choudhury
19	An evaluation of BRAC pre-primary education programme (Proposal presentation)	Mirja Mohammad Shahjamal
20	Baseline survey of GQAL programme (Proposal presentation)	Md. Abdul Alim
Oct 01	Understanding the relationship between government and BRAC in implementing WASH programme (Findings presentation)	Shamim Ahmed, Hasanur Rahman, Mamun-Ur-Rashid, Bayazid H.
Nov 11	Cultural construction of hygiene practice and behaviour in rural Bangladesh: insights from BRAC's WASH programme (Findings presentation)	Hasanur Rahman
15	Findings presentation on pregnant women follow up study	Sarawat Rashid
20	An exploration of emergency obstetric care services of BRAC MNCH programme (Findings presentation)	Morsheda Banu
Dec 13	Preliminary findings on Shasthya Shebika dropout and retention in the Korail MANOSHI programme (Findings presentation)	Joseph Shin, RED Intern

Afroze R. English teachers' classroom practices in rural secondary schools: an exploration of the effect of BRAC training. The *UNESCO-BAFED seminar*, Dhaka, 12 Nov 2007.

Ahmed SM. Taking healthcare where the community is: the story of the *Shasthya shebikas* of BRAC. *Second Asia-Pacific Action Alliance on Human Resources for Health Conference*, Beijing, China, 12-14 Oct 2007.

Ahmed S. Exploring the perception of guardians about child drowning in rural Bangladesh. *9th South East Asia Regional Scientific Meeting of the IEA*, Dhaka, 9-12 Feb 2008.

Akter N. BRAC's experience on medical waste management. *Workshop on Medical Waste Management*, Organized by DGHS, MOHFW and WHO, Dhaka, 04 Dec 2007.

Akter N. Climate change and Bangladesh. *The IUCN 4th Asia Regional Conservation Forum*, Katmandu, Nepal, 10-14 Sep 2007.

Akter N. Medical waste management rules, 2005 of Ministry of Health and Family Welfare. *Waste Management Programme of Bangladesh Poribesh Andolon*, Dhaka, 24 Feb 2007.

Amina K, Choudhury N, Stanley Z. Identifying females before childbirth to improve iron status. *Experimental Biology 2007*, Washington D.C., USA, 28 Apr-02 May 2007.

Karim F. Socioeconomic and gender differences in the prevalence of pulmonary TB: findings from a cross-sectional study in rural Bangladesh. *National Tuberculosis Conference*, organized by NATAB, Dhaka, 07 Jun 2007.

Kundu DK. Searching the indigenous agenda: non-environmental features of environment movement in Bangladesh. *Conference on Adibashi Janogosthi o Bangladesher Poribesh*, organized by Bangladesh Poribesh Andolon and Bangladesh Environmental Network, Dhaka, Bangladesh, 17-18 Dec 2007.

Nasreen H. Mapping the policy process and programmatic landscape of HIV in Bangladesh. *Commonwealth South Asia Policy Dialogue on HIV and AIDS*, organized by the Commonwealth Secretariat, UK in Colombo, Sri Lanka, 16-17 Aug 2007.

Nasreen H. Methodological issues in sexuality research. *Realizing Rights; Improving Sexual and Reproductive Health for Poor and Vulnerable Population*, organized by the James P Grant School of Public Health, BRAC University, Dhaka, Bangladesh, 28-31 Jul 2007.

Nath SR. Access, equity, quality and financing of secondary education in Bangladesh. *Succeeding in a globalizing world: Improving access to high quality secondary education*, organized by ANTRIEP in Jakarta, Indonesia, 6-9 Nov 2007.

Nath SR. Access to pre-school education in Bangladesh. *The Second National ECD Conference*, Dhaka, 11 Dec 2007.

Nath SR. Primary school culture of Bangladesh. Seminar jointly organized by Plan Bangladesh and BRAC in Rangpur, Bangladesh, 12 Dec 2007.

Nath SR. Secondary education: curriculum, learning achievement and employment opportunities. Seminar was organized by Campaign for Popular Education in Dhaka, 17 Sep 2007.

Rabbani M. When the men migrate: challenges and strategies of women in extreme poor migrant households. *16th Annual IAFFE Conference on Feminist*

Economics, organized by International Association for Feminist Economics, Bangkok, Thailand, 29 Jun-01 Jul 2007.

Rana AKMM. The impact of bone and joint diseases on health-related quality of life of elderly persons: a population-based cross-sectional study in rural Bangladesh. *7th Annual General and Scientific Meeting of the INDEPTH Network*, Nairobi, Kenya, 3-7 Sep 2007.

Roy G. Achievement of competencies of the BRAC school students. Workshop organized by the BRAC Education Programme in Dhaka, 2 Dec 2007.

Roy G and Dutta NC. Students learning performance in various types of BRAC schools. *The UNESCO-BAFED seminar*, Dhaka, 12 Nov 2007.

Sulaiman M. Using change rankings to understand poverty dynamics: examining the impact of CFPR/

TUP from community perspective. *Use of Qualitative and Quantitative Methods of Poverty Analysis in Decision-Making*, jointly organized by Vietnamese Academy for Social Science and Center for International Studies of the University of Toronto, Hanoi, Vietnam, 7-8 Jul 2007.

Yaseer AS, Anna C, Choudhury N, Stanley Z. Investigating factors associated with childhood anaemia in the first 6 months of life in rural Bangladesh. *Experimental Biology 2007*, Washington D.C., USA, 28 Apr – 02 May 2007.

Zahra N. Poverty reduction and MDG localization: a case study of the IGVGD programme in Bangladesh. *Regional Workshop on Local Poverty Reduction and MDG Localization: Good Practices and Lessons Learned*, organized by UNDP in Colombo, Sri Lanka, 29-31 Oct 2007.



A seminar was jointly organized by Plan Bangladesh and RED on December 12, 2007 at Rangpur TARC to present the findings of the study titled, 'Primary School Culture of Bangladesh'. Samir Ranjan Nath from RED and Amina Mahub from Plan Bangladesh presented the findings. Mr. Abdul Latif, Deputy Director, Primary Education, Rajshahi division; District Education Officers of Dinajpur and Kurigram districts; Upazila Nirbahi Officer of Khansama upazila, Upazila Education Officers of Khansama and Fulbari upazilas were present along with other distinguished guests.

A. INTERNAL PUBLICATIONS

Annual report

BRAC Research 2006. Dhaka: BRAC, 2007. x, 64p.

Research compendium

Nirjash, issue 17, Nov 2007. 92p.

Research monograph series

Hossain N and Osman F. Politics and governance in the social sector in Bangladesh, 1991-2006. Dhaka: BRAC, 2007. vi, 53p. (Research monograph series no. 34)

Mahmud I and Zaman S. Transformation of tea labourers of Bangladesh: the case of *Painka* tea labourers – the followers of Kabir (In Bangla). Dhaka: BRAC, 2007. viii, 109p. (Research monograph series no. 33)

Nasreen H, Ahmed SM, Begum HA, Afsana K. Maternal, neonatal and child health programmes in Bangladesh: review of good practices and lessons learned. Dhaka: BRAC, 2007. xvii, 109p. (Research monograph series no. 32)

Tariquzzaman SK and Kaiser E. Employers' perceptions of changing child labour practices in Bangladesh. Dhaka: BRAC and Save the Children UK, 2007. viii, 28p. (Research monograph series no. 35)

CFPR working paper series

Ahmed SM and Hossain MA. Taking doctors where the ultra poor are: assessment of the panel doctor scheme of CFPR/TUP programme. Dhaka and Ottawa: BRAC and Aga Khan Foundation Canada, 2007. vi, 22p. (CFPR/TUP working paper series no. 17).

Barua P and Sulaiman M. Is the BDP ultra poor approach working? Survey of some key issues. Dhaka and Ottawa: BRAC and Aga Khan Foundation Canada, 2007. vi, 20p. (CFPR/TUP working paper series no. 16).

Haseen F and Sulaiman M. How sustainable is the gain in food consumption of the CFPR/TUP beneficiaries? Dhaka and Ottawa: BRAC and Aga Khan Foundation Canada, 2007. vi, 19p. (CFPR/TUP working paper series no. 18).

B. EXTERNAL PUBLICATIONS

Journal article

Abed FH and Matin I. Beyond lending: how microfinance creates new forms of capital to fight poverty. *Innovations* 2007;2(1-2):1-17.

Ahmed HS. Editor-author conflict from the editor's perspective. *European Sci Editing* 2007;33(2):47-8.

Ahmed SM and Hossain MA. Knowledge and practice of unqualified and semi-qualified allopathic providers in rural Bangladesh: implications for the HRH problem. *Health Policy* 2007;84:332-43.

Bhuiya A, Mahmood SS, Rana AKMM, Wahed T, Ahmed SM, Chowdhury AMR. A multidimensional approach to measure poverty in rural Bangladesh. *J Health Popul Nutr* 2007;25(2):134-45.

Eyben R, León R, Hossain N. Participatory action research into donor-recipient relations: a case study. *Dev Practice* 2007;17(2):167-78.

Haseen F. Change in food and energy consumption among the ultra poor: is the poverty reduction programme making a difference? *Asia Pacific J Clin Nutr* 2007;16(Suppl 1):58-64.

Haseen F. Home fortification with Sprinkles to address childhood anaemia in Bangladesh. *Nutr Bull* 2006;10(1):3-4.*

Hossain N and Matin I. Engaging elite support for the poorest? BRAC's targeted ultra poor programme for rural women in Bangladesh. *Dev Practice* 2007;17(3):380-92.

Hyder SMZ, Haseen F, Rahman M, Tondeur MC, Zlotkin SH. Effect of daily versus once-weekly home fortification with micronutrient Sprinkles on hemoglobin and iron status among young children in rural Bangladesh. *Food Nutr Bull* 2007;28(2):156-64.

Hyder SMZ, Haseen F, Khan M, Schaetzel T, Jalal CSB, Rahman M, Lönnerdal B, Mannar V, Mehansho H. A multiple-micronutrient-fortified beverage affects hemoglobin, iron, and vitamin A status and growth in adolescent girls in rural Bangladesh. *J Nutr* 2007;137:2147-53.

Ip H, Hyder SMZ, Haseen F, Rahman M, Zlotkin SH. Improved adherence and anaemia cure rates with flexible administration of micronutrient Sprinkles: a new public health approach to anaemia control. *Euro J Clin Nutr* 2007; doi:10.1038/sj.ejcn.1602917.

Jahan F. Acid violence against women: is the state doing enough? *Society and Change* 2007;1(2):7-29.

Karim F, Islam MA, Chowdhury AMR, Johansson E, Diwan VK. Gender differences in delays in diagnosis and treatment of tuberculosis. *Health Policy Plann* 2007;22:329-34.

Karim F, Chowdhury AMR, Islam A, Weiss MG. Stigma, gender, and their impact on patients with tuberculosis in rural Bangladesh. *Anthropology Med* 2007;14(2):139-51.

Mallik BA, Huq I, Rabbani M. Understanding exclusion – an analytical approach. *East West University J* 2007;1:93-104.

Nath SR. Self-reporting and test discrepancy: evidence from a national literacy survey in Bangladesh. *Int Rev Edu* 2007;53(2):119-33.

Nath SR and Sylva K. Children's access to pre-school education in Bangladesh. *Int J Early Years Edu* 2007;15(3):275-95.

Nath SR, Yasmin RN, Shahjamal MM. The tea garden children lagged behind in access to school. *Primary Edu J* 2007;1(1):50-63.

Rana AKMM, Lundborg CS, Wahlin A, Ahmed SM, Kabir ZN. The impact of health education in managing self-reported arthritis-related illness among elderly persons in rural Bangladesh. *Health Edu Res* 2007 Doi:10.1093/her/cym002.

Wahlin AK, Anstey KJ, McDonald SWS, Ahmed SM, Kivipelto M, Kunnukattil KSS, et al. The international network on public health and aging (INOPA): introducing a life course perspective to the public health agenda. *J Cross-cultural Gerontology* DOI:10.1007/s10823-007-9055-1.

Book and book chapters

Ahmed SM. Combining health and social protection measures to reach the ultra poor: experiences of BRAC. In: Gehner M, Jupp S, Penea O (Editors). Global forum update on research for health volume 4: equitable access: research challenges for health in developing countries. London: Pro-Brook Publishing, 2007:34-9.

Hossain N (contributor). The economics and governance of nongovernmental organizations in Bangladesh: World Bank Country Study. Dhaka: The University Press Limited, 2007, xxx, 156p.

Jahan F. When women protect women: restorative justice and domestic violence in South Asia. New Delhi: South Asian Publishers, 2007. 262p.

Jahan F. Gender, violence and power: retributive versus restorative justice in South Asia. In: Singh A and Saheb NAZ (Editors). Labyrinthine justice framework of South Asia: impediment to pro-poor governance. New Delhi: SAGE India, 2007.

Matin I, Sulaiman M, Saleque MA. Imagining microfinance more boldly: unleashing the true potential of microfinance. In: Dichter T and Harper M (Editors): What's wrong with microfinance. Warwickshire: Intermediate Technology Publication Limited, 2007:23-34.

Working papers (Other)

Mortaza MG and Das NC. Foreign direct investment, trade liberalization and economic growth: empirical evidence from south Asia and implications

for Bangladesh. Dhaka: Bangladesh Bank, 2007. iii, 37p. (Bangladesh Bank working paper series: WP 0712)

Hossain N. The politics of what works: the case of the vulnerable group development programme in Bangladesh. Manchester: Chronic Poverty Research Centre, 2007. (CPRC working paper 92)

Newsletter and newspaper articles

Ahmed S. *Bonnar provab hote pare shudurproshari* (In Bangla). *Prothom Alo*, 13 Aug 2007.

Naomi H. Elite perceptions of poverty (cover story). *SLATE*, May 2007. <http://www.newagebd.com/slate/2007/may/01.html>

Naomi SS. Terrorism and international law. *The Daily Star*, 03 Nov 2007.

Nath SR. Teachers should get priority in education-related work (In Bangla). *Prothom Alo*, 25 Oct 2007.

Rashid M. *Amader shontanera ki korb...* (In Bangla). *Samakal*, 25 Aug.2007.

Rashid M. *Banorer pitha vag othoba sthanio sarkar-a-narir onsha grahon* (In Bangla). *Samakal*, 21 Aug 2007.

Rashid M and Faruque O. Women cannot conduct *Shalish* even becoming members (In Bangla) *Samakal*, 27 May 2007.

Samadder M and Khan A. *Bhai amra kintu sonkhalo-ghu na* (In Bangla). *Samakal*, 10 Oct 2007.

Tariquzzaman S and Rashid M. Livelihood of people of enclaves (In Bangla). *Samakal*, 28 Jun 2007.



* Not listed in earlier annual report

A. ECONOMIC STUDIES

Evaluation of North West Microfinance Expansion project

Proloy Barua and M Sulaiman

Bangladesh is known for its microfinance outreach. However, the density of microfinance is not evenly distributed. The poorer region, specially the north-western part of Bangladesh has long been underserved by the microfinance institutions. BRAC's Northwest Microfinance Expansion (NWME) project was initiated in 2002 to increase outreach in that region. Though the impact of microfinance is well established among the practitioners, this study was initiated to investigate whether BRAC's microfinance expansion in that region had any effect on the well-being of the beneficiaries. We found evidences of impact in different domains of the participants, especially in their asset holding. Apart from impact evaluation, the study also looked at the level of satisfaction among micro-finance participants. The determinants of client dropout have been explored to see whether and how much effect does satisfaction has on exit decision. Poverty of the participants, variation in economic status within the groups, availability of alternative service providers, level of client loyalty along with the overall satisfaction of the clients with the services were found to have significant influence on dropout.

Is the BDP ultra poor approach working? Survey of some key issues

Proloy Barua and M Sulaiman

Though BRAC's CFPR/TUP is the specialized programme for the ultra poor, it was observed that a

good portion of its micro-finance clients were also very poor and require special attention. Moreover, some of the poorer households from the community can be served through the mainstream BRAC Development Programme (BDP) of which micro-finance is the major part. To serve this specific group of micro-finance participants and equally poor non-participants, CFPR-I included a model called 'BDP ultra poor'. The key components of the BDP ultra poor programme are training on income generating activities (IGA) and provision of micro-credit along with some other non-financial services. This study intended to assess the knowledge retention on IGA training, and to explore the quality of participation in financial and non-financial services by the beneficiaries. We found that participants' engagement in the IGA, their self-interest, training settings and number of training participants have strong association with the level of knowledge retention. Their quality of micro-finance participation is encouraging in terms of frequency and scale of borrowing. The borrower member ratio of the BDP ultra poor who were recruited in 2003 is now over 85%, which is the industry standard.

Migration: a livelihood strategy for the ultra poor

Mehnaz Rabbani

Based on 2005 data and case studies, this study looks at the determinants of seasonal migration in ultra poor households, especially those in munga affected areas. The study found that social factors and household structure affect the decision to migrate. While it is not a highly beneficial strategy, the ultra poor households were able to prevent

⁸ Arranged alphabetically according to the last name of the first author under broad themes

further fall into poverty due to migration. Financial services, especially tailored for women of migrant households, are a possible intervention for supporting and encouraging migration during lean seasons.

Providing microfinance and social space to empower adolescent girls: an evaluation of BRAC's ELA centres

Rizwana Shahnaz and R Karim

Using a panel data of the participants of BRAC's ELA centers and a comparison group, this study looked at the impact of ELA center participation on different domains. The study shows some marginal effect of participation on delaying the age of marriage. Moreover, strong effects were observed on mobility, socialization among the participants and economic empowerment. However, the study reveals that those who are relatively disadvantaged, in terms of their parents' education and openness, are less likely to participate. Therefore, there is scope of fine-tuning targeting as well as improving the contents of the programme in areas of financial literacy and health awareness.

Cost benefit analysis of CFPR

Sanjay Sinha, J Gidwani and NC Das

This paper presents the cost-benefit analysis of the first cohort (2002-03) of selected ultra poor (SUP) households of BRAC's programme for the ultra poor called Challenging the Frontiers of Poverty Reduction (CFPR). The analysis calculates benefit of the programme using primary data collected through a set of surveys. Benefit is measured as the increase in expenditure on food consumption, increase in medical expenses and/or income foregone from workdays lost as a result of an increase in the (financial) capacity to take such decisions, and increase in net financial and housing assets of the SUP households compared to non-selected ultra poor (NSUP) households. An alternative calculation of benefit has also been carried out by comparing the increase in per capita income of SUP households with that of NSUP households. Using the consumption indicators it has been found that at a 12% discount rate and a 12-year life of benefits, the benefit-cost (B-C) ratio is 5.07, while using the income method the B-C ratio is 3.83. Sensitivity analysis of

the B-C ratio using consumption indicators shows that within a reasonable range of assumptions from relatively pessimistic to reasonably optimistic the B-C ratio lies in the range 3.12-6.23 allowing for discount rates of 10% to 15% and the life of benefits in the range of 10-15 years. The analysis shows that the special investment programme of CFPR represents productive use of development funds for the benefit of ultra poor households in Bangladesh with obvious implications for additional investment.

Tsunami warning: responsiveness of the vulnerable population

Sakiba Tasneem and M Chaudhury

This research on the impact of tsunami warnings aims to look at household responses to a tsunami warning that took place in coastal areas of Bangladesh on 12 September 2007. The study, conducted on 1800 households in both the mainland and islands of Cox's Bazar district, examined the impact of the warning by measuring the effectiveness of the warning, reasons behind evacuation or the failure to do so, experience of evacuating and staying in shelters, and loss in assets. We also examined whether evacuees will trust future warnings. The results of the survey also reveal the extent to which people in the tsunami prone coastal areas have enough time to respond to a warning in the future. The findings provide important information to help improve the effectiveness of tsunami warnings in future.

Poverty reduction and MDG localization: a case study of the IGVGD programme in Bangladesh

Nahleen Zahra and N Hossain

The IGVGD (Income Generation for the Vulnerable Group Development) Programme represents good practice in poverty reduction through a government-donor-NGO partnership that strategically linked social protection to livelihood promotion for rural destitute women. The objective of the programme is to alleviate poverty of the extreme poor by providing long-term sustainable income and employment opportunities through food assistance, training and access to credit facilities. An important impact of IGVGD is that it has showed the possibility of providing access to micro-finance services

by very poor women, who would probably not otherwise have done so. An estimated 1.5 million women have accessed micro-finance services. One of the key lessons learned from the programme is that some of the poorest need additional and more intensive forms of support if they are to move out of extreme poverty in a sustainable manner. Eventually, BRAC's CFPR programme emerged to address this. The issue of food leakage and corruption has been addressed through the development of closer interaction and dialogue between partners, and initiatives to improve transparency in food grain distribution and savings management.

B. STUDIES ON EDUCATION

Impact assessment of adolescent development programme of BRAC

Md. Mahbulul Kabir, R Afroze and M Aldeen

This research aimed to assess the impact of the adolescent development programme (ADP) of BRAC. Collecting both statistically representative quantitative data and qualitative information from case studies this report made a comparative analysis with the national data of the Bangladesh Adolescent Survey 2005. Findings show how ADP – Adolescent Peer Organized Network (APON) course graduates become empowered in terms of participation in and control over decision making and in nurturing leadership qualities to be the agents of social change. The study also captured how the target groups' attitudes towards early marriage, dowry, reproductive health knowledge, health-seeking behaviour, knowledge on HIV/AIDS along with other STDs, awareness on social and gender perceptions vary from the general adolescents nationally. At the end, APON graduates evaluated the course in relation to their own lives.

Achievement of primary competencies: a comparison between government and BRAC schools

Samir Ranjan Nath, G Roy, NC Dutta and A Hossain

Using the competency-based test instrument developed for Education Watch 2000 this study

made a comparison of learning achievement of two types of primary schools viz., government primary schools (GPS) and BRAC primary schools (BPS). Sixty schools from rural Bangladesh equally distributed by type was randomly chosen. The number of students under test was 600 from BPS and 581 from GPS. Education Watch data of 2000 and other datasets on BPS on the same issue were used to see the improvement in performance over time. The analyses reveal that the overall performance of BPS was slightly better than that of GPS. The gap between BPS and GPS narrowed down from 2000 to 2006. There is still scope for both the sub-systems to improve in achievement of more competencies by the students including gender equity. Students were well in the test items assessing knowledge but they were found weak in those items requiring 'understanding level' of skills.

BRAC's partnership with mainstream primary schools: some early findings from an evaluation study

Samir Ranjan Nath, R Afroze, NC Dutta, A Hossain, MM Kabir and G Roy

BRAC has been working with the mainstream primary schools in three upazilas for the last three years. This study aims to see whether the intervention of BRAC has made any changes in the schools. Both quantitative survey and qualitative investigations were initiated for data collection. A baseline of 154 schools (106 government and 48 registered) in these three upazilas were done in 2004 and a revisit of these schools were held in mid 2007. The findings reveal that the BRAC workshops with the school managing committee members and the teachers helped them understanding their duties well. The programme organizers visit to the schools made the teachers and the SMC members more active than before. This brought some positive changes in the schools. Teachers in some schools were found more active than earlier owing to partnership with BRAC. The improvement was more in the registered non-government schools than the government schools. It was understood that duration of three years was not enough to have a big change in the schools. The partnership was a local arrangement. A collaborative mechanism with directorate of primary education with support from the ministry might work well regarding quality improvement in the schools.

Place of remunerated supplementary tutoring in out-of-school study of rural students in Bangladesh

Samir Ranjan Nath

This study aims to explore the issue of remunerated supplementary tutoring in the context of overall out-of-school study in academic subjects of the rural school children in Bangladesh. Characteristics of the tutors- both free and remunerated, cost involved in supplementary tutoring, reasons behind seeking tutoring support and reported impact of such support were also explored. The study was done on 905 students living in four areas. The findings revealed that most of the children attained out-of-school study; a third of which took no support from tutors, 26.2% received it free and 41.5% received on payment. Supplementary tutoring providers were the parents, siblings, relatives, neighbours, teachers of own and other educational institutions, and the coaching centres. Household members and some of the other providers provided it free. Free providers were less educated and younger compared to the remunerated providers. A wide range of cost was involved. The parents reported a positive impact of remunerated supplementary tutoring on the academic matters of the students. The provision is a source of catering inequality among the students. Affirmative action extending social support to the students of poorer families can be considered to reduce such inequality.

Primary school culture: ethnography of medium graded schools in Bangladesh

Samir Ranjan Nath and A Mahbub

The aim of this study was to have a comprehensive understanding of the cultures of primary schools. An additional objective was to see whether the NGO (non-governmental organization) intervention played any role in shaping school culture. Four medium category government primary schools (B grade) located in two different areas were considered for investigation. Two of these schools had NGO intervention – one by BRAC and the other by Plan Bangladesh. Four field researchers having skills in ethnographic investigation stayed in the school locations for eight months and collected data. All types of people involved in a school setting, viz., the

pupils, the parents, the teachers, the neighbours, the community, and the administration, were the focus of fieldwork. School cultures in the areas of teaching learning provisions in the classrooms, students' assessments including examinations, management, administration and community participation were addressed in the study. Social norms, norms related to administrative structure of the education department, communities understanding about the schools were reflected in day-to-day school operation. The initiatives of the NGOs have started to impact on this.

C. STUDIES ON ENVIRONMENTAL ISSUES

An exploration of undermining factors influencing willingness to pay for improved sanitation services in rural Bangladesh

Shamim Ahmed

This study aimed to know the reasons behind installing or not installing sanitary latrines and the undermining factors influencing the decision-making process. It aimed at exploring different payment methods suggested by the villagers and discussed various possibilities of suggesting a sustainable solution. An alternative village sanitation center model has been drawn at the end with the possibility to establish outpost and providing flexible loan facility.

Understanding the relationship between government and BRAC in implementing WASH programme

Shamim Ahmed, H Rahman, M Rashid and B Hasan

The Programme Organizers of BRAC and Sub-Assistant Engineers of the government play the most significant role in implementing WASH (Water, sanitation and hygiene) programme. WATSAN committees were found almost inactive. Union Parishad chairmen and members wanted financial and hardware support to cooperate effectively. Moreover they have lost some of their bureaucratic power as villagers can now depend on NGOs for development. BRAC's long experience in development work helped BRAC staff communicate properly with the government. BRAC staff felt that they lack authority

in their communications with government officials and community members, and felt their efforts to motivate behavioral change were constrained by their lack of official authority. Internal disagreements and status struggles within and between BRAC programmes also impact negatively on the respect and authority accorded to the WASH programme. There was disagreement on data about sanitation coverage between Union Parishad and BRAC. Numbers of staff work in the programme seem to be inadequate. Staff turnover was high which hampered the smooth functioning of the programme. Authorization letters need to be issued by the government to field level offices regarding BRAC's involvement in the programme.

Attaining the MDG targets on water, sanitation, and hygiene in Bangladesh: findings from BRAC water, sanitation, and hygiene programme baseline survey

Nasima Akter, KFB Seraj, MAQ Sarkar, SM Ahmed, A Neelim and TM Kamal

This study aimed to provide background data and insights at the household level for evolving strategies, and to assess the effectiveness and success of the BRAC Water, sanitation and hygiene programme. It covered the following issues: 1) coverage status of and access to water sources, latrines, and defaecation practice; 2) knowledge, attitude and practice of hygiene; 3) demand for safe water and sanitation; and 4) willingness to pay for different services and to change existing unhygienic behaviour. The total population of surveyed households was 210,968 with a family size of 4.69. Nearly 38% of the population was ≤ 15 years old. About 0.86% of the population reported some kind of disability, of which 63.9% were physically disable. The disease prevalence was 14.6%, much higher in children than adults (31.6% vs. 12.1%). The hardcore poor were more prone to waterborne and faecal borne diseases than the non-poor. The access to tubewell water for drinking was 98.1%. However, majority of these tubewells were not tested for arsenic contamination. About 32% of the households used sanitary latrines, 39% used latrines with broken water seal, and 29% defaecated in open space. Level of hygiene awareness was poor. The poor level of safe water access and safe sanitation were observed in the educational and social

institutes. In both water and sanitation, the status of the hardcore poor households were worse than that of the non-poor. There is an overwhelming demand for both sanitary latrines and safe water sources if appropriate price and credit facilities were set. Any knowledge and awareness building interventions on water, sanitation and hygiene must adopt community approach, and not rely on the common assumption that higher socioeconomic status is associated with better knowledge.

Water, sanitation and hygiene atlas of Bangladesh

Tawhidul Islam

An atlas titled 'Water, sanitation and hygiene atlas of Bangladesh' has been constructed using WASH data collected from the field which is supported with some secondary data. The purposes of the atlas were (i) to aware the programme people about the progress of the project, it also may serve as to locate geographical areas that deserve special attention for certain types of interventions, (ii) the atlas also aimed at those working outside BRAC to give them general idea/information about WASH status since this kind of atlas is absent in the country at this moment, and (iii) the atlas could be used as a tool for on-job project monitoring and reporting purposes to the donors and other concerned agencies. The atlas is dedicated to introducing variables considered for mapping activities. It also portrays some basic household level information.

Process documentation of PRA social mapping-wealth ranking and formation of village WASH Committee under WASH programme

Hasanur Rahman

Participatory rural appraisal (PRA) is an important component of WASH that aims to achieve goal quickly and sustain achievements. Social mapping was intended to know and understand the state of all the households including use pattern of latrines and tubewells. Whole cycle of PRA and formation of village WASH committee for selected upazilas were observed and documented. Eight villages were purposively selected from eight upazilas, two upazilas from each district – Dinajpur, Mymensingh, Jessore

and Feni. Findings show that the data of household baseline survey were used to facilitate participants to list households. Members of PRA team were divided into more than a group before doing transect walk and build up rapport with the villagers. In most cases cluster of households were made with around 50 households, but in some cases, clusters of households were also made with around 20 households. Poor facilitation and absence of participants from distanced clusters had impact on physical and social mapping including wealth ranking. The poor, marginal, and females could not participate actively in PRA exercise due to inept poor facilitation. PRA wealth ranking was done using the data of household baseline survey that made participatory exercise somewhat non-functional. Different households were marked along with wealth categories, ownership and/or use of latrines and tubewells of all the households on the PRA maps could not be done in some cases due to domination of some outspoken, active and dominant participants. Eleven-member village WASH committee was formed (two advisors were also selected) following PRA principles in some cases, but somewhat improperly in most cases. In general, village WASH committees were formed with BRAC VO members, VGF cardholders, persons having Ansar VDP training, retired school-teacher, etc.

Reasons for not using existing sanitation facilities at WASH area

Md. Mizanur Rahman

This study found that people do not use existing sanitary latrine for various reasons. Like, they found fowl smell inside the latrine. Some of them think they might fall inside the latrine. Old people are not comfortable and that is why they avoid using latrines. Women feel shy because of the poor superstructure of the latrines. Usually the latrines found to be away from the households, so women and children were fearful to use those during nights.

Measuring willingness to pay for improved sanitation services in rural Bangladesh

Kazi Faisal Bin Seraj

This study aimed to provide some insights into sanitation-related strategies taken by the BRAC

Water, Sanitation and Hygiene programme from an economic point of view. It also included measuring and identifying the factors that influence willingness to pay for improved sanitation services for the households without any latrine in rural Bangladesh. A contingent valuation survey was carried out in four upazilas under this programme to determine household willingness to pay and affordability to pay for basic sanitary latrine options. About 80% of the households were willing to pay for improved sanitation services. Of them, about 92% preferred monthly payment. The mean willingness to pay was found to be Tk. 69 if paid monthly and Tk. 825 if paid in single installment. The mean willingness to pay for the overall sample size was found to be within the range of 1-2% of the disposable income of the households. Economic hardship was found to be the major reason for not installing sanitary latrine. Health, cleanliness and prestige were three major motivating factors for installing sanitary latrine. Regression analysis using ordered logit model shows that odds for spending money for improved sanitation services were higher for households with better income, households who believed that unsafe sanitation lead to diseases, and households belonging to already intervened programme areas. Credit facilities along with convenient location of the village sanitation centers are necessary to fulfill sanitation-related targets set by the programme. This study has also established a causal relationship between health awareness and willingness to pay for improved sanitation services. However, it was found that even if all the stated conditions are met, there will be some households who would not be able to pay for latrines and will need some sort of cash incentive or subsidy.

D. STUDIES ON GOVERNANCE ISSUES

Politics and Governance in the Social Sectors in Bangladesh, 1991-2006

Naomi Hossain and Ferdous Osman

Bangladesh has achieved impressive gains in social and human development since 1990s which contrast sharply with poor governance over the period. How were pro-poor development achievements possible, given the poor state of governance? The

paper addresses this question through a review of Bangladesh's social sector with a particular focus on social protection, basic education and health in the period between 1991 and 2006. It explores how politics and governance conditions contributed or impeded gains in these sectors. Findings of the study include: a) social sector achievements during the period were substantially ones of expanded access, which were politically popular and administratively feasible; b) progress on improving service quality was limited as quality reforms are less attractive; c) evidence about the extent of corruption across the social sectors is uneven and may create a distorted picture of where the substantive governance weaknesses lie; and d) formal accountability institutions do not work but informal forms of accountability help fill the accountability deficit. Broader implication of these findings is that governance conditions sufficient to support the achievements of the 1990s may not support reforms slated for the 2000s. Deeper institutional and broader governance reforms would be necessary to extend or even sustain these gains.

Governance and performance: exploring secondary education in Bangladesh (In Bangla)

Ashrafuzzaman Khan

The concept of governance got enormous attention to the different stakeholder in recent time due to achieve positive result of regarding organization because it is integrated approach, which is found in corporate, international, national, and local level. The present study tried to explore school governance and school performance by applying the notion of governance and measured the relationship between governance and performance of the secondary school. The study also revealed that the some determinant factors which shaped a school good, bad or average one categories and on how school governance reflects its impacts on school performance. The study covered three different types of schooling such as government, non-government, madrasa comprising rural and urban area.

Living like prisoner: documenting the experiences of crime and insecurity of bihari community in Bangladesh

Ashrafuzzaman Khan and M Samadder

The Bihari community in Bangladesh attracted much attention after the independence of Bangladesh and many scholars and development practitioners researched on large volume covering different aspects of the regarding community. The present study explored to the different camps and tried to document different forms of experience of crime and insecurity that they experienced in the camp lives. The study also shows how feeling of fear appeared as vicious threats in their daily lives included violation of social rights and humanity, sexual harassment, denial of citizenship, and oppression by law enforcement agencies, political and local influential leaders were the common sources of insecurity of their lives that addressed to poverty stricken community. Finally, they were being excluded from mainstream society.

Corruption in old age and widow/destitute women allowances: a comparison between most and less corrupted unions parishads

Mamun-ur-Rashid and OF Siddiki

This study aims to explore the cause and effect of corruption in the selection of beneficiaries of old age allowance and widow and destitute woman allowance. Depending on various indicators and findings of an earlier survey, two unions of Joypurhat and Barisal districts were selected for this study, one of which seems as most corrupted and another one was less corrupted. Information was collected through in-depth Interview from beneficiaries, local people, and concerned authority. We found deep connection between corruption in the selection process and the election of union parishads. The chairmen and members of union parishads are the local authority for selection of the beneficiaries of these allowances. Corruption varied with the family background of the elected chairmen and members. Those who came from educated family and did not spend much money for election were found less corrupted. One the other hand, persons who participated in the union council elections for several times and during their campaign commented like 'If failed in election, will commit suicide' were found much corrupted. Within short time they tried to recover the money spent during election. In such 'recovering' process they took money from the applicant of those allowances. They also took money from them on the plea to help the illiterate poor people. The responsible government officials informed

that due to lack of manpower and political influence they failed to do anything to reduce this corruption.

Government hospital – in-patients' views (In Bangla)

Mamun-ur-Rashid

This study aims to present the existent scenario of government Upazila Health Complex (UHC) and Union Sub-center. Six UHCs and six Union Sub-centres under those UHCs were selected for this study. Data were collected through in-depth interviews and focus group discussions with the beneficiaries of these government services. The most common scene, stated by the beneficiaries, were regular late attendance of physicians and other staff, doctors giving less time to examine patients, not getting enough drugs most of the time, most staff behaved badly, and the hospital area was so dirty. They wanted proper accountability, transparency and strong monitoring system to receive best service from this sector. For better accountability and transparency they suggested forming local committee with the hospital authority. Although in some cases this type of committees exist, but these were totally inactive. Moreover, availability of dentist and female doctors, supply of proper machineries and instruments, and increased storage of drugs are essential to provide better service and proper treatment. Although many people felt happy to get at least some medicine free of cost, but sometimes having no drugs or having no doctor causes clash between local people and the hospital staff.

Mapping on the perception of security (In Bangla)

Mamun-ur-Rashid and OF Siddiki

This study aims to explore the perception of rural people about security and what kind of security system they actually initiated. It was a background research for a nationwide survey on crime and security. The findings show that general people thought about their security in daily life. Theft, robbery, and mugging, rather than political violence or terrorism are the issues of their daily life security. Generally, to protect themselves the rural people take steps personally such as, not to go outside at night, avoiding risky places, not to bear much money altogether, not to let female members of the family go outside, keeping the contact

number of police in notebook or in cellular phone. In case of any wider social problem when the whole society has an affect, people organized themselves and protest the crisis. Though rural people have very few dependencies on the government and non-government security agency, they still depend on the union parishad chairman and members as a solution maker for many cases.

Nurses at Upazila Health Complex (In Bangla)

Mamun-ur-Rashid, M Samaddar, and OF Siddiki

This study aims to explore the situation of nurses working at the government Upazila Health Complexes (UHC). Six focus group discussions with nurses of six different UHCs were done. In every UHC, there should be 10 nurses for indoor services, but in most cases there were 6 nurses posted in each UHC. As such they had to perform excess duty. They often experienced bad behaviour from doctors, male medical assistants, and relatives of patients. They had no room to change their uniform. Socially they were never regarded for their stay at hospital for night duty. To upgrade their position both socially and professionally they need more training, but for the long distance of training institute, they found it difficult to go. Nurses deserve minimum facilities such as residence, good behaviour from hospital staff especially from doctors, and risk allowance.

Employers' perceptions of changing child labour practices in Bangladesh

Sk. Tariquzzaman and E Kaiser

The study aimed to find how and what factors have contributed in changing the patterns and perspectives of the employment of children over the last 15 years in Bangladesh. Based on an in-depth research on 120 children and 40 employers of child labour in a Dhaka slum and a poor rural community in Nilphamari district this paper articulates employers' perspectives on child labour, with particular emphasis on understanding what factors have caused them to change their own practices over time. The employers believed that the job opportunity for children had increased in great deal which has changed the child recruitment process. Different types of work are now available both in village and

urban areas. Previously, both in urban and rural areas, formal contracts and conditions rarely applied whereas contractual arrangements are now clearer, firmer, and more likely to involve cash payments. We found that perspectives on the advantages of child workers, the economic status of parents and the advantage and profit of the employers are intertwined.

Understanding role of head teacher in primary school management

Sk. Tariquzzaman

This study tried to know how the quality of education depends on head teacher's good management. In this purpose we focused on several specific dimensions of their management, such as: what are school management, their position and importance in national primary education system, perceptions of local people and higher authority on their importance, their social identity and socio-economic condition of the working locality, other income and social activities and finally role in academic, higher authority and local people management.

In national primary school system, on the basis of their chair head teacher is the most important person in administrative chain and local all school committees. It was found that they were perceived very important person. They did different other income and social activities which impacted on school management.

In academic management some were found positive in teaching, establishing discipline, arranging coaching class for scholarship examination where some signed negative example like absenteeism, lack of team work and corruption with stipend.

It was found that most of the head teachers and upazila official created a 'community' where they all worked together to maintain their credibility and image rather than establishing accountability and transparency.

At the local level some of them maintained proper rules to form all committees to be accountable to the people where some formed 'pocket committee' to make smooth corruption actions.

Finally on the basis of their performance of management considering other dimensions this study reached on a comparative picture of good-bad position of the schools. This result indicates what ever the infrastructure and other facilities; quality education significantly depends on head teacher's management

E. STUDIES ON HEALTH, POPULATION AND NUTRITION

Bangladesh healthcare provider survey 2007

Syed Masud Ahmed and Md. Awlad Hossain

This study aimed to do a situation analysis of the healthcare providers currently active in both the formal and informal sectors in Bangladesh. The study aimed to estimate the density (per 10,000 pop.) of different types of healthcare providers and explore their education, training, and professional experiences. The study was designed to provide representative estimates. Data were collected in two stages: firstly, an inventory of all types of healthcare providers was made; secondly, a sub-sample from this list was randomly selected for collecting quantitative data on issues of interest. Findings revealed that the density of qualified health workforce (physicians, nurses and dentists) falls far short of the WHO (2006) estimate required for achieving the MDG targets. They constitute only 5% of the total currently active healthcare providers in the country. There are about two and half times more village doctors and two times more drug store salespeople than are physicians who provide treatment/curative services to the population. They, together with traditional healers, constitute the major providers of healthcare to the poor and the disadvantaged. There is gross imbalance in the distribution of healthcare providers in Bangladesh (both by division and by location of residence). As revealed in this study, the professional base of the large section of the semi- and unqualified providers (including the homeopaths) is poor. Irrational use of drugs such as over prescribing, multi-drug prescribing, use of unnecessary expensive drugs and over use of antibiotics and injections was reported. The importance of traditional system of medicine (including homeopathy) is declining in Bangladesh. The healthcare providers were mostly unanimous in expressing their satisfaction with the profession.

The implication of these findings in planning national human resource for health is discussed.

Hygiene awareness and practices in WASH upazilas

Syed Masud Ahmed and TM Kamal

Interventions for sustained change in hygiene behaviour is one of the major component of the WASH programme interventions. This study used a sub-sample of data on women's current knowledge and practices on hygiene from the larger WASH baseline survey conducted during 2006-07. The study findings revealed interesting insights into the hygiene awareness and practice of the study women. Level of hygiene awareness as well as personal hygiene and sanitation practices was found to be poor. Awareness about the cycle of disease transmission was fragmentary as revealed by giving less importance to the contamination potential of children's stool (23%) or washing hands at critical times (e.g., after cleaning children's stool, 11%; before serving food, 17%). Apparently, germ theory of disease has very little relevance in this population and most of the women thought that water is contaminated by dirt, etc. only, and no mention was made of microbes. The women in this study displayed low level of awareness and practice in keeping drinking and cooking water safe before use (e.g., covering of storage pot varied from 1% in case of washing utensils to only around 30% in case of drinking and cooking). A substantial proportion of them (20%) are even unaware about how to purify water. It is interesting to note that almost similar state of awareness and practices were observed across the households, irrespective of its poverty status.

Taking healthcare where the community is: the story of the *Shasthya shebikas* of BRAC

Syed Masud Ahmed

To mitigate the income-erosion effect of illness and vulnerability of the poor households, BRAC integrates Essential Health Care (EHC) activities with its poverty-alleviation interventions. The EHC delivers preventive and basic curative health services to the villagers through *Shasthya shebika* (SS) who is the community health worker selected from among the village-based women's credit group members who

is willing to provide voluntary services, and acceptable to the community she serves. The SSs receive four-week basic residential training and regular monthly refreshers. For specific programmes the SSs are given additional training. Each SS covers around 250 households, and makes at least a monthly visit to the households. They disseminate health, nutrition and family planning messages, motivate to install tube-wells and sanitary latrines, identify and register pregnancy cases, identify TB suspects for sputum examination, provide treatment for common illnesses and sell health commodities. The SSs work on voluntary basis but earn some income from the sale of health commodities and service charges. Empirical evidence found them to be useful and cost-effective. Meticulous selection, interactive training, supportive supervision and logistics, functional referral linkage and performance-based incentives are key factors responsible for the sustenance of the model till date. Given the constraints of Human Resources for Health in low-income countries, BRAC's *Shasthya shebika* model can be instructive for ensuring a minimum quality of care for the poor in resource-poor settings.

Existing maternal and newborn care related practices in Korail slum in Dhaka city

Nuzhat Choudhury, MA Alam, SF Rashid, AC Moran and T Sharmin

The study was carried out to see the current state of maternal and immediate newborn care practices in Korail slum. Sixteen women were selected as respondents. In-depth interviews were used to address the research questions. Women did not perceive the need for antenatal care, especially if they had a normal previous pregnancy. Birth preparedness was non-existent. After delivery, the woman and newborn are perceived to be *napak* from the blood and other fluids present at delivery and are bathed immediately to purify, and the vernix is often scrubbed off. Exclusive breastfeeding is rare; majority didn't start breastfeeding until three days postpartum. Family members tend to advocate for food restrictions, limiting social mobility of mother, and early bathing of the newborn. Need to increase awareness about birth-preparedness among families, importance of ANC and PNC, danger signs during

delivery and for newborn, importance of exclusive breastfeeding and immediate newborn care, what to do while complications arise. Interventions around these messages need to be focused at multiple levels, like community, family, and individual.

Integrating nutrition activities into BRAC's MNCH programme: insights from a formative research

Nuzhat Choudhury, CSB Jalal, MA Khan and P Menon

Integration of nutrition with BRAC's programme activities, a brief formative research was carried out in Nilphamari district to assist the maternal, neonatal and child health programme in designing an effective behaviour change communication intervention to reduce childhood malnutrition. This research aimed to obtain in-depth information on children aged 0-24 months to explore the feeding and caring practices of the rural mothers during this critical period and to identify feasible approaches to improve these practices.

Geographical and socioeconomic variations in the knowledge of STIs including HIV/AIDS of Bangladeshi adolescents

M Showkat Gani, AMR Chowdhury and L Nyström

Sexually transmitted infections (STI) including acquired immunodeficiency syndrome (AIDS), are fundamental issue for human development, governed by various factors. Since the international development of trade and transportation, such infectious diseases cross the globe and infect human body easily. This study aimed to study geographical and socioeconomic variations of transmission knowledge of STIs including AIDS among Bangladeshi adolescents. Data came from a national survey, The 2005 BRAC Adolescents Survey in Bangladesh. This was a cross-sectional study based on cluster sampling procedure covered exactly 14,942 adolescents aged 10-24 years. Main findings reveal that overall knowledge of all sample adolescents was so poor (4.5%). The urban adolescents had two times higher knowledge for identifying correct ways of STIs transmission as compared with rural adolescents (prevalence ratio, PR=1.9; 95% CI=1.6-2.2). Adolescents in the age groups of 12-14 years and 15-19 years and females

without schooling, from the poorest socio-economic status (SES), living in rural areas are having the poorest knowledge of STIs transmission. Knowledge of ways of HIV/AIDS transmission (68%) was on a satisfactory level; and urban adolescents had significantly 40% more knowledge than that of rural adolescents (PR=1.4; 95% CI=1.3-1.4). Moreover the adolescents of poor knowledge of AIDS are likely to be in the 12-14 years age group and females without schooling, from the poorest SES, living in rural settings. The study concluded that the demographic and socio-economic differences seem to influence more than the urban-rural geographical differences. Targeted interventions—expanding health promotion and education programs can have a role to improve the situation.

How sustainable is the gain in food consumption of the CFPR/TUP beneficiaries?

Farhana Haseen and M Sulaiman

Despite some remarkable improvements in nutritional status in Bangladesh, malnutrition is still highly prevalent, especially among the poorest. A number of initiatives are taking place that address the food intake of the ultra poor, either directly or indirectly. Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP) has become the key programme for BRAC to help the most disadvantaged population. To provide a clear pathway of graduation to the beneficiaries after two years of intensive supports, this programme was launched in 2002 in three northern districts of Bangladesh. Three rounds of surveys were conducted before intervention (in 2002), after two years of intervention (in 2004), and two years after the termination of active intervention (in 2006) to assess whether CFPR/TUP intervention can secure a sustainable impact on food consumption of the beneficiaries. Food and calorie consumption among the beneficiaries increased significantly between 2002 and 2004 (during intervention) and the trend continued in 2006. Mean intakes of protein, fat, carbohydrate, calcium, iron, vitamin C, and retinol were higher among beneficiaries compared to non-beneficiaries both in 2004 and 2006. The quantity and quality of food intake were also improved. Beneficiary households had more diversified diet with significant amount

of animal source foods and spent more for food consumption.

Mapping of existing maternal, neonatal and child health (MNCH) care providers and facilities in Korail slum of Dhaka city

Mohammad Awlad Hossain, MK Mridha, B Alam, S Nahar and T Wahed

In Bangladesh, it is seen that both formal and informal healthcare providers play an important role in managing pregnancy-related conditions as well as illnesses of the neonates and children. This study aims to map the existing healthcare providers and facilities related to maternal, neonatal and child health (MNCH) available in Korail slum of Dhaka city. Both qualitative and quantitative methods were applied to collect data. A variety of healthcare providers and facilities including formal, informal, qualified, unqualified, public, and private were found to provide MNCH services in the slum. Unqualified and semi-qualified practitioners were found to be the primary source for managing any complications of mothers, neonates and children. Most of them appeared to provide irrational services (e.g. IV saline during pregnancy), which are harmful. The providers who have formal and semi-formal training were found to provide slightly rational management of complications. Also, some of these providers influenced the use of professional care. Lack of money, transport, distance, and behaviour of doctors/nurses were reported to be the major barriers for referral. Providers as well as community members were seen to take initiatives to overcome the referral problems by arranging money, transport, and accompanying the patients. Lack of training and instruments, superstition, and insufficient support from the organizations were found to be the main problems of the providers. An integrated initiative should be taken to ensure rationale practices in MNCH by the different types of healthcare providers in the slum.

Barriers to accessing TB care: a worldview of informal healthcare providers in rural Bangladesh

Qazi Shafayetul Islam, F Karim, MA Islam and AH Salim

This study aimed to explore healthcare providers' perception of existing barriers that patients mostly

confront in accessing to existing tuberculosis (TB) services in rural areas of Bangladesh. Open-ended structured questionnaire was used to collect data. Data were organized thematically in a matrix for interpretation. Barriers to access to care were identified in interconnected areas: 1) barriers associated with patient's personal characteristics and behaviour; 2) socio-cultural barriers, 3) economical barriers, and 4) barriers in public and private healthcare system. The barriers we found are lack of knowledge about the symptom of TB disease, stop treatment when patient feel better; and tendency to hide disease because of shame. These conditions predict non-adherence behaviour to TB care. Stigmatizing nature of TB patient influences access to healthcare. Patients postponed seeking care due to fear of finding out their TB status by providers and social rejection as a consequence. Worsening socioeconomic conditions is seen as one of the major obstacles to access to care. In healthcare system, unavailability of doctors at public facilities (government hospital) in emergency situation, misbehaviour of doctors, lack of attentiveness of staff, unskilled/traditional healers, and unavailability of diagnostic center in local areas were identified as underlying problems resulting in a decreased care-seeking. This study has elicited the perception of rural healthcare providers on the multiple barriers in rural Bangladesh that patients mostly confront in accessing to treatment services and these barriers must be taken into account in the decision of intervention to improve case findings and patients' adherence to treatment.

Role of rural private health providers in detecting and treating TB in rural community of Bangladesh

Qazi Shafayetul Islam, F Karim, MA Islam and AH Salim

This cross sectional study explored the role of rural healthcare providers in detecting and treating patients in the rural areas of Bangladesh. A total of 1,006 rural healthcare providers were interviewed using pre-tested structured and semi-structured questionnaires. Study focused mainly on basic profile of the rural providers, initiative on case detection, nature of treatment of the suspects, knowledge on DOTS, DOTS service providers, and attitude towards the implementation of DOTS. The findings

show that two-third of the rural providers (66.4%) did not have professional degree from formal or informal institution, 52.5% of the providers did not take any initiative for TB diagnosis or referring suspects to elsewhere. Majority of the providers kept them under their treatment when they suspected patients as TB cases. About 16.5% of the providers reported that they treated TB with antibiotic or cough syrup though they suspected the case might be TB. Around 72.5% of the providers did not hear community-based TB control programme DOTS and 75.0% did not know about DOTS providers locally. Majority of the village doctors reported that they were much interested to implement DOTS when they knew about DOTS objectives. We found that lack of knowledge among the rural providers about TB prevented them from playing an important role in detecting the cases. Rural health providers need to be trained in order to strengthen TB control programme.

Community laypersons' perceptions of tuberculosis: a qualitative exploration from a gender perspective

Fazlul Karim et al.

This study explored the perceptions of community laypersons (non-TB patients) on tuberculosis (TB)-related experience, its meaning and behaviour, socioeconomic and familial impact of TB from a gender perspective. Based on saturation technique, we conducted 11 focus group discussions (FGD), using a pre-tested topic guideline (women 6 and men 5), in an NGO programme area covering 6 sub-districts with 1.5 people. On average, 7 illiterate and poor discussants participated in each FGD (women 7.5 and men 6.4). The discussions were audio-taped, translated into English verbatim; word processed and analyzed using MaxQDA (qualitative data analysis software). We followed the content analysis approach for data analysis. All FGDs recognized TB as a deadly disease that could affect anyone, regardless of age and gender. The participants had general awareness of the impact of TB on personal, social, economical, familial, psychological, and mental domains, including stigma of TB. Most women and men FGDs expressed that women were more vulnerable than men to the negative impact of TB, especially with regard to ongoing and

prospective marital affairs. Though all indicated that TB could occur in many organs of human, only the women gave lay explanations about adverse consequences of organ-specific TB. Unlike men, cough up by women in public with noise culturally viewed un-etiquette, resulting in their enormous sufferings. Some participants of both sexes were sceptic about the curability of TB. Indistinguishable presentation of clinical features of TB was common in women, and they often had fewer characteristic symptoms such as blood in sputum. Biomedically defined etiological knowledge was poor in all. Women believed that stepping over sputum of TB patient and wearing torn sandal could cause TB. To relieve the symptoms, particularly most women would largely use self-help and home remedies. The findings of this study can be used in developing and implementing health education and communication materials combining all aspects of TB for both the community and service providers.

Socioeconomic and gender differences in the prevalence of pulmonary TB: findings from a cross-sectional study in rural Bangladesh

Fazlul Karim, S Islam and M Sulaiman

This population-based study collected data from 44,464 households spread over 60 rural clusters, 30 each in Monohardi and Shibpur upazilas in Narsingdi district to measure prevalence of pulmonary tuberculosis (PTB), and compare the background characteristics of the incident cases with non-cases. Two sputum samples (morning and spot) from each reported tuberculosis (TB) suspects were also collected and tested for Acid Fast Bacilli (AFB) in field labs by trained technicians. From these, 10% randomly selected samples were re-examined at the external quality assurance (EQA) laboratory for quality control. A case of PTB was defined as having at least one sputum specimen positive for AFB. The total PTB prevalence in the study area was 123.4/100,000, and this was more common in men than in women (172.8 vs. 74.0/100,000; $p=0.000$). PTB prevalence is almost identical across different asset quintiles except for the 4th quintile. The study reveals some discernible results that merit further in-depth investigations. For instance, association between increased per capita food expenditures

eligible non-beneficiaries. On the other hand, in all the dimensions non-eligible participants attained significantly higher scores compared to both beneficiaries and eligible non-beneficiaries. Elderly persons who involved in paid work, literate, men, currently married and belonged to younger age group attained significantly higher health-related quality of life scores. This positive outcome of allowance, albeit small, justifies its continuation and expansion to bring more individuals in its net.

Factors affecting *Shasthya shebika* activities and retention of MANOSHI in Korail slum, Dhaka

Sarawat Rashid, J Shin and H Nasreen

To study the factors affecting *Shasthya shebika* (SS) activities and retention of MANOSHI, a descriptive study was conducted in November and December 2007 in the Korail urban slum, Dhaka city using both quantitative and qualitative techniques. The study identified all recruited SS and their current status within the programme; assessed sources of SS motivation, job satisfaction and retention; reviewed financial, social, familial, and programmatic factors that contribute decreased levels of activity. The study included 64 initially recruited and 40 officially active SSs using programme registers and confirmed by the programme staff. Findings reveal that except membership of village organizations, majority of SS fulfilled selection criteria set by the programme. The SS and household ratio is 1:225 based on 9,020 households. Overall, 42% of the SSs were involved in non-MANOSHI jobs. Among the 40, 8 SSs were found to be inactive, 18 were moderately active, and 6 were fully active. Frequently encountered factors for inactiveness included migration, lack of financial incentives, predictable income from SS work, competition for time with other household responsibilities, and pregnancy. The motivating factors were found to be educating community, caring for pregnant women and learning of new things. The results suggest greater complexity and challenges while working with SS in urban slums as reflected with the high inactive rate. Keeping in mind in sustainability issues, the findings may help programme in making possible changes in SS selection, recruitment and retention.

Maternal and neonatal care practices in Nilphamari district

Sarawat Rashid, H Nasreen and M Akhter

A longitudinal prospective study during December 2006 to August 2007 aimed to explore existing maternal and neonatal care practices in two Upazilas of Nilphamari district. The study assessed women's perception and practices of maternal and neonatal care, and how socio-cultural factors, traditional beliefs, major illnesses and violence influence their practices as well as birth outcome and neonatal health. The study used a number of ethnographic methods including periodic follow-up of 56 pregnant women till their post-natal period, informal discussion and case studies of vital events. Women considered pregnancy and child birth as a normal phenomena, thus they did not need any modern care during the said periods. Traditional beliefs not only misinterpreted the causes of pregnancy complication but also influenced over choice of treatment. Several traditional practices such as cutting cord by "Daiyani" (traditional cord cutting women), delivering placenta in harmful ways, rest and food restrictions, conception of impurity, mother confinement resulting treatable and life threatening maternal and neonatal health problems. One maternal and two neonatal deaths were observed as a result of ante-partum abuse. The findings would help policy makers in understanding gaps and developing culture-sensitive interventions and approaches for promoting maternal and neonatal care in ways that rural people can identify with and can internalize in their own context.

Investigating factors associated with anaemia in infants at 6 months of age in Bangladesh

Yaseer Abdul Shakur, N Choudhury, SMZ Hyder and S Zlotkin

To determine the prevalence of anaemia and investigate factors contributing to haemoglobin (Hb) and anaemia (Hb < 110g/L) at six months of age in rural Bangladesh, 424 infants were followed prospectively from birth to six months of age. Data were analyzed for 402 mother-infant pairs; the prevalence of anaemia at six months of age was 71.9%. The average Hb of the infants was 102.3 g/L (SD=12.4). After controlling for confounding variables, birth

weight (positive association; $P=0.008$) and birth month (positive association; $P=0.011$) were the only variables associated with infant Hb at six months in the linear regression model. Additionally, those born to anaemic mothers ($OR=3.5$; $P=0.02$) were more likely to be anaemic. There is a high prevalence of infant anaemia, even before the assumed period of increased risk (6–24 months). Other than seasonal variation, birth weight was the most significant factor associated with Hb, while mother's anaemia and birth weight were the most significant factors associated with anaemia status. Because of the maternal influence on birth weight, our findings further emphasize the promotion of maternal health in rural areas.

Treating tuberculosis by DOTS: Socioeconomic determinants of case detection and delay in Bangladesh

Munshi Sulaiman, F Karim, QS Islam, et al.

Directly Observed Treatment Short-course (DOTS) has been the major strategy to achieve the millennium development goals set for tuberculosis (TB). Higher and faster case detection is imperative for reaching the goal of halving the incidence of this disease by 2015. Though overall cure rate is satisfactory, the rate of case detection is often mentioned as a cause of concern. This study intends to look at the determinants of active pulmonary tuberculosis (PTB) cases being detected and the factors associated with the lag time between symptom onset and detection. Using primary data, this study focuses on the socio-economic determinants of tuberculosis case detection and its speed at the rural areas of Dhaka division in Bangladesh. Results suggest that patients who are relatively older have both lower and slower detection. Similar pattern is observed among the patients who smoke. Health vibrancy, in terms of having alternative formal health providers, of the patients' locality can have positive influence on the detection. No apparent divide in gender or economic status for access to DOTS was observed though the disease is more prevalent among the poorer people. Finally, the process of programme implementation has influence on case detection.

Income determinants for Shasthya shebikas in Nilphamari: an economic perspective

Sakiba Tasneem, M Rahman and SM Ahmed

BRAC started its maternal, neonatal and child health (MNCH) initiative as a pilot programme in August 2005 in the Nilphamari district in northern Bangladesh. To meet the community needs, the MNCH programme uses rural community-based health volunteers called *Shasthya shebikas* to deliver essential health services across the villages. Even though the *shebikas* work on a voluntary basis, they are able to earn some income the major portion of which comes from the sale of essential health commodities and medicines and through other health-related activities. This study aimed to explore the factors that may influence their income due to the changes introduced under the MNCH programme including recruitment of new *shebikas* and redefining their responsibilities. It also attempted to explore the environment in which *shebikas* can perform the best and find out the determinants of their income. The study was conducted on a randomly drawn sample of 764 *shebikas* working in Nilphamari. Findings reveal that the membership of the village organizations, family support, training received from outside BRAC, health infrastructure in the locality, perceived financial status, length of service as *shebika*, awareness of brand competition were among the important factors that affected their income as a *Shasthya shebika* in Nilphamari. The implications of these for the programme are discussed followed by some recommendations.

F. STUDIES ON SOCIAL DEVELOPMENT

Change in knowledge, perception, and attitudes of the villagers towards gender roles and gender relations: an evaluation of gender quality action learning programme

Md. Abdul Alim

This paper looks into the changing status of the villagers' knowledge, perception and attitude towards gender roles and gender relations over time. Data were collected from eastern part of Bangladesh

through survey and in-depth interview. Using Lickert scale, attitude of the respondents was measured. Findings show that knowledge on discrimination, empowerment, violence against women, and marital issues increased remarkably, and attitude on those issues including general perception towards male and female changed positively. But perception of them did not change as much as it was expected. Traditional norms, values and culture were still recognized as barriers by the respondents to bring on gender equality.

NGO-shalish and justice-seeking behaviour in rural Bangladesh

Md. Abdul Alim and TO Ali

This paper looks into the justice-seeking behaviour of people in different formal and informal institutions. It also explores the reasons behind this justice-seeking behaviour. Considering the legal aid programme of BRAC as a benchmark, the study has analyzed the advantages and disadvantages of all the justice providing institutions. The study has found that the type of justice provided by the institutions and people's access to these and different socio-political factors motivate the justice seeker to change their routes of those institutions to get justice. The traditional justice institutions compared to others can mitigate the needs of the villagers if it is supervised and monitored by NGO i.e., the legal aid programme together with village elites.

Role of BRAC on the performance of women members of union parishad

Md. Abdul Alim

This study has explored the role of BRAC in election process of women members and their performance in union parishad. BRAC-affiliated and non-BRAC women members were compared. Findings show that BRAC contributed much for the women members to win in election by developing leadership and building confidence in them. The use of BRAC's network was also one of the important factors for their success in election. On the other hand, non-BRAC members used other strategies such as finance and strong kinship network to win the election. The women members faced some common challenges in discharging their responsibilities. The findings

focused that the BRAC-affiliated members raises voices against those challenges.

Understanding alternative dispute resolution for rural women in Bangladesh: some illustrations from BRAC's HRLS programme

Debasish Kumar Kundu, A Khan and M Samadder

During the last decade, alternative dispute resolution (ADR) has gained huge popularity in rural development arena as an informal justice institution in Bangladesh. BRAC's HRLS (Human Rights and Legal Service) programme has contributed in the domain of ADR in Bangladesh significantly. This study has explored the contribution of the ADR of HRLS programme on poor rural women to achieve social justice with a view to ensure the involvement of the programme more effectively. The aim of this study was to strengthen the programme and enlighten this system with empowerment, right and capability approach. The study reveals opportunities and constraints of ADR of BRAC HRLS. At the same time, it has shown how ADR has provided the functional alternative of traditional Shalish to the rural poor women. The study considered BRAC-ADR as an effective practice to empowerment of poor women in bringing social justice.

Transformation of tea labourers of Bangladesh: the case of Painka tea labourers – the followers of Kabir (In Bangla)

Iftexhar Mahmud and Shahaduz Zaman. 2007 August, 109p. (Research monograph series 33)

The study aimed to explore the historical and socio-economic changes of tea garden labour force and its origin. Due to several constraints, not all of the native (indigenous) people involved in tea industry were included. The study concentrated only on *Painkas*. The study area was Sreemangal and Kulaura *upazilas* of Moulvi Bazar district. Participant observation, in-depth interview and content analysis were used as research tools. Tea estates of the then East Bengal came directly under the control of *Punjabis* after the historic partition of India and when Bangladesh came into being, for the first time, replacing *Punjabis* a new class of Bengali garden owners entered the

scene and had the opportunity to own and manage the gardens. These transformations of state power bear hardly any significance to the development of socioeconomic conditions of these entire populations working as tea labourers. They have gone through so many happenings. However, the state and its dominant institutions always ignored those changes, at the same time never took any initiatives to their well-being. Internal social conflicts and the surrounded other marginal people, their cultures intruded into their own customs and influenced to some extent to make these changes happen especially upon the *Painkas*. Historical evidence shows that the *Painkas* at certain period got oriented themselves to *Kabir* and converted themselves into *Kabir* religion. They devised their own social systems and religious traditions contrary to Vedic guidance. Young and modern *Painkas* are trying to establish new power centre transcending the age-old *gram panchayet* systems. But, these new structures are accommodating what has been changed so far without ignoring existing social, religious and cultural values. This study tried to demonstrate the transformations that a particular tribe experienced through their own historical path.

Heavy vehicle drivers in Bangladesh: an ethnography

Mohammed Rafi, MA Alim and BA Siddique

This study aimed to investigate the life style of the heavy vehicle drivers. Data were collected from 416 respondents driving heavy and light trucks, bus, and minibus from 12 districts. The driving of 111 respondents was observed to see their driving standard. Information was collected on how they came into the profession, and on their professional, personal, and family lives. About 60% of the respondents received driving license by bribing the authority. The respondents knew 42% of the basic traffic rules that they were expected to know, while they followed 41% of all the rules while driving. Their occupational life was regulated by the driver's union. About 40% of the drivers gambled, 61% were addicted to alcohol, and 35% visited sex workers. In most cases they were the only out-of-home earning members in their families. Most of their families were satisfied with their living standard. They could not save enough to buy assets like land. The

respondents' families were affected by their frequent and lengthy absence from home. But they had full supervision on their families through cellular phone. In most cases their children started schooling late. The respondents believed that they had low social status. Almost all of them preferred their children not to get into driving profession. Several measures to improve their professional and socioeconomic lives were proposed.

Pilot test of training evaluation in Sreemangal, Gazipur and Dhaka, Bangladesh

Paul G Ventura, DK Kundu, K Hyder, M Rahman, A Hossain and M Rafi

The study aimed to evaluate the human communication training of BRAC using success case method. The purpose of this method was to identify the best examples of how training impacts job-level performance, as well as factors that support or hinder that performance; those factors could be from the context of training (all course-related elements) or the context of performance (all elements in the workplace). The study suggests that virtually all of the course participants found the human communication course useful and are carrying out many of the critical actions which use their knowledge and skills. It was more difficult to ascertain the tangible results of those actions. About one-third of the participants were able to describe concrete and worthwhile results deriving from the application of their training; these participants were classified as having a high impact of training. Another one-third was able to provide examples of results in some cases but not others; these were categorized as mixed impact (high). About one-fourth of the participants interviewed were unable to describe concrete results for many of the actions they have performed while using their learning – the mixed impact (low) group. Finally, only one of the participants was unable to offer tangible results for most of the critical actions taken (i.e. low impact of training). The fact that 96% of the participants could provide at least a few examples of worthwhile results does suggest that the training in human communication has provided real value to BRAC.

glossary and abbreviations

AIDS	Acquired Immunodeficiency Syndrome	DGHS	Director General of Health Services
ADR	Alternative Dispute Resolution	DOTS	Directly Observed Treatment Short Course
ANC	Ante-natal Care		
AO	Area Office	ECD	Early Childhood Development
APON	Adolescent Peer Organized Network	EHC	Essential Healthcare
		ELA	Employment and Livelihood for Adolescents
BBS	Bangladesh Bureau of Statistics	EmOC	Emergency Obstetric Care
BCDM	BRAC Centre for Development Management	ERG	Economic Research Group
BCC	Behaviour Change Communication	FGD	Focus Group Discussion
BDP	BRAC Development Programme		
BEOC	Basic Education for Older Children	GFATM	Global Fund to Fight AIDS, TB and Malaria
BEP	BRAC Education Programme	GO	Government
BHC	BRAC Health Centre	GoB	Government of Bangladesh
BHEW	Bangladesh Health Equity Watch	GQAL	Gender Quality Action Learning
BIDS	Bangladesh Institute of Development Studies	GSC	Gram Shahayak Committee
BU	BRAC University		
		Hb	Haemoglobin
CAMPE	Campaign for Popular Education	HCP	Healthcare Providers
CDM	Centre for Development Management	HIV	Human Immunodeficiency Virus
CFPR/TUP	Challenging the Frontiers of Poverty Reduction – Targeting the Ultra Poor	HNPP	Health, Nutrition and Population Programme
CHT	Chittagong Hill Tracts	HRLS	Human Rights and Legal Services
CHW	Community Health Worker	HRLE	Human Rights and Legal Education
CIDA	Canadian International Development Agency		
CNC	Community Nutrition Centres	IAS	Impact Assessment Study
CNP	Community Nutrition Promoters	ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
CSW	Commercial Sex Workers	IDA	Iron Deficiency Anaemia
		IDRC	International Development Research Centre, Canada
DANIDA	Danish International Development Agency	IFA	Iron Folic Acid
DFID	Department for International Development	IGVGD	Income Generation for Vulnerable Group Development

GLOSSARY AND ABBREVIATIONS

INDEPTH	International Network of field sites for continuous Demographic Evaluation of Populations and Their Health in developing countries	QoL	Quality of Care
IPSU	Institute of Policy Support Unit (Government of Bangladesh)	RED	Research and Evaluation Division
IUCN	The World Conservation Union	RHC	Reproductive Healthcare
IYCF	Infant and Young Child Feeding	SIDA	Swedish International Development Agency
JICA	Japan International Cooperation Agency	SME	Small and Medium Enterprises
KAP	Knowledge, attitude and practice	SK	Shasthya Karmi (Health Worker)
LBW	Low Birth Weight	SS	Shasthya Shebika (Female Village Health Volunteer)
Madrasa	Islamic religious school/college/ university	STI	Sexually Transmitted Infections
MANOSHI	The Bangla abbreviation of Ma, Nabojatak o Shishu which stands for the Mother, Neonate, and Child Health (MNCH) Programme of BRAC	SUP	Selected Ultra Poor
MBBS	Bachelor of Medicine and Bachelor of Surgery	TARC	Training and Resource Centre (BRAC)
MDG	Millennium Development Goal	TB	Tuberculosis
MFI	Microfinance Institutions	TBA	Traditional Birth Attendant
MNCH	Maternal, Neonatal and Child Health	TT	Tetanus Toxoid
MoEF	Ministry of Environment and Forest, GoB	ToT	Training of Trainers
MOHFW	Ministry of Health and Family Welfare, GoB	TUP	Targeting the Ultra Poor
MUAC	Mid-upper Arm Circumference	UHC	Upazila Health Complex
MWM	Medical Waste Management	UN	United Nations
NCD	Non-communicable Disease	UNDP	United Nations Development Programme
NFPE	Non-formal Primary Education	UNESCO	United Nations Education, Scientific and Cultural Organization
NGO	Non-governmental Organization	UNFPA	United Nations Population Fund
NMR	Neonatal Mortality Rate	UNICEF	United Nations Children's Fund
NNP	National Nutrition Programme	UP	Union Parishad – the lowest level local government body
NORAD	The Norwegian Agency for Development Cooperation	Upazila	Sub-district – the lowest administrative unit of the government
NOVIB	The Netherlands Organization for International Development Cooperation	USAID	United States Agency for International Development
NSUP	Non Selected Ultra Poor	VAC	Vitamin A Capsule
PHC	Primary Healthcare	VGd	Vulnerable Group Development
PO	Programme Organizer	VGf	Vulnerable Group Feeding
PRA	Participatory Rural Appraisal	VO	Village Organization
		WASH	Water, Sanitation and Hygiene programme of BRAC
		WB	World Bank
		WFP	World Food Programme
		WHO	World Health Organization
		WHDP	Women Health and Development Programme of BRAC

SELECTED RESEARCH PUBLICATIONS OF BRAC

Exclusion and poverty: an analytical approach for understanding exclusion and assessing programmes targeting the very poor in Bangladesh

Sajjad Zohir, Mehnaz Rabbani, Biva Arani Mallik, Iftekharul Huq and Raisa Afsana. 2008, Dhaka: BRAC, iv, 39p.

Cost-benefit analysis of CFPR

Sanjay Sinha, Jyoti Gidwani and Narayan Chandra Das. 2008, Dhaka: BRAC, iv, 55p.

Safe motherhood promotion project in Narsingdi district: baseline survey 2006

Hashima-e-Nasreen, Nuzhat Imam, Rumana Akter and Syed Masud Ahmed. 2006, Dhaka: BRAC, xiv, 98p.

Small ethnic groups of Bangladesh: a mapping exercise

Mohammad Rafi. 2006, Dhaka: Panjeree Publications Ltd., xiii, 56p (includes a database on compact disk).

Nirjash

2007, Dhaka: BRAC, Vol. 17. 90p. (BRAC's research compendium series in Bangla)

Can we get along? An account of communal relationship in Bangladesh

Mohammad Rafi. 2005, Dhaka: Panjeree Publications Ltd., xx, 276p.

Quality with equity: the primary education agenda

Manzoor Ahmed. et al. 2005, Dhaka: Campaign for Popular Education, 203p.

School management: learning from successful schools in Bangladesh

2004, Dhaka: National Academy for Educational Management (NAEM) & BRAC, 83p.

Towards a profile of the ultra poor in Bangladesh: Findings from CFPR/TUP baseline survey

2004, Dhaka and Ottawa: BRAC and Aga Khan Foundation Canada, 190p.

Literacy in Bangladesh: need for a new vision

Manzoor Ahmed, Samir R Nath and Kazi Saleh Ahmed. 2003, Dhaka: Campaign for Popular Education, 142p.

Renewed hope, daunting challenges: state of primary education in Bangladesh

AMR Chowdhury, SR Nath, Rasheda K Choudhury, and Manzoor Ahmed. 2002, Dhaka: Campaign for Popular Education and University Press Ltd., 162p.

A question of quality: state of primary education in Bangladesh (volume I)

AMR Chowdhury, Rasheda K Choudhury, SR Nath, Manzoor Ahmed and Mahmudul Alam (Editors). 2001, Dhaka: Campaign for Popular Education and University Press Ltd., 114p.

A question of quality: state of primary education in Bangladesh (volume II)

SR Nath, AMR Chowdhury (Editors). 2001, Dhaka: Campaign for Popular Education and University Press Ltd., 262p.

A question of quality: state of primary education in Bangladesh (volume III)

Mahmudul Alam and Muhammad Nazmul Haq. 2001, Dhaka: Campaign for Popular Education and University Press Ltd., 68p.

Counting the hills: assessing development in Chittagong hill tracts

Mohammad Rafi and AMR Chowdhury (Editors). 2001, Dhaka: University Press Limited, 261p.

The 'near miracle' revisited: social science perspectives of the immunization programme in Bangladesh

AMR Chowdhury, KMA Aziz and Abbas Bhuiya (Editors). 1999, Amsterdam: Het Spinhuis Publishers, 138p.

Hope not complacency: state of primary education in Bangladesh

AMR Chowdhury, Rasheda K Choudhury and SR Nath (Editors). 1999, Dhaka: Campaign for Popular Education and University Press Ltd., 152p.

Poverty alleviation and empowerment: the second impact assessment study of BRAC's rural development programme

AM Muazzam Husain (Editor). 1998, Dhaka: BRAC, 293p.

Getting started: universalising quality primary education in Bangladesh

AK Jalaluddin and AMR Chowdhury (Editors). 1997, Dhaka: University Press Limited, 683p.

A simple solution: teaching millions to treat diarrhoea at home

AMR Chowdhury and Richard A Cash. 1996, Dhaka: University Press Limited, 149p. BRAC



BRAC, BRAC Centre, 75 Mohakhali, Dhaka 1212, Bangladesh
Telephone: 88-02-9881265, 8824180-87
Fax: 88-02-8823542, 8823614, Email: research@brac.net
Website: www.brac.net/research