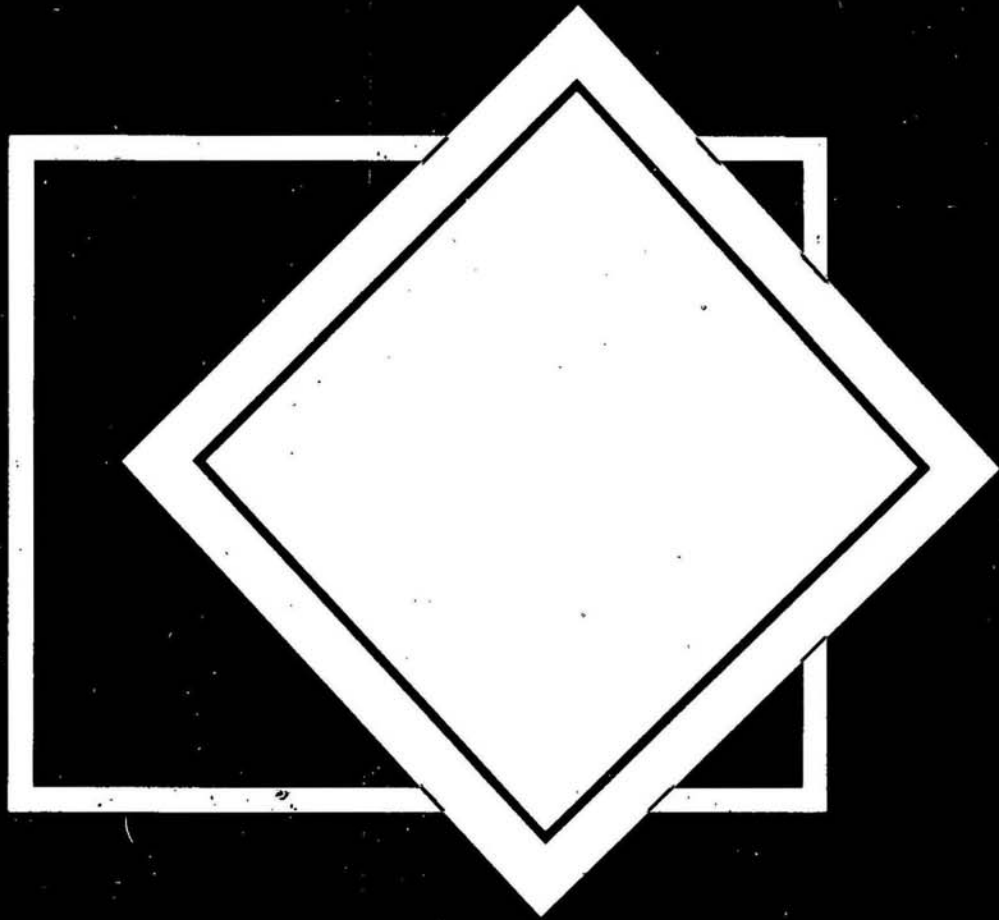


# THE RESEARCH AND EVALUATION DIVISION

ANNUAL REPORT 1994



**THE  
RESEARCH AND EVALUATION DIVISION**

**ANNUAL REPORT 1994**

**March 1995**

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

## TABLE OF CONTENTS

INTRODUCING BRAC .....	v
ACKNOWLEDGMENT .....	vi
INTRODUCTION .....	1
GROWTH OF RED .....	1
TYPES OF RESEARCH .....	2
RESEARCH AGENDA AND THEMES .....	2
CAPACITY BUILDING AT RED .....	2
Recruitment .....	2
Training .....	3
BRAC research impact project .....	3
A project to strengthen RED.....	4
A capacity development plan .....	4
Quality improvement .....	4
HIGHLIGHTS OF 1994 ACTIVITIES .....	4
Research output .....	4
Studies completed in 1994 .....	5
Ongoing research projects .....	5
Collaborative research .....	5
Study on government programme .....	5
Social science and immunization : a multi-country project .....	5
Wider use of RRA/PRA techniques .....	6
Village study project .....	6
Gender research .....	6
Watch project .....	7
NGO MIS project .....	7
Consultation with expert groups .....	7
MAJOR STUDY PROJECTS .....	8
RDP impact assessment study .....	8
BRAC-ICDDR,B joint research project at Matlab .....	9
BRAC-LSHTM joint study on maternal morbidity .....	10
BRAC-IDPM joint study on impact training .....	10
Standardized achievement tests .....	10

USE OF RESEARCH FINDINGS .....	11
INSTITUTIONAL COLLABORATION .....	11
DISSEMINATION OF RESEARCH .....	13
ACCLAMATION OF BRAC RESEARCH .....	13
PUBLICATIONS IN JOURNALS AND BOOKS .....	14
PARTICIPATION IN EXTERNAL SEMINARS .....	14
RED SEMINARS AND JOURNAL CLUBS .....	14
LIBRARY .....	14
ANNEXURES .....	16
1. Capacity development at RED .....	16
2. Publications in journals, books, periodicals, and newspaper.....	19
3. Participation of RED researcher in national/ international seminars and workshops.....	22
4. RED seminars in 1994.....	28
5. NGO MIS project policy formulation workshop-major decisions .....	32
6. Research studies completed in 1994 and unpublished papers .....	33
7. Ongoing research studies - 1994.....	40
8. Abstracts of studies completed in 1994.....	46
9. Current programmes of BRAC.....	84
10. BRAC programmes at a glance.....	85



## INTRODUCING BRAC

*BRAC, a private development organisation, initially called as Bangladesh Rehabilitation Assistance Committee (BRAC), started its activities in the Sulla area of Sylhet in February 1972 with a relief and rehabilitation project for the refugees of the Liberation War. After nine months of relief work, BRAC realized that for overall sustainable development, a long term concerted effort was necessary wherein the capacity of the rural people had to be developed enabling them to mobilize, manage, own and control local and external resources themselves. By 1973 BRAC, renamed as Bangladesh Rural Advancement Committee, put into effect a multisectoral village development programme in Sulla and soon evolved into a multifaceted development agency with its activities spread across the country. From mid-1994, the management decided to withdraw the abbreviation and rename BRAC as it reads.*

*BRAC utilizes a target people approach with its main focus on the landless poor who sell their manual labour for survival and own no more than 0.50 acres of land. Also other groups of people of comparable socio-economic conditions are included such as fishermen, artisans, manual transport workers. BRAC attach high priority to involve women and other disadvantaged groups falling in this category in the cycle of development activities.*

*The twin objectives of BRAC are poverty alleviation and empowerment, resulting from its assessment that poverty is the outcome of powerlessness. Therefore, its intervention is geared to support the rural poor by assisting them to develop their own institutions through which local leadership and organizational skills are developed to ensure a functioning group.*

*BRAC regards itself as a learning organization, constantly redefining its development strategies on the basis of learning and experience. Therefore, in response to the changes in the surrounding environment and dimensions of rural poverty, BRAC continuously finetunes, innovates or introduces programmes seeking a more effective and sustainable development effort to meet the changing needs of its targeted poor.*

## ACKNOWLEDGMENT

RED is supported by BRAC's donors and other organisations in carrying out its activities. The donors include ODA, NOVIB, AKF/CIDA, DANIDA, EZE, Ford Foundation, NORAD, USAID, SDC, SIDA, UNICEF, Australian Embassy, the Netherlands government, UNFPA, MPT (Japan), and KFW (Germany). The Government of Bangladesh has also extended financial support in certain BRAC projects.

In 1994, a large number of national and international scholars provided expert consultation on RED activities. Prof. David Brown, University of Reading, facilitated a training on monitoring at BRAC. Dr. Mick Howes of IDS, Sussex, facilitated a training workshop on RRA/PRA. Dr. Tim Evans and Dr. Alayne Adams of Harvard University helped in developing methodologies for certain research relating to the joint BRAC-ICDDR,B study at Matlab. Dr. Richard Montgomery and Dr. Angelika Brustino of CDS, Swansea, Dr. Martin Greeley from the IDS, Sussex, and Prof. Wahiduddin Mahmud from the University of Dhaka provided consultation on the Impact Assessment Study of BRAC's RDP. Dr. David Hulme and Dr. Uma Kothari from the IDPM, University of Manchester, assisted in developing a research design on assessing the impact of training. Dr. Munirul Islam Khan of the Department of Sociology and Mr. Nazmul Haque of the IER, University of Dhaka, provided consultation on VSP and NFPE related studies, respectively.

Ms. Simeen Mahmud of BIDS, Dhaka provided consultation on gender research. Prof. Md. Anisuzzaman produced a consultation report on the need and scope of publishing a BRAC Journal. The Population Council, particularly Dr. Kim Streatfield provided valuable services by hosting two workshops on the BRAC-ICDDR,B Joint Study Project. The Helen Keller International has been providing support for nutritional surveillance.

Prof. Lincoln Chen of Harvard University, Prof. J.P. Habicht of Cornell University and Prof. John Cleland of LSHTM, London, organised meetings/seminars for visiting researchers from BRAC and ICDDR,B on the research framework.

The Jamuna Multipurpose Bridge Authority, Government of Bangladesh provided assistance in conducting two surveys on the project affected persons.

RED received wide support and cooperation from all organs of BRAC, particularly, RDP, NFPE, HPP, Monitoring, and Computer Centre.

RED obtained useful comments and suggestions from reviewers which helped in improving the quality of research. Thanks for the time and cooperation given by the respondents and participants all over Bangladesh without which RED could not accomplish its studies.

RED remains grateful to all of them.

## I. INTRODUCTION

Research and evaluation is an important activity in BRAC. Research has been an integral part of planning, strategy formulation, monitoring, and evaluation of BRAC's development interventions. The Research and Evaluation Division (RED), an independent unit within BRAC, was set up in 1975. The primary responsibility of RED is to provide necessary research support to BRAC programmes. Besides, RED undertakes research on request from other organisations -- NGOs, government and international development organisations. Studies are also carried out jointly with established research institutions within and outside the country.

## II. GROWTH OF RED

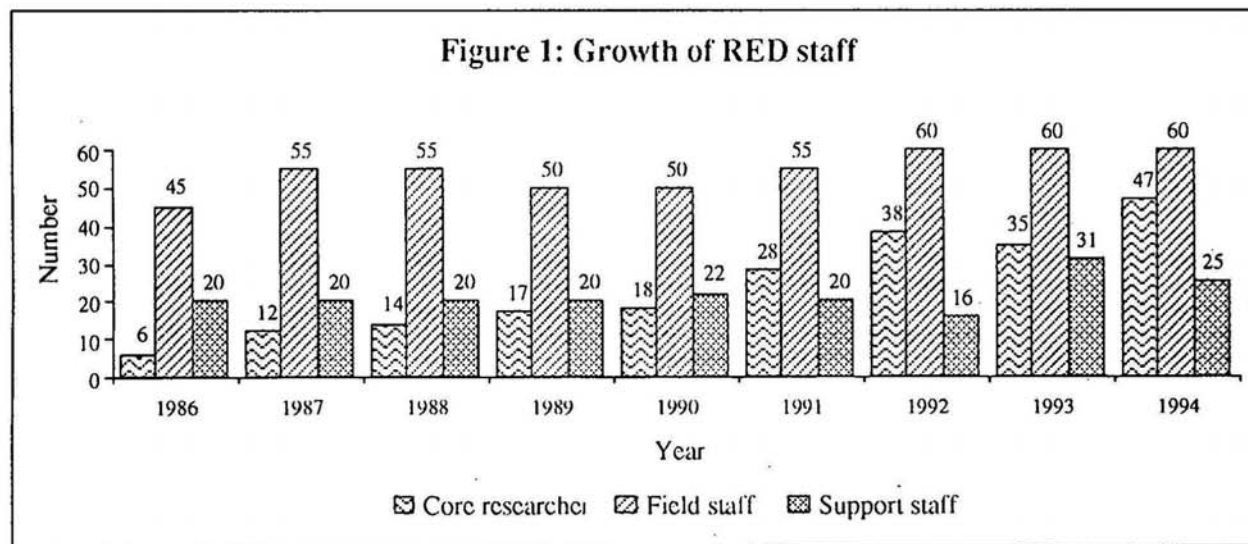
RED has been continuously growing keeping pace with the scaling up of BRAC. Starting in 1975 with only one statistician, RED has evolved into a full-fledged professional body in the field of social science research in Bangladesh.

The total staff strength rose to 135 in December 1994 from 126 in the previous

year. Forty seven percent of them are female. The Division presently comprises a team of 47 core researchers compared to 35 at the end of 1993. Seven of the researchers are with Ph.Ds and 18 with master's degrees from various universities abroad. The core researchers are drawn from various disciplines such as economics, sociology, anthropology, epidemiology, statistics, demography, public administration, geography, nutrition, public health and medical sciences. Besides the core researchers, there are 63 staff in the field and 25 support service staff. Figure 1 shows the growth of research and other categories of staff since 1986.

## III. FINANCING OF RED

RED is an organ of BRAC and it receives fund from BRAC to meet its financial requirement. RED also mobilises fund from external sources through contract research, consultative services, and direct grant from external agencies for specific projects. In 1994, the total expenditure incurred for accomplishing all RED activities was over Tk. 20 million. The proportion of BRAC's fund and external resources is 72:28.



#### **IV. TYPES OF RESEARCH**

RED conducts a wide range of research which includes surveys, action research, diagnostic studies, policy research, impact assessment and evaluation studies. There are both ad hoc and longitudinal studies. Traditionally RED studies have concentrated on 'process' aspects of the developmental programmes, but in recent times increasing attention is being paid to study the 'impact'.

RED has been maintaining 12 field stations in different parts the country. Huge quantity of longitudinal data are collected through these field stations. The longitudinal data are used to observe the changes that are taking place over time in the socio-economic aspects of rural life.

#### **V. RESEARCH AGENDA AND THEMES**

The research agenda of RED are primarily determined in consultation with the management of different BRAC programmes. Research issues are often suggested by BRAC management and donors. Individual researchers are also encouraged to identify research issues.

The agenda cover a wide range of issues and themes, largely relevant to BRAC programmes. The themes include: rural development, poverty alleviation, employment and income generation of the rural poor, health, population control, nutrition, education, training and human resource development, empowerment of the poor, etc. Special efforts are currently being made to strengthen research on gender and initiate studies on environmental issues in relation to development.

The 1994 research activities could be broadly categorised into six main themes:

- i. Population, health and nutrition;
- ii. Impact of socio-economic development on health and women's lives;
- iii. Education and training;
- iv. Rural development and environment;
- v. National health and development surveillance; and
- vi. NGO research capacity building.

Some examples of specific studies undertaken on each of the themes are presented in Table 1.

#### **VI. CAPACITY BUILDING AT RED**

RED is facing two major challenges in achieving its mandate. On the one hand, there is an increasing demand for research studies to meet the rising needs of BRAC programmes. On the other hand, there is a concern for enhancing the quality of its research. Several strategies were adopted in 1994 to meet the challenges which include hiring more research staff, developing the capability of researchers through training, joint studies with external experts, and a series of expert group consultations on various aspects of research.

##### **Recruitment**

To meet the growing needs, 12 core researchers and three management staff were recruited during 1994. One consultant to RED joined in August 1994 and the chief of editing and publication joined in early January 1995. They would particularly look after the dissemination of research and publication of a professional journal. Particulars of the newly recruited staff and those promoted during the year are provided in Annexure 1.

**Table 1. RED research themes during 1994**

<b>Themes</b>	<b>Examples of Related Research</b>
Population, health and nutrition	Impact of Health Programmes on Maternal Morbidity Evaluation of Family Planning and TB Control Programmes Nutritional Surveillance Project
Impact of socio-economic development on health and women's lives	Joint BRAC-ICDDR,B Study Project in Matlab
Education and training	Assessment of Basic Competencies Studies on BRAC's NFPE Impact Assessment of Training
Rural development and environment	Impact Assessment Study of RDP Village Study Project Impact of Poultry Sector Programme Environmental Impact Assessment of Oxbow Lake Fisheries Project
Health and development surveillance	Watch Report Series
NGO research capacity building	NGO MIS Capacity Building Project

## **Training**

RED arranged a variety of training for its researchers in 1994, both at home and abroad. Eight of the core researchers pursued studies in different universities abroad. Six of them returned home on completion (Annexure 1).

At home, a three-day orientation course was arranged at TARC, Savar for the newly recruited staff. Familiarisation with RRA/PRA techniques continued to be an important area for capacity development. Four researchers took part in a RRA/PRA TOT course facilitated by one expert from the Institute of Development Studies, Sussex and one PRA trainer from India. Five RED staff attended courses at the British Council, Dhaka to develop their English language skills.

## **BRAC Research Impact Project**

The BRAC Research Impact Project (BRIP), a three-and-a-half-year project supported by the ODA, UK, was taken up in 1993 to strengthen RED's capacity in socio-economic research. The core BRIP activities include specialised training of BRAC's research and monitoring staff in UK and Bangladesh, developing skills in rapid research, and conducting three studies jointly with external experts. During 1994, four BRAC researchers attended courses in different UK universities as part of BRIP. Another 20 BRAC staff participated in training on development management/monitoring facilitated by one expert from the University of Reading. A study on BRAC's paralegal training was also initiated jointly with the University of Manchester.



## **A Project to Strengthen RED**

A three-year project supported by the Ford Foundation helped RED to further develop its research capacity. Initiated in 1993 the project comprises four major components: (a) BRAC-ICDDR,B Joint Study in Matlab, (b) NGO MIS capacity building, (c) ENHR newsletter, and (d) research internship. Activities on all the four components were carried on as per work plan.

## **A Capacity Development Plan**

A comprehensive plan was formulated for further development of RED's capacity during 1995-2000. The plan seeks to develop human resources and research management capability within the division to meet the emerging needs. The activities include higher training in selective disciplines, both at Ph.D and Master's level, a number of short courses, and strategies to strengthen management and dissemination of research.

## **Quality Improvement**

With the rise in research outputs, RED has currently become more concerned about the quality of its research. RED initiated a major review of its present status during 1994. Several steps were taken to improve the quality of research as well as to strengthen RED. The steps are:

- Formation of study groups within RED.
- Recruitment of bright students as young researchers.
- Recruitment of experienced and academically well-trained mid-level staff.
- Sending staff abroad for training.
- Peer review of reports and review by local experts.

- Appointment of a consultant and a chief editor for improvement of the production process.
- Getting expatriate experts on specific missions.
- Joint studies with external experts.
- New management structure.
- Computer reference system.
- Inter-library loan system.

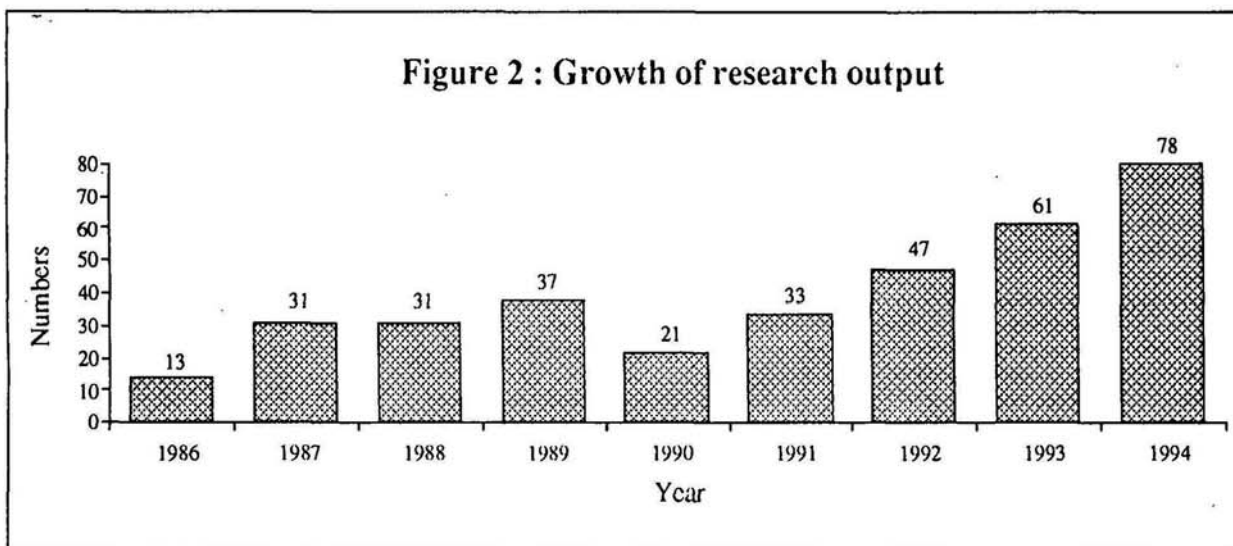
A more comprehensive review is needed to identify the constraints and initiate measures for further improvement.

## **VII. HIGHLIGHTS OF 1994 ACTIVITIES**

RED moved ahead with its ongoing and new projects in 1994 and achieved significant progress. The research output was higher and the research collaboration widened further. Some new activities were added which included a project aiming at capacity development of some small NGOs in MIS and monitoring. A good number of consultations with expert groups were arranged on specific research issues and studies. A brief sketch of the salient activities is presented here.

### **Research Output**

The highest number of research reports produced in a year was recorded in 1994. Figure 2 provides the annual growth of research output in the last nine years. A good number of research articles/papers produced by the researchers were published in professional journals or as chapter in books (Annexure 2). Most of the studies were on BRAC's development interventions. The studies covered an array of issues, such as employment and income generation, credit and savings, non-formal primary education, women and development, health, sanitation, nutrition, etc.



### **Studies Completed in 1994**

In 1994, RED completed 78 research reports and papers. The titles are provided in Annexure 6 and the abstracts in Annexure 8.

### **Ongoing Research Projects**

Seventy three ongoing research projects are being carried on. Annexure 7 provides the titles of these studies.

### **Collaborative Research**

Since its inception RED has conducted many studies in collaboration with renowned research institutions both within and outside Bangladesh. A list of collaborative institutions and studies is presented in section X.

### **Study on Government Programme**

On the request of the Jamuna Multipurpose Bridge Authority (JMBA), a government agency, RED conducted a large-scale socio-economic survey in 1992 on the residual lands and project affected persons (PAPs) of the JMBA. The second survey on the project, covering an additional 1,300 affected

households, was carried out in November 1993 and the report was submitted in July 1994. The information generated through these surveys were used for preparation of a resettlement action plan for rehabilitation of the affected persons.

### **Social Science and Immunization: A Multi-country Project**

BRAC is participating in a transnational study to enhance the sustainability and coverage of immunisation programmes in the South and the North. The major focus of the study is on four vital components: global programming and technology development; social demand in relation to coverage, quality and sustenance; the role of immunizing state, and enclaved low-coverage populations; and the ethics of research. The study is designed to be carried out in the USA, the Netherlands, India, Thailand, the Philippines, and Bangladesh. For Bangladesh part, a team has been formed with scientists from BRAC and ICDDR,B. Dr. AMR Chowdhury, a principal investigator (BRAC), presented a country paper entitled "A note on the immunization programme in Bangladesh and its sustainability" in a planning workshop held

in Amsterdam in April 1993. Subsequently, the Bangladesh team organised a planning meeting at BRAC on 28 November 1994 which was also participated by Dr. Peter Striefland, one of the global coordinators of the project. The Bangladesh study will focus on the sustainability of EPI programme. The study is expected to continue till 2000 AD.

### Wider Use of RRA/PRA Techniques

RED continued its efforts in building capacities in RRA/PRA technique as a qualitative tool of research. Over 20 BRAC staff, mostly researchers, got specialised training in this technique. On request of the National Minor Irrigation Development Project (NMIDP), RED conducted a 10-day PRA training course for the irrigation group organisers of NMIDP. The training was held at Barisal in December 1994. The PRA/RRA techniques were also used in two BRAC projects - RDP impact assessment study, and baseline survey for introducing RDP in a new area. These techniques were used for the first time by BRAC for identification and location of target group households for setting up a new RDP Area. A team of RED researchers and RDP field staff jointly conducted the survey which covered some 25,000 households in 72 villages in the Sadar thana of Lalmonirhat district.

### Village Study Project

The Village Study Project (VSP) was initiated in 1990 primarily to analyse the changes taking place in socio-economic situation of rural life in the study area. The VSP followed a new approach and also experimented with some new methodologies. The outcome of this experimental project has been modest. In 1994, a report was brought out which looked at how the people of a particular village make strategic decisions under different situations

in their lives, and how their relationships with the village elites and neighbours are affected due to external interventions, such as BRAC's programmes.

A major review of the VSP, held in 1994, concluded that the vast body of longitudinal data which were collected during 1991-1994 should be analysed before collection of further data. This will provide an idea about the changes which have occurred in some selected indicators of the village situation over the last four years. The results of the analyses would help draw conclusions about the usefulness of the study project.

### Gender Research

In 1994, a series of five seminars entitled "Incorporating gender in development research: some methodological issues", were held with resource persons from various Bangladeshi institutions to share their experiences with RED on developing conceptual frameworks and designing research programme on gender issues. The papers presented in the seminars were based on research experience in rural Bangladesh.

### RED seminar series on gender and development

<i>Date</i>	<i>Resource persons</i>
<i>2 June</i>	<i>Gul Rukh Selim, RED</i>
<i>9 June</i>	<i>Farida Akhter, UBINIG</i>
<i>16 June</i>	<i>Simeen Mahmud, BIDS</i>
<i>23 June</i>	<i>Mahmuda Islam, Women for Women</i>
<i>28 June</i>	<i>Sajeda Amin, Population Council</i>

A more broad-based workshop has been planned for early 1995 in collaboration with



Harvard Institute for International Development.

### **Watch Project**

There exists an acute shortage of reliable information indicating the trends in different development indicators in Bangladesh. To regularly collect and publish such information, RED has been operating a demographic and health surveillance system in several areas of Manikganj and Joypurhat districts since 1986. In early 1994, RED started a new report series entitled *Watch Report* indicating the trends in mortality, fertility, education, immunization, etc., in the two study areas. Plans are currently underway to increase the geographic coverage and the indicators. New indicators will include poverty, credit, child labour and family planning. The *Watch Reports* are planned to be published regularly.

Since March 1994, about 15 *Watch Reports* were published. Of these, eight were distributed to some 100 selected researchers, universities, development managers, donors, and government officials in Bangladesh and abroad for comments. Some of them came up with prompt responses, and provided useful suggestions on issues such as selection of topic, style of presentation, length of reports, etc., to further improve the quality of the report. Most of the reviewers suggested to include socio-economic development indicators in the report and publish it on a regular basis.

### **NGO MIS Project**

The NGO MIS Project was initiated in 1993 to extend technical assistance to some local NGOs who were interested in developing their capacity in programme monitoring, evaluation and management information

system (MIS). The project started with two NGOs namely, Friends in Village Development, Bangladesh (FIVDB) and Bangladesh Women's Health Coalition (BWHC). In 1994, six more NGOs joined the project. These are: Unnayan Shohojogi Team (UST), Gono Unnayan Prochesta (GUP), Assistance for Social Organization and Development (ASOD), Institute of Integrated Rural Development (IIRD), Community Development Association (CDA) and Community Health Care Project (CHCP). BRAC arranged training for two persons from each of the eight NGOs on monitoring field activities and computerisation of data. Each of the participating NGOs was also provided with a computer and necessary accessories for the project.

A one-day workshop on the "NGO MIS Project Policy Formulation" was held on 10 December, 1994, which was attended by the chief executives of the participating NGOs, senior BRAC managers, and experts from other related agencies. The workshop discussed various issues including project management, quality of information, geographic coverage, ownership and dissemination of data, etc. Some details about the outcome of the workshop are appended in Annexure 5.

### **Consultation with Expert Groups**

A number of special purpose workshops were organised in 1994 for consultation with the experts. The broad objective was either to share the findings of some important RED studies or obtain expert opinions on the methodology and preliminary research framework of some specific projects. A cross section of policy makers, experts, NGO executives, and donor representatives attended these workshops.

The consultation programme started with a workshop on maternal morbidity in rural Bangladesh held during 10-11 May, 1994. The objective was to disseminate and share the results of a joint study undertaken by BRAC and LSHTM. The Secretary, Ministry of Health and Family Welfare, government of Bangladesh, attended the workshop as the chief guest. He underscored the importance of the study in the context of Bangladesh. Proceedings of the workshop was published.

In June 1994, RED arranged another consultation workshop with some top level national experts on the Impact Assessment Study of BRAC's Rural Development Programme (RDP-IAS). The RDP is the focal point of all BRAC interventions and it is designed to alleviate poverty and empower the poor. The IAS is the first study of its kind undertaken by RED which aims to look at the overall impact of RDP. The study, initiated in early 1993, progressed through different phases as per plan. The multidisciplinary team of RED researchers who had been conducting the study presented some preliminary findings at the consultation workshop. The experts put some useful suggestions on the data analysis of the study.

Two more group consultations were held in May and September on the BRAC-ICDDR,B joint study at Matlab. The Population Council in Bangladesh showed keen interest in the study and hosted the workshops. The workshops deliberated on the research issues and methodology aspects of the joint study project. The first consultation, held in May, focused mainly at the secondary analyses of the baseline data and also reviewed the preliminary study proposals. The September consultation discussed the research framework for phase II study.

A consultation hosted by the Aga Khan Foundation on the design of the Matlab study project was held in June. It was attended by experts from AKU, AKF, AKHP of Pakistan and AKF, Geneva.

On December 10, RED organised another consultation on NGO-MIS Capacity Building Project. Chief executives of the eight participating NGOs and experts from BRAC and some other organisations took part in the consultation which delineated modus operandi and other aspects of the project.

### Special purpose workshops

*Maternal Health During Pregnancy and the Puerperium. Dhaka, May 10-12, 1994*

*Impact Assessment Study of BRAC's Rural Development Programme. Dhaka, June 29, 1994*

*Two Workshops on BRAC-ICDDR,B Joint Study. Hosted by the Population Council, Dhaka, May and September, 1994.*

*Workshop on Research Design of the BRAC-ICDDR,B Joint Study. Hosted by the Aga Khan Foundation. Dhaka, June 1994.*

*Village Study Project. Dhaka, November 16-17, 1994*

*NGO-MIS Capacity Building. Dhaka, December 10, 1994.*

## VIII. MAJOR STUDY PROJECTS

### RDP Impact Assessment Study

Rural Development Programme (RDP) is the centre of BRAC interventions, covering over 800,000 landless people, and working for the alleviation of poverty and empowerment of the poor. The two notions: capacity building

and village organizations are the basis of RDP approach. In early 1993, the management and donors felt the need of a thorough assessment of the impact of RDP inputs on the poor who participate in the programme. In response to this, RED initiated a comprehensive Impact Assessment Study (IAS) in May 1993. A multi-disciplinary team of RED researchers has been carrying out the study. Two consultants from the Centre for Development Studies, the University of Wales, Swansea, worked closely with the RED researchers in designing the IAS.

The study adopted an integrated methodology to compare and analyze the RDP's impact on the socio-economic conditions and well-being of RDP members. A combination of the following three methods was adopted to carry out the study: (a) household survey of RDP and Non-RDP groups, conducted in two rounds to capture seasonal variations in economic well-being, (b) village profiles made on the basis of selected variables, e.g., presence on institutions and other development organisations, and (c) community and village organization case studies to facilitate identifying changes in village level wealth differentials to assess group cohesion and women's status in the community.

The household survey covered 2,250 households (1,500 RDP HHs and 750 non-RDP HHs) from 15 Area Offices (out of 167 AOs). The comparison group is selected from villages where RDP did not intervene. A total of 225 villages (150 RDP and 75 non-RDP) were covered. For case studies, one village from each of the fifteen locations is selected randomly and village profiles of all the 225 villages were prepared.

The draft report on the household survey and case studies were presented in a workshop

involving BRAC management, donor agencies, and other eminent Bangladeshi experts. The preliminary results of the study were taken into consideration while formulating the strategic plan for BRAC. The second presentation of the preliminary finding was held in January 1995 at the University of Wales, Swansea. The final report is expected to be completed in mid-1995. It is hoped that this will be the beginning of a more appropriate system of impact assessment in BRAC, and the present study will form the baseline for an ongoing system. Moreover, the present study is expected to raise issues which will be addressed by initiating new studies throughout the remaining part of RDP Phase III (1993-95) and Phase IV (1996-2000).

#### **BRAC-ICDDR,B Joint Research Project at Matlab**

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has been maintaining a demographic surveillance system covering a population of 200,000 at Matlab thana in Chandpur district since the early 1960's. Over the years, a number of health and family planning interventions have also been effected. In 1992, BRAC moved to Matlab with its RDP, thereby creating new opportunity for socio-economic research. Both BRAC and ICDDR,B decided to collaborate with each other in achieving the common objectives of (a) measuring the impact of RDP on human well-being (defined as mortality, morbidity, income, fertility, gender relations, nutritional status and environment), and (b) measuring the mechanisms of impact (if any). A multi-disciplinary team of researchers, drawn from both the organisations, are engaged in designing and implementing the current and future study projects.

The first phase of the current project produced a detailed baseline survey and several exploratory studies including computerisation of an expanded MIS at RDP branch level. The final report of the baseline survey covering some 12,000 households was published in May. As a continuation of the work on secondary analyses, six papers on women and children's lives were prepared which were presented in a one day workshop held in July at the Population Council, Dhaka. Based on the comments of the workshop, these reports were further refined and finalized. Also, a system analyst was hired to develop an interactive MIS system. Preliminary drafts of some exploratory studies started since 1993 were also completed.

Developing a conceptual framework for the second phase of the study was initiated in April. The research team was divided into several groups like health, fertility, economic change, women's lives and nutrition. Each group had prepared its own concept paper. These were presented in a workshop, hosted by the Population Council and attended by eminent researchers based in Bangladesh. Based on the recommendations, these were further developed. The proposed research framework was reviewed at Harvard, Cornell and LSHTM. Through several brainstorming sessions, a detailed plan on logistics and field operation for three years was prepared. A few external institutions, such as the Harvard University, and Bangladesh Institute of Development Studies, are also assisting in achieving the project objectives.

### **BRAC-LSHTM Joint Study on Maternal Morbidity**

The maternal mortality ratio in Bangladesh is very high -- about 5-6 deaths per 1,000 live births. However, little is known about the

nature, determinants and trends of maternal morbidity in Country. BRAC, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), undertook a two-year prospective study in 1993 entitled "An investigation into the nature and determinants of maternal morbidity related to delivery and the puerperium in Bangladesh." A two-day workshop was organized on 10-11 May, 1994 in Dhaka to share the results of the study at the national level and to discuss their future research and policy implications. The study report was published in November.

### **BRAC-IDPM Joint Study on Impact Training**

Appropriate methodology for assessing the impact of training to rural population is largely non-existent in Bangladesh. BRAC, in collaboration with the Institute for Development and Policy Management (IDPM), University of Manchester, UK, started a research project in October 1994 to develop appropriate methodology and also to conduct a study. The study aims at assessing the impact of BRAC's paralegal training. Data collection will start in early 1995 and the final report is expected by December 1995.

### **Standardised Achievement Tests for BRAC's NFPE School Children**

Standardised achievement tests not only help understanding the progress of primary schools children, but also indicate the efficiency of the teaching-learning process, quality and relevance of the curricula, and the textbooks used. RED initiated a new kind of study entitled "Standardised Achievement Tests for BRAC's NFPE school children of grade III" in collaboration with some experts of the Institute of Educational Research at the University of Dhaka. The purpose of the



project is to develop standardised achievement test battery for the NFPE learners completing grade III. The test battery will comprise four sub-tests in four subject areas, e.g., Bangla, environmental sciences, mathematics and English. The standardised test battery and a manual will be developed in mid-1995 which can be used by RED for assessing achievement of BRAC school children throughout the country.

## **IX. USE OF RESEARCH FINDINGS**

Research findings of RED has been used widely for decision making and strategic planning by BRAC management as well as other related agencies both at home and abroad. For instance, findings from the first and second survey report on the Jamuna Multipurpose Bridge project (JMBP) produced in 1993 and 1994, respectively, formed the basis for formulating a resettlement action plan by the Government of Bangladesh for the project affected persons.

In education research, the new methodology developed and used by RED in assessing basic educational competencies (ABC) of children aged 11-12 years received wide acceptance; and is currently in use by some institutions at home and abroad. For example, the Directorate of Primary Education, government of Bangladesh, conducted a comprehensive survey on ABC using the methodology developed by BRAC in 1992 and 1993. The Society for the Advancement of Education (SAHE) in Pakistan applied this methodology to evaluate the school programme run by a Pakistani NGO named Bonded Labour Liberation Front of Pakistan where Director Research of BRAC worked as a consultant. A report on the assessment was finalised jointly with

SAHE. The study was sponsored by Radda Barnen and UNICEF in Pakistan.

Within the organization, the findings from RDP-IAS project has been used as a basis for designing the next phase of RDP starting from 1996. The learnings from the maternal morbidity and health related research studies conducted so far by RED, has been used to design and implement RDP-PHC and FP programmes of BRAC.

Also, the results from the two rapid studies conducted on seeking impressions of BRAC clients about the services provided by BRAC, and BRAC's trainers' perception on Staff Training Courses, initiated the formulation of long-term strategic planning for RDP and Training Division of BRAC in late 1994.

## **X. INSTITUTIONAL COLLABORATION**

Over the past decade, BRAC has joined with various institutions to develop its research capacity. These ongoing collaborations further widened in 1994. A collaborative study on training impact was designed and initiated with the Institute for Development and Policy Management (IDPM), University of Manchester. Another joint study on elderly people was started with the Karolinska Institute, Sweden. Two BRAC researchers visited the Christian Medical College at Vellore, India for exchange of ideas and experiences in the field of health information and management information system (MIS) on health activities. BRAC and the Cornell University (Division of Nutritional Sciences), USA jointly developed a proposal for operations research study to assess the effectiveness of iron supplementation in anaemia control programmes among school children and anaemic pregnant women with

special reference to the impact of the dose frequency on compliance, side-effects and functional outcome. The preparatory works of the study have already been started. Pilot

testing of the methods and finalisation of the study protocol will be completed by 1995. Table 2 summarizes some of the past and ongoing collaborations.

**Table 2. Institutional collaboration since 1977**

Institutional partner	Nature of collaboration	Period
Bangladesh Institute of Development Studies, Dhaka	Family planning	1977-80
	Gender research	1993+
Tufts University, USA	Nutrition research	1986-87
Helen Keller International, Dhaka	Nutritional surveillance	1990+
London School of Hygiene and Tropical Medicine, UK	Oral rehydration therapy Maternal morbidity	1991-93
International Centre for Diarrhoeal Disease Research, Bangladesh	Oral rehydration therapy	1979
	Socio-economic development and health	1992+
University College of Wales at Swansea, UK	Impact assessment of BRAC's Rural Development Programme	1992+
Royal Tropical Institute, the Netherlands	Community participation	1988-90
	Social science and immunization	1993+
University of Iowa, USA	Social science and immunization	1993+
Harvard University, USA	Oral rehydration therapy	1978+
	Gender research	1992+
	BRAC-ICDDR,B joint project	1992+
	Reproductive health and fertility	1993+
	Barriers to participation in poverty alleviation programmes	1994+
IDS at the University of Sussex, UK	BRAC Research Impact Project (includes capacity development)	1992+
Karolinska Institute, Sweden	Situation of the elderly	1994+
University of Manchester, UK	Impact of BRAC's training	1994+
Cornell University, USA	Iron supplementation	Proposed

## XI. DISSEMINATION OF RESEARCH

An important area of concern within RED is its dissemination system. There is a general agreement that though RED's research works are substantial, the results are not widely known. At present, dissemination of BRAC's research usually takes place through RED seminars and publication of the reports for internal and external users. Summarised results of selected studies are also occasionally published in the BRAC's quarterly newsletter *Access*. RED organized 40 seminars (Annexure 4) through which the findings were disseminated among the management and operation managers of BRAC. The researchers also presented some of the findings in monthly meetings of the field managers held at BRAC head office. Over the past few years, BRAC research findings also appeared in national and international journals including *Lancet*, *Small Enterprise Development*, *Bangladesh Development Studies*, *Journal of Diarrhoeal Diseases Research*, *Journal of Tropical Medicine*, *Review of Infectious Disease*, *WHO Bulletin*, *World Health Forum*, *Health Policy and Planning*, *Disasters*, *the International Review of Education*. In the next few years efforts will be made to publish more papers. RED is also making preparations for publishing a journal of its own.

### **BRAC Journal and Bangla Digest**

RED has been bringing out a large number of research reports every year, but the findings do not reach to many. Some concrete steps were taken in 1994 for wider dissemination of the findings. It is being planned to bring out a professional journal to publish the results of BRAC's research. It was also decided to publish some of the research

reports in the form of monograph. The journal and monographs are expected to reach a larger number of national and international researchers, development experts, policy planners, NGOs and international development agencies. These publications are planned to start in 1995. In addition, a Bangla digest, named "*Nirjash*" containing summaries of the major research reports is in press. This Bangla summary is primarily meant for the BRAC staff who work with people at the grassroots level. Workers of other NGOs and development agencies can also get valuable information from these summarised findings.

RED is also emphasising on organising dissemination seminars at the field level, increased participation of its researchers in the regional level, meetings of various BRAC programmes, and the need to interact with them on various issues including research findings. RED is considering a proposal to include field staff of the programmes in the research study where appropriate.

## XII. ACCLAMATION OF BRAC RESEARCH

BRAC's research activities are receiving wide recognition and acclamation both at home and abroad. For instance, the first survey report on the Jamuna Multipurpose Bridge Project (JMBP) produced in 1993, received high acclamation from the World Bank and concerned functionaries of the government of Bangladesh. The report on the second survey done by RED in the JMBP area, published in 1994, has also attained due recognition.

In education research, the new methodology developed and used by RED in assessing basic educational competencies (ABC) of children aged 11-12 years received wide acclamation from UNICEF and SAARC

countries. Presently, some of the institutions, both national and overseas, are using this methodology in assessing the basic education competencies of children in schools.

Dr. AMR Chowdhury of RED acted as a member of the Independent Commission on Employment, coordinated by the Bangladesh Unnayan Parishad. The Commission will explore the potentials and problems of employment generation in Bangladesh and come up with a report by the middle of 1995. Dr. Chowdhury will specifically deal with the education part of the subject.

### **XIII. PUBLICATIONS IN JOURNAL/ CHAPTER IN BOOKS**

Several articles/research papers produced by RED researchers were either published or accepted for publication in various journals, periodicals, and/or as book chapters in 1994.

#### **A Forthcoming Book on ORT**

Diarrhoea is the number one killer disease of children in Bangladesh. The ICDDR,B at Dhaka perfected a simple formula to treat diarrhoea in the late sixties, but the know-how did not reach the people living in the rural areas. BRAC, through its pioneering Oral Therapy Extension Programme (1980-1990), taught some 12 million rural women on how to make oral rehydration solution with household ingredients. Many studies have been conducted and reports produced on ORT, but not everything has been compiled under one cover. BRAC and Harvard University have jointly undertaken a project to bring out a book that would cover all related information in one volume. Dr Richard Cash of Harvard University and Dr AMR Chowdhury of BRAC have been working on this book which is expected to come out in 1995.

### **XIV. PARTICIPATION IN EXTERNAL SEMINARS**

RED researchers participated in a large number of seminars and workshops both at home and abroad as usual during the year (Annexure 4). Many of them presented papers.

### **XV. RED SEMINARS AND JOURNAL CLUBS**

RED organizes seminars and workshops to facilitate exchange of knowledge and ideas among its researchers. Operation managers of BRAC programmes, academics and experts from other organizations also took part in some of the seminars. Every research proposal developed by a RED researcher is presented in a workshop. Similarly, every research report is presented in a RED seminar. In 1994, a total of 47 workshops and seminars were organised (Annexure 3).

Two Journal Clubs, one with health-nutrition-pulation interest group, and the other with socio-economic interest, have been formed to develop understanding of research methods, recent trends in research, and stimulating academic discussions among the researchers. Wider interactions among the researchers in informal forum were also considered necessary. To achieve this, a weekly tea seminar was introduced at RED every Thursday at 10 a.m. for half-an-hour. It facilitates researchers to introduce any professional issue or share any information with the fellow researchers in an informal environment.

### **XVI. LIBRARY**

Ayesha Abed Library has been established to cater for the needs of BRAC's researchers and programme personnel. Library management was entrusted to RED. The total



acquisition was 5,347 titles at the end of the year. In 1994, the library acquired 248 new books on education, environment, and gender and subscribed a good number of journals, periodicals, newspapers, and specialized information materials.

BRAC publications and research reports are also sold through this outlet. The BRAC library is presently subscribing the following national/international journals: *Journal of Peasant Studies*, *Journal of Diarrhoeal Diseases Research*, *Asia Pacific Journal of Public Health*, *Economic and Political Weekly*, *World Watch*, *Small Enterprise Development*, *Health Policy and Planning*, *Journal of Social Studies*, *Down to Earth*,

*People and the Planet*, *Grassroots*, *Computer Jagat (Bangla)*, *Gonoshasthya (Bangla)*, *Unnayan Bitarka (Bangla)*, *Samaj Nirikhyan (Bangla)*, *Jogajog (Bangla)*, *Prodyut (Bangla)*, and *Adhuna (Bangla)*. In addition, a good number of journals published by different institutions were also received on complimentary basis. In 1994, following new subscriptions were made: *Empowerment*, *International Journal of Health Services*, and DEVINSA: Development Abstracts.

In late 1994, the library has been equipped with a 486 SX personal computer with CD-ROM drive. Population software - Popline has been subscribed.

**CAPACITY DEVELOPMENT AT RED  
RECRUITMENT, PROMOTION AND TRAINING**

**A. Recruitment**

*The following researchers and management staff joined RED in 1994:*

1. Dr. Shiraj Hossain Khan, M.Sc. in Soil Science from University of Dhaka, M.S. in Agronomy, Texas Agricultural and Mechanical University, USA and Ph.D., Goettingen University, Germany, joined in August as Consultant.
2. Dr. Feroza Begum, Ph.D. (Psychology) from the University of Dhaka, joined in August as Senior Researcher.
3. Ms. Hashima-E-Nasreen, MBBS (Dhaka), joined in March as Research Associate.
4. Mr. A.M. Shahed Husain, M.Sc. in Economics from Jahangirnagar University joined in August as Young Researcher.
5. Mr. Gazi Mahmud Hassan, MSS in Economics from University of Dhaka, joined in August as Young Researcher.
6. Ms. Samiha Huda, MSS in International Relations from University of Dhaka, joined in August as Young Researcher.
7. Ms. Sabah Tarannum, M.Sc. in Nutrition from INFS, University of Dhaka, joined in August as Young Researcher.
8. Ms. Shaheen Akter, M.Sc. in Psychology and M.Ed. from University of Dhaka, joined in August as Young Researcher.
9. Mr. Ahsan Habib Quazi, MA in International Relations from Northeastern University, Boston, USA, joined in August as Staff Researcher.
10. Ms. Naomi Therese Hossain, B.A. from University of Oxford, joined in September as Staff Economist.
11. Mr. Abdul Mannan Miah, MSS in Sociology from University of Dhaka, joined in May as Executive Assistant.
12. Mr. Md. Moksudur Rahman, B.Com., joined in May as Data Management Assistant.
13. Mr. Md. Shahidul Islam, B.A., joined in September as Programme Organiser (Research).

## B. Promotion

*The following researchers and management staff were elevated to higher levels during 1994:*

Mr. Sanzidur Rahman, Staff Economist, was made Senior Staff Economist.

Ms. Ishrat Ara, Staff Economist, was made Senior Staff Economist.

Mr. Sayed Shoaib Ahmed, PO Data Management was made Supervisor Data Management.

## C. Training: Short and Long Courses

### 1. Training Abroad

*The following researchers are pursuing their master's programme:*

Researcher	Subject	University	Degree
Rita Das Roy	Food and Nutrition Planning	Univ. of Philippines at Los Banos, Manila	Masters' Degree
Md. Mohsin	Demography	London School of Economics, UK	Masters' Degree

*The following researchers returned after successfully completing their master's programme:*

Researcher	Subject	University	Degree
Rukhsana Gazi	Public Health	London School of Hygiene and Tropical Medicine, London, UK	Masters' in Public Health
Mahmuda Rahman Khan	Gender and Women	IDS at Sussex, UK	MA in Gender and Development

*The following researchers attended specialized short courses:*

Researcher	Subject	University	Duration
Shah Asad Ahmed	Rural Research and Rural Policy	IDS, Sussex, UK	3 months
Md. Nurul Amin	Rural Research and Rural Policy	IDS, Sussex, UK	3 months
Sanzidur Rahman	Environmental Education	CEE, Ahmedabad, India	2 months
Manzurul Mannan	Gender and Development	IDPM, Manchester, UK	3 months

## 2. In-country Training

*The following researchers who joined RED took part in a three day (10-12 August 1994) orientation course at TARC, Savar:*

1. Mr. Manzurul Mannan
2. Dr. Hashima-E-Nasreen
3. Mr. Monir Hossain
4. Mr. Abdul Mannan Miah
5. Mr. AM Shahed Husain
6. Mr. Gazi Mahmud Hassan
7. Ms. Samiha Huda
8. Ms. Sabah Tarannum
9. Ms. Shaheen Akter
10. Dr. M R Khan Chowdhury
11. Dr. Feroza Begum
12. Mr. Ahsan Habib Quazi

*The following researchers took part in a TOT course on RRA/PRA held at TARC, Savar during March 22-April 4, 1994:*

1. Mr. Shah Noor Mahmud
2. Mr. Md. Kaisar Ali khan
3. Mr. Sanzidur Rahman

*The following researchers took part in a Gender Training Workshop at CDM, Rajendrapur in August 1994.:*

1. Dr. F M Kamal
2. Mr. Hassan Zaman
3. Ms. Monira Hasan
4. Dr. Rita Sen

**PUBLICATIONS IN JOURNALS, BOOKS,  
PERIODICALS, AND NEWSPAPERS**

In 1994, RED researchers produced a good number of articles based on research findings which were published in various journals and newspapers, or as chapters in books. Details are as follows:

**A. Journal articles/review articles/book chapters**

1. Ahmed SM. Death clustering of children in families: role of maternal behavioural factors. *Bangladesh Journal of Child Health* 1994;18(1):1-5.
2. Bhuiya A, Bhuiyan I, and Chowdhury AMR. Socio-economic determinants and immunization in Bangladesh. *Health Policy and Planning* (in press).
3. Chowdhury AMR, *et al.* Assessing basic competencies: a practical methodology. *International Review of Education* 1994;40(6):437-54.
4. Goodburn E, Chowdhury M, and Gazi R. Low birth weight in rural Bangladesh [letter]. *Journal of Tropical Pediatrics* 1994 April;40:123.
5. Goodburn EA, Chowdhury M, Gazi R, Marshall T, Graham W, and Karim F. *Maternal morbidity in rural Bangladesh: an investigation into the nature and determinants of maternal morbidity related to delivery and the puerperium*. BRAC/LSHTM, Dhaka 1994 November.
6. Hyder SMZ. Bangladesh: nutrition situation and training needs. *Grassroots* (Special Issue) 1994 July-December, (in press).
7. Hyder SMZ, Bhuiyan MAH, Malek MA, and Chowdhury AMR. Nutritional situation of Bangladesh during Bangla fourteenth century. *Bangladesh Journal of Nutrition* 1994 June;7(1 & 2):9-29.
8. Hyder SMZ, *et al.* Health seeking behavior and growth of adolescent girls. *Bangladesh Journal of Nutrition* (accepted).
9. Hyder SMZ, *et al.* Nutritional status of children in rural Bangladesh: facts from BRAC's growth monitoring programme. *Bangladesh Journal of Nutrition* 1994;7(2).
10. Karim F, Goodburn EA, Chowdhury AMR. *Maternal morbidity in rural Bangladesh: deliberations and recommendations from a national workshop, 10-11 May 1994, Dhaka*. BRAC, Dhaka 1994 May, 16 p.

11. Karim F, Huq N, Brown L, Chowdhury AMR. Growth monitoring in the context of a primary health care programme". *Food and Nutrition Bulletin* 1994 September;15(3):192-9.
12. Rahman S. Agroforestry in Bangladesh: need for a collaborative effort. *Grassroots* 1994 January-March;3(11):5-16.
13. Rahman S. People, environment and sustainable development: role for NGOs. *Grassroots* (Special issue) 1994 July-December, (in press).

## **B. Abstracts/Newsletters**

14. Ahmed SM. Assessing impact of RDP on lives of the poor - the study at Matlab. *Access* 1994; 10:8-9.
15. Gazi R. Bangladeshi women report postpartum health problems. *Safe Motherhood* November 1993-February 1994;13.
16. Haque K, and Ahmed IU. Nutrition and poverty: focus on diets and life style of rural population in Bangladesh. In: Abstracts of 6th Bangladesh Nutrition Conference, Dhaka, 27-29 November 1993. Nutrition Society of Bangladesh, Dhaka. Undated: p 42.
17. Huq N. Prevention of nutrition blindness: the home gardening approach: preliminary findings. In: Abstracts of 6th Bangladesh Nutrition Conference Dhaka, 27-29 November 1993. Nutrition Society of Bangladesh, Dhaka. Undated: p 56.
18. Huq N and Hyder SMZ. Self-monitoring of growth and health status by adolescent girls. In: Abstracts of 6th Bangladesh Nutrition Conference Dhaka, 27-29 November 1993. Nutrition Society of Bangladesh, Dhaka. Undated: p 51.
19. Huq N and Hyder SMZ. Trends in nutritional status during early childhood. In: Abstracts of 6th Bangladesh Nutrition Conference, Dhaka 27-29 November 1993. Nutrition Society of Bangladesh, Dhaka. Undated: p 51.
20. Hyder SMZ. Nutritional status of the children of the rural poor. In: Abstracts of 6th Bangladesh Nutrition Conference Dhaka, 27-29 November 1993. Nutrition Society of Bangladesh, Dhaka, Undated: p 37.

### C. Articles Published in Newspapers

The following articles prepared by the researchers were published in national newspapers in Bangladesh:

Mr. Hassan Zaman contributed 40 articles as weekly columnist of *'The Financial Express'* newspaper. The column titled 'Theory and Practice' discussed economic models in the context of the Bangladesh and world economy.

Dr. Abdullahel Hadi contributed an article entitled 'Should the health programmes be reviewed' based on the Watch Project Data. It was published in *'The Morning Sun'* dated 26 May 1994.

Dr. F.M. Kamal produced five articles on family planning, breastfeeding, and educational issues which were published in *'The Daily Star'* and *'The Bangladesh Observer'* on different dates in 1994.

**PARTICIPATION OF RED RESEARCHERS IN NATIONAL/  
INTERNATIONAL SEMINARS AND WORKSHOPS**

**A. International seminars/workshops**

Researcher	Title of the Seminar/Workshop	Venue/Date
AMR Chowdhur	Assessment of Basic Competencies	Islamabad, Pakistan, March 1994
	Social Science Immunization	Amsterdam, the Netherlands, April 1994
	Indicators for Poverty Monitoring	The World Bank, Washington DC, USA. August, 1994
	Socio-economic Development and Health	Harvard University, USA, October, 1994
Fazlul Karim	Methods for Measuring Maternal Health in Developing Countries	London School of Hygiene and Tropical Medicine, UK, April 21-29, 1994
Mahmuda Rahman Khan	Institution Building at Membership Organization	IDS at University of Sussex, UK, May 3-5, 1994
	IDS-IIED joint PRA Workshop	IDS, University of Sussex, May 9-13, 1994
Manzurul Mannan	Gender, Islam and Development	IDPM, University of Manchester, UK, December 6, 1994
	Paper presented: "The Rise of Fundamentalism and Development Process in Bangladesh."	LOS Sentret, University of Bergen, Norway, December 14, 1994
Gul Rukh Selim	"The BRAC Village Organization as Social Mediator" - presented at the annual meeting of Society for Applied Anthropology.	Cancun, Mexico, April 13-17, 1994
	Facing New Challenges: Cooperations at the end of Organized Capitalism	Cancun, Mexico April 14-16, 1994



Researcher	Title of the Seminar/Workshop	Venue/Date
Shah Asad Ahmed and Md. Nurul Amin	"Women and Literacy" sponsored by British Association for Literacy in Development (BALID)	Nottingham University, UK, March 6-16, 1994
Rukhsana Gazi	"Methods for Measuring Maternal Health in Developing Countries" organized by London School of Hygiene and Tropical Medicine	London, UK, April 21-29, 1994
Kaosar Afsana	Intrafamilial Violence Against Women	UNICEF, Cambodia, December 15-17, 1994
Sanzidur Rahman	"Energy" (Background paper prepared for a Teacher's Guide on India's Environment and Resources). Presented at "Internship in Environmental Education".	Centre for Environment Education, Ahmedabad, India, August 17, 1994

## B. National seminars/workshops

Researcher	Title of Seminar/Workshop	Sponsor, Venue, Date
Abdullahel Hadi	Survey Techniques on Opinion Polling	Centre for Analysis and Choice, Dhaka. September 17, 1994
F M Kamal	Impact of Family Planning and Women's Health and Child Development Programme	Save the Children, Dhaka, February 15, 1994
	Breastfeeding	ICDDR,B, Dhaka, August 7, 1994
Kaosar Afsana	Behavioural Studies related to STD/AIDS	Population Council, Dhaka, February 3, 1994
	Women's Studies Reproductive Issues	Women's Health Coalition and UNFPA, Dhaka, February 6-7, 1994
	Qualitative Methods	Population Council, Dhaka, March 21-30, 1994
	Anthropology in Bangladesh	Jahangirnagar University, Dhaka, April 13, 1994
	Qualitative Methods	Population Council, Dhaka, October 16-November 2, 1994
	Safe Motherhood	BIRPERHT, Dhaka. December 3-4, 1994
S M Ziauddin Hyder	Multi-level Modelling of Health and Family Planning Data	Population Council, Dhaka, April 17-21, 1994
	World Breast Feeding Day	Public Library, Dhaka, August 1, 1994
	Home Gardening	IPHN Auditorium, Dhaka, January 26, 1994
	1991 Bangladesh Population Census	ICDDR,B, Dhaka, March 31, 1994
	Nutrition and Women's Savings Group Program of Save the Children (USA)	Save the Children (USA), Dhaka, September 19, 1994
	Vitamin-A Symposium	ICDDR,B, Dhaka, October 31, 1994

Researcher	Title of Seminar/Workshop	Sponsor, Venue, Date
	Women in Up-land Farming	Ministry of Agriculture, GOB, December 18, 1994
	Nightblindness	Worldview International, Dhaka, August 4, 1994
Gul Rukh Selim	Gender and Development. Presented paper on "Women in the Anthropologists Gaze and Development Research."	Ain Shalish Kendra - Lecture Series. Lecture and Discussion, Dhaka, November 20, 1994
Rukhsana Gazi	Epidemiologic Approach to Reproductive Health	BIRPERHT, Dhaka, December 3-16, 1994
Hassan Zaman	Developing Crisis Indicators	Grameen Bank, Dhaka, November 1994.
	The Role of the Stock Market in Bangladesh's Development	Institute of Chartered Accountants of Bangladesh, Dhaka, December 1994
	GATT and the Implications for Bangladesh	Dhaka University, Dhaka, June 1994
Shahriar Reza Khan	1991 Bangladesh Population Census: Estimates and Assessment of some demographic parameters	ICDDR,B, Dhaka, March 31, 1994
	Impact of Family Formation on Demographic Changes	Center for Social Studies, Dhaka University, Dhaka, April 3, 1994
	Biological and Behavioural Determinants of Fertility in Bangladesh	NIPORT, Dhaka, May 15, 1994
	Introduction of IBM AS/400	Hotel Sonargaon, Dhaka, May 31, 1994
	First Birth Spacing and Associated Factors-Preliminary Analysis of BFS 1989 Data	ICDDR,B, Dhaka, September 29, 1994
	Rural Development and Project Monitoring	CDM, Rajendrapur, February 7-15, 1994
	Multilevel Modelling of Health and Family Planning Data	Population Council, Dhaka, April 17-21, 1994

Researcher	Title of Seminar/Workshop	Sponsor, Venue, Date
Md. Kaisar Ali Khan	Non-Formal Education Technical Assistance Project	Asian Development Bank, Dhaka, July 28, 1994
Shah Noor Mahmud	Project Monitoring	CDM, Rajendrapur, February 6-16, 1994
	Safe Motherhood	BIRPERHT, Dhaka, December 3-4, 1994
Md. Nazrul Islam	Third Annual Scientific Conference	ICDDR,B, Dhaka, January 15-16, 1994
	Safe Motherhood	BIRPERHT, Dhaka, December 3-4, 1994
Shah Asad Ahmed	The Child Bride	Save the Children (USA), Dhaka, June 1994
Sanzidur Rahman	Sustainable Development and Environmental Assessment	MIDAS and Humber College of Applied Arts and Technology, Canada. BPC, Chittagong, April 10-13, 1994
	Credit for Women. Paper Presented: 'Credit for Rural Women: Role of NGOs'	Bangladesh Institute of Bank Management (BIBM), Dhaka, December 11-13, 1994
Monira Hasan	Non-formal Education Technical Assistance Project	Asian Development Bank, Dhaka, July 28, 1994
	Women's Education in Bangladesh	Nari Progati Sangha, Dhaka, December 1994
Rita Sen	Anthropology in Bangladesh	Jahangirnagar University, Dhaka, April 13, 1994
Dilruba Banu	Research and Training in Population and Development Dynamics of Rural Fishing Communities in Asia and Africa	FAO and CIRDAP, Dhaka, June 24-26, 1994
	NGOs on Evaluation of Economic and Social Benefits of Income Generations Projects	CARE International, Dhaka, May 10-12, 1994
Mahmuda Rahman Khan	PRA, Literacy and Empowerment	Proshika's Koitta Training Centre, Manikganj, November 14-17, 1994

<b>Researcher</b>	<b>Title of Seminar/Workshop</b>	<b>Sponsor, Venue, Date</b>
Hashima-E-Nasreen	Epidemiologic Approach on Reproductive Health	BIRPERHT, Dhaka, December 3-16, 1994
	Safe Motherhood	Hotel Purbani, Dhaka, November 24, 1994
Feroza Begum	Family: Adolescent Girls and Young Women	Women for Women, Dhaka, November 26, 1994
	Begum Rokeya: Present Situation of Women's Education in	Womens' Affairs Deptt., GOB. Dhaka, December 9, 1994

## RED SEMINARS IN 1994

RED organised the following seminars in 1994:

Date/Month	Topic	Speaker
January 06	Identifying the Reasons of Dropout of Former NFPE Students in Formal Schools in Manikganj and Norshingdi	Kaisar Ali Khan AMR Chowdhury
" 25	Effects of Brac's RDP-PHC on Personal and Domestic Hygiene Practices among Poor Women in Matlab	Nurul Alam S Masud Ahmed
" 27	Pattern of Rural Credit in Bangladesh : a Case Study of Narayanpur Village in Jamalpur	Shahnuz Akter
March 03	The Potential Impact of an "Open Savings" Account on BRAC and its Target Population: Proposal Presentation	Hassan Zaman Nazir Chowdhury
" 03	Discussion Series on Gender and Development	Ishrat Ara
" 24	A Glimpse of the Study of Narayanpur Village in Jamalpur	SPF Senaratne
April 10	Conceiving Gender Relations and Research Design: Impact of BRAC-RDP on Two Village in Jamalpur	Gul Rukh Selim
" 13	An Inside Look at Two BRAC School	Sabina Rashid
" 13	Social Significance of Conflicting Labour Relations: a Village Case	Monirul Islam Khan
" 17	An Exploratory Study on Sexually Transmitted Diseases	Nazrul Islam Kaosar Afsana H Nasreen
" 21	A Look at Community Involvement in BRAC Schooling	Monira Hasan Sabina Rashed
May 10	GATT and Its Implications for Bangladesh	Hassan Zaman



Date/Month	Topic	Speaker
June 01	Identifying the Reasons for Dropout of VO Members	Kaisar Ali Khan
" 02	Gender in Development Research: Some Methodological Issues	Gul Rukh Selim
" 06	Winter Syndrome: Religion and Other Visible Opposition to BRAC	Manzurul Mannan Fazlul Karim AMR Chowdhury
" 08	Loan Histories of Seventy One Target Group Women in Kutamoni and Shekhpara Villages, Jamalpur District	Parul Lata Biswas
" 09	Gender in Development Research : Some Methodological Issues	Farida Akhter
" 16	Gender in Development Research : Some Methodological Issues	Simeen Mahmud
" 23	Current Accounts for the Rural Poor: Findings from BRAC's Pilot Savings Scheme	Hassan Zaman Nazir Chowdhury
" 23	Gender in Development Research : Some Methodological Issues	Mahmuda Islam
" 28	Gender in Development Research : Some Methodological Issues	Sajeda Amin
July 20	Some Aspects of the NFPE Teachers Training : A Qualitative Study	Shah Asad Ahmed
" 20	An Exploration of Forms of Patron-Client Relations in Kutamoni and Shekhpara Villages, Jamalpur: Poor Women in Ten Patronage Cluster	Dipti Das
July 21	Fatwabaz Against BRAC : Is it a Winter Syndrome ?	Manzurul Mannan AMR Chowdhury

Date/Month	Topic	Speaker
August 01	Credit History of Landless Poor in Rural Bangladesh and the Impact of BRAC's Credit Programme on Women's Lives : Case Studies from Five Villages of Jamalpur District	Shameem Ara Begum
" 01	Removing Barriers to Participation in BRAC Poverty Alleviation Programmes	Tim Evans Md. Rafi
" 09	Five Young Researchers who joined RED on 01 August 1994, presented review of the books given to them as reading assignments	Newly recruited 5 young researchers
" 18	RDP Impact Assessment Study (IAS) : Presentation Partial Findings	Shams Mustafa Ishrat Ara
" 23	IT Strategy for BRAC-ICDDR,B Joint Research Project in Matlab	NM Jahangir
September 01	Problems, Options, and Strategies of Rural Households in Bangladesh	Monirul Islam Khan Karimul Hoque
" 11	Study Proposal on the "Identification of Future Strategies for EPI Facilitation Project"	Nazrul Islam F Karim Ahmed Ali
" 19	Presentation of reports on field observations of various activities of BRAC by new researchers	Newly recruited 9 researchers
October 17	Sharing Experience of Visiting CMC Projects in Vellore, India	A Hadi F Karim
" 19	Development of Standardized Achievement Tests for NFPE School Children of Grade -III	AH Latif Nazmul Haq
November 10	Ayesha Abed Resource Centre (AARC)	Alice M Gittler Chandra Kannapiran
" 17	Consultants' Report on Ayesha Abed resource Centre	Alice M Gittler Chandra Kannapiran

Date/Month	Topic	Speaker
" 20	Women in the Anthropologists Gaze and Development Practice	Gul Rukh Selim
" 23	Developing a plan for building the research capacity of RED	Aleyna Adams
" 24	Assessment of the Elderly in Bangladesh (Research Proposal)	Zarina Nahar Kabir
December 06	The NFPE Programme : A Closer Look into Dropouts, Replacements and Attendance	Kaisar Ali Khan
" 27	IGVGD Program of BRAC: An Alternative Approach to Nutritional Improvement	SM Ziauddin Hyder
" 28	Health Behaviour of Rural Women : Evidence from WHDP Baseline survey	A Ali, F Karim AMR Chowdhury
" 28	Fertility and Morbidity Status of Northern Rural Bangladesh	A Ali, F Karim AMR Chowdhury

**NGO MIS PROJECT POLICY FORMULATION WORKSHOP**

**Dhaka, December 10, 1994**

**MAJOR DECISIONS**

1. The NGO MIS Project will provide technical assistance to partner NGOs in developing the Management Information System (MIS) and establishing an Intensive Monitoring System for each NGO.
2. At least two villages consisting of nearly 300 households will be identified to intensively monitor in each NGO programme area. These villages will be selected jointly by both the respective NGO and the NGO MIS project staff. The intensive villages will be selected in such a way that the aggregated data from all NGO areas will widely represent the country.
3. Indicator selection will be based on a) programme relevance; b) usefulness to programme management; and c) comparability with others.
4. Each member NGO will manage and supervise their part of project activities by themselves. But they will keep the NGO MIS project staff informed of such issues as staff transfer, etc.
5. The salary (Taka 4000 per month) of one full time staff of the participating NGO will be provided by the BRAC for one year.
6. The member NGO will be responsible for the maintenance of the quality (accuracy and timeliness) of data and reporting. The project staff will monitor the quality of data. On-the-spot assistance will be provided wherever necessary.
7. The member NGO will have absolute control over MIS data but, the NGO MIS project and the respective NGO will control the intensive monitoring data.
8. The intensive data will be presented in Watch Reports, Newsletters (in Bangla), Research Reports, Newspaper columns, and in-house seminars in respective NGO office.
9. BRAC will provide equipment (one computer and one printer for each NGO) for this project. The equipment will be used primarily, if not exclusively, for the project activities. The member NGO will take the responsibility of maintaining (eg, repair and servicing) the equipment. If any NGO dissociates with the project, all equipment must be returned to BRAC.
10. A memorandum of understanding shall be signed between BRAC and each participating NGO.
11. The project funding will continue till December 1995. After that, the respective NGO will share their part of the costs (e.g. salary of the staff) for the project.

**RESEARCH STUDIES COMPLETED IN 1994  
AND UNPUBLISHED PAPERS**

**A. RDP - RELATED STUDIES**

1. Impact Assessment Study of RDP  
- Shams Mustafa, Ishrat Ara, Altaf Hossain, Md. Mohsin, Dilruba Banu,  
And Md. Azmal Kabir.
2. Pattern of Rural Credit in Bangladesh : A study of Narayanpur Village in Jamalpur  
- Shahnuj Akter et al.
3. Socio-economic Baseline Survey : Post Cyclone Rural Development  
Program (PCRD), Kutubdia.  
- Karimul Hoque and S. Shoaib Ahmed
4. Poultry Rearing by Rural Women : Cases from Five Villages.  
- Nurul Amin
5. Current Accounts for the Rural Poor : A Study on BRAC's Pilot Savings Scheme.  
- Hassan Zaman et al.
6. Identifying the Reasons for Expulsion and Drop-out of VO Members from Village  
Organisations.  
- Kaisar Ali Khan and AMR Chowdhury

**B. SOCIO-ECONOMIC STUDIES**

7. Jamuna Multipurpose Bridge Project : Survey of Residual Land and Persons Likely to be  
Affected due to Additional Land Acquisition in Tangail District.  
-Samir R. Nath and Mohammad Rafi
8. Social Significance of Conflicting Labour Relations : A Village Case.  
- Monirul Islam Khan
9. Problems, Options and Strategies of Rural Households in Bangladesh.  
- Monirul Islam Khan and M Karimul Hoque

10. System, Strategies and Behaviour: A Study of a Village in Jamalpur District.  
- SPF Senaratne et al.
11. Success History of Five Female VO Members' of BRAC.  
- Parul Lata Biswas and Karimul Haque
12. Involvement in Non-Traditional Activities: The Implications for Women's Empowerment.  
- Samiha Huda and Naomi T. Hossain
13. A Study on the Seasonal Variation in Hours Worked, Income and Expenditure.  
- Mohammad Rafi

### **C. HEALTH STUDIES**

14. Impact of an Intensified Family Planning Project on Contraceptive Practice in Rural Bangladesh.  
- F. Karim and Jalaluddin Ahmed.
15. The Primary Health Care Component Under the Rural Development Programme : A review.  
- F. Karim et al.
16. Mothers' Perceptions about Maternal Health Care and Their Utilization of Health Services in WHDP.  
-Kaosar Afsana et al.
17. Background Characteristics of Mothers with Stillbirth in Women's Health and Development Programme.  
- Kaosar Afsana et al.
18. Contraceptive Sale through Shastho Shebikas in RDP-PHC Areas : Problems and Prospects.  
- Ahmed Ali et al.
19. An Evaluation of Knowledge and Practices of the Trained Traditional Birth Attendants.  
- Hashima-E-Nasreen et al.
20. Study on the Causes and Factors Related to Maternal Deaths in WHDP Area of BRAC.  
- Rukhsana Gazi and Fazlul Karim.
21. Vaccination Coverage Survey in WHDP-EPI Facilitation Areas.  
- S N Mahmud et al.
22. An Exploratory Study on Sexually Transmitted Diseases in two Regions of Bangladesh.  
- Md. Nazrul Islam et al.



23. *Sustainability of Health Education: The Case of Oral Rehydration Therapy in Rural Bangladesh.*  
- AMR Chowdhury and F. Karim.
24. *Fertility and Mortality Situation in Northern Rural Bangladesh.*  
- Ahmed Ali et al.
25. *Health Behaviour of Rural Women : Evidence from WHDP Baseline Survey.*  
- Ahmed Ali et al.
26. *Women Programme Organizers' Problems in BRAC : A Critical Assessment.*  
- Kaosar Afsana et al.
27. *A Review of Operational Strategies in BRAC's EPI Facilitation Programme for Hard to Reach Areas.*  
- Md. Nazrul Islam et al.
28. *Hygiene Practices in Three Regions of Women's Health and Development Programme.*  
- Ahmed Ali et al.
29. *A Comparative Study on Shastho Shebika in Manikganj and Other RDP-PHC.*  
- Md. Nazrul Islam et al.
30. *TB Case Management at Community Level: Situation of the Treatment Completed Patients in Women's Health and Development Programme.*  
- Md. Nazrul Islam et al.
31. *An Investigation into the Nature and Determinants of Maternal Morbidity Related to Delivery and the Puerperium.*  
- EA Goodburn, AMR Chowdhury, R Gazi, T Marshall, W Grahan and F Karim

#### **D. REPORTS ON WATCH PROJECT**

32. *Introducing Watch : An Initiative in Monitoring Health and Development.*  
- Abdullahel Hadi
33. *Changes in Health Status in RDP Area : Should Current PHC Programme be Continued?*  
- Abdullahel Hadi
34. *Report on EPI Surveillance : January 1994 Data.*  
- Abdullahel Hadi
35. *Report on Vitamin A Coverage : September 1993 Data.*  
- Abdullahel Hadi

36. Report on Education Surveillance : November 1993 Data.  
- Abdullhel Hadi
37. Illnesses and Treatment Among Children in Rural Bangladesh.  
- Abdullhel Hadi
38. Socio-demographic and Community Differentials in Vitamin A Coverage : Evidence from March 1994 Data.  
- Abdullhel Hadi
39. Enrolment in Rural Schools in Bangladesh : Can It be Raised Further ?  
- Abdullhel Hadi
40. Tetanus Toxoid (TT) Coverage During Pregnancy: Evidence from Rural Bangladesh.  
- Abdullhel Hadi
41. Changes in Diarrhoeal Deaths in Rural Bangladesh : Findings from BRAC's Health and Demographic Surveillance system - 1988-1993.  
- F M Kamal
42. EPI Coverage in September 1994: Does Parents' Religious Belief Make Any Difference?  
- Samir R. Nath
43. Gender Variation in School Enrollment of Children in Rural Bangladesh.  
- Samir R. Nath
44. Divorce and Its Socio-economic Determinants: Evidence from Bangladesh Villages.  
- Abdullhel Hadi
45. Out-migration among Adult Men from Two Rural Areas in Bangladesh: Causes and Determinants.  
- Abdullhel Hadi
46. Vitamin A Supplementation Program in Rural Bangladesh : Findings From BRAC's VAC Coverage Survey.  
- F M Kamal
47. Kutubdia 1993: Vol II: Report on the Education Survey.  
- Abdullhel Hadi and Samir R. Nath.
48. Demographic Registration System : Report on Vital Events 1993  
- Samir R. Nath and Abdullhel Hadi
49. Deveioption Intervention, Social Variables, and School Enrolment : A Logit Regression Analysis of the Case of BRAC, Bangladesh.  
- Abdullhel Hadi

## **E. MATLAB STUDY PROJECT**

50. The First Three Months : An Observation on the Process of Formation of Village Organizations  
- Manzurul Mannan et al.
51. Women's Education and Employment - Matlab Experience.  
- Shahriar Reza Khan et al.
52. Baseline Survey Matlab, 1992 : Final Report, 1994. Dhaka : BRAC, 1994.  
- Syed Masud Ahmed et al.
53. The Profitability of BRAC Financed Projects: A Study of Seven Microenterprises in Matlab.  
- Hassan Zaman et al.
54. Women as Income Earner: Changes in Attitudes and Knowledge.  
- Syed Masud Ahmed et al.
55. Body Mass Index of Women from Rural Bangladesh: Some Socioeconomic Determinants.  
- Syed Masud Ahmed et al.
56. Risk Factors for Women-Headed Households: What Makes Them Vulnerable ?  
- Naomi T. Hossain and Samiha Huda
57. Case Tracking : An outline of Field Work.  
- Nurul Amin and Shamima Nasreen Mili
58. An Inside Look at Two BRAC Schools in Matlab Thana.  
- Sabina Rashid and AMR Chowdhury.

## **F. EDUCATION STUDIES**

59. Progress in Basic Competencies of NFPE and PEOC Graduates Over Time.  
- Samir R. Nath, Kaisar Ali Khan and AMR Chowdhury
60. Identifying Possible Ways for Utilization of NFPE Graduates : Some Propositions (Bangla).  
- M Kaisar Ali Khan and AMR Chowdhury
61. Linking the School and Family : Community Participation in BRAC School  
- Monira Hasan, Sabina Rashid and AMR Chowdhury
62. Basic Training Course for the Teachers of BRAC's Non-formal Primary Education Programme: The Views of the Teacher Trainees on Some Selected Issues.  
- Shah Asad Ahmed

## **G. NUTRITION STUDIES**

63. Nutritional Situation of Bangladesh During Bangla Fourteenth Century.  
- SM Ziauddin Hyder
64. Nutrition Impact Study of the Income Generation for Vulnerable Group Development Programme (NIS – IGVGD)  
- S M Ziauddin Hyder
65. IGVGD Program of BRAC : An Alternative Approach to Nutritional Improvement.  
- S M Ziauddin Hyder
66. Nutrition Situation of the Bottom 10 (ten) Percent Rural Population.  
- S M Ziauddin Hyder
67. Nutrition Surveillance at BRAC.  
- Sabah Tarannum, Shamin Mahbub and S M Ziauddin Hyder
68. Bangladesh: Nutritional Situation and Training Needs  
- SM Ziauddin Hyder and GS Fakir
69. Food and Nutritional Intake of Rural Poor: Findings from Longitudinal Data Base.  
- Karimul Haque
70. Nutritional Impact Study of the Income Generation for Vulnerable Group Development Programme (Report of January, 1994 Data Collection).  
- S M Ziauddin Hyder

## **H. RAPID STUDIES**

71. Impressions of BRAC Clients About the Service of BRAC : Results from Quick Field Visits to Eight (8) Areas.  
- Karimul Haque et al.
72. Perceptions on Staff Training Courses Provided the Training Division: A Rapid Assessment  
- Ahmed Ali, Altaf Hossain, Kaisar Ali Khan, Nurul Amin, Shah Asad Ahmed and Shah Noor Mahmud

## **I. ENVIRONMENT - RELATED PAPERS**

73. Addressing Poverty and Environment: An Overview of BRAC's Approach toward Sustainable Development.  
- Sanzidur Rahman

74. People, Environment and Sustainable Development: Role for NGOs.  
- Sanzidur Rahman
75. Roadside Mulberry Plantation for Sericulture: Innovation from BRAC.  
- Sanzidur Rahman
76. Wildlife in Bangladesh: A Diminishing Resource  
- Sanzidur Rahman
77. Energy Demand in Bangladesh: 2020 AD.  
- Sanzidur Rahman

#### **J. REVIEW PAPERS/ARTICLES**

78. Rural Women in Development: Role of BRAC.  
- Sanzidur Rahman

#### **K. CONSULTANCY REPORTS**

1. Dissemination of BRAC Research: Exploring the Needs and Ways.  
- Dr. M Anisuzzaman
2. Proposal for a Gender Research Programme in BRAC.  
- Simeen Mahmud and Monira Hasan.

## ONGOING RESEARCH STUDIES - 1994

## A. RDP - RELATED STUDIES

1. One-Week-Cash-Receipt : A Preliminary Report from the Impact Assessment Study of RDP.  
- S. Mustafa, Md. Mohsin and Mansur Ahmed
2. Loan Histories of Seventy One Target Group Women in Kutamoni and Shekhpara Villages, Jamalpur District (A Part of the BRAC-ICDDR,B Pilot Study).  
- Parul Lata Biswas et al.
3. Credit History of Landless Poor in Rural Bangladesh and the Impact of BRAC's Credit Programme on Women's Lives : Case Studies from Five Villages of Jamalpur District.  
- Shameem Ara Begum
4. An Exploratory Study of Patron-Client Relations in Shekhpara, Kutamoni Villages, Jamalpur : Poor Women in Ten Patronage Clusters (a part of the BRAC-ICDDR,B pilot study).  
- Dipti Das et al.
5. Impact of BRAC Intervention : An Analysis of the Income and Employment Effects of a few RDP Schemes.  
- Karimul Hoque
6. Impact of DTW Irrigation Technology on the Lives of Poor in Bangladesh.  
- Karimul Huq and Mohammad Rafi
7. Impact of Skills Development Training on Women's Employment and Household Economy (Bangla).  
- Shameem Ara Begum.
8. Impact of RDP on Health : Weight Monitoring of Mother and Child.  
- AMR Chowdhury et al.
9. Paralegal Training Impact Study  
- Shah Asad Ahmed, Md. Rafi and M Kabiruzzaman
10. Village Study Project : A longitudinal (baseline) Study to Assess the Impact of RDP.  
- Karimul Hoque and Mohammad Rafi

11. A Study on the Seasonal Variation in Work, Income and Expenditure.  
- Mohammad Rafi
12. Vulnerability of Rural Poor to Seasonal Food Deficit and Poverty : A Compare and Contract of RDP Members and Non-members.  
- Karimul Hoque
13. Evaluation of IGVDG Program.  
- Rita Sen and Shams Mustafa
14. Using of BRAC Loan by the Female Loanee : A Case Tracking.  
- Nurul Amin and AMR Chowdhury
15. Removing Barriers to Participation in BRAC Poverty Alleviation Programs.  
- Mohammad Rafi and Tim Evans
16. Material Well-being and Livelihood in the Oxbowlakes Community.  
- Shams Mustafa, Dilruba Banu and Azmal Kabir.

## **B. SOCIO-ECONOMIC STUDIES**

17. Suggested Approach of VSP (Mannual).  
- Karimul Hoque, Rita Sen, Ishrat Ara, Qamrul Islam
18. Process and Output : Women, Environment and Technology.  
- Manzurul Mannan et al.
19. Intervention and Changes in Rural Bangladesh : Focus on Selected Socio-economic Indicators in Bangladesh.  
- Karimul Huq et al.
20. Village Study Project : Extend the Study of A Base Village (Narayanpur) to the Region.  
- Rita sen et al.
21. Labour force, Participation, Trend analysis in Village Study Project areas.  
- Mohammad Rafi
22. BRAC's Approach Towards Problems of Female Field Organizers.  
- Kaosar Afsana et al.
23. Health Behaviours in a Village of Jamalpur District.  
- Rita Sen et al.



## **C. HEALTH STUDIES**

24. Mothers' Perception About Antenatal Care Centre, Satellite Clinic and Iron-tablet Intake.  
- Kaosar Afsana et al.
25. Process Documentation on Different Package Service Delivery in WHDP.  
- S N Mahmud et al.
26. Cohort Analysis of Growth Monitoring.  
- Ahmed Ali et al.
27. Knowledge, Role and Practice of POs and Health Cadres in Pregnancy Identification in WHDP.  
- Kaosar Afsana et al.
28. Consequence of Low Birth Weight.  
- Rukhsana Gazi et al.
29. Causes of Discontinuation of TB Treatment.  
- Md. Nazrul Islam et al.
30. Comparative Study on Hygiene Behaviour in Rural Bangladesh.  
- Ahmed Ali et al.
31. A Follow up of Community Based Tuberculosis Control Programme of BRAC.  
- S.N. Mahmud et al.
32. Case Study on Maternal Morbidity Related to Delivery and Puerperium in Rural Bangladesh.  
- Rukhsana Gazi, Liz Goodburn, AMR Chowdhury and F. Karim

## **D. REPORTS ON WATCH PROJECT**

33. Covariates of Childhood Diseases in Selected Rural Areas of Bangladesh.  
- Abdullhel Hadi
34. Impact of Immunization of Child Survival.  
- Shahriar Reza Khan et al.
35. Trend in ARI Deaths in Rural Bangladeshi Children (0 - 5 years) in Years from 1988 to 1994.  
- F M Kamal
36. Study on Validity of Identifying Deaths by Verbal Autopsy Technique of BRAC.  
- F M Kamal et al.

37. Mortality and its Causes in Rural Bangladesh in 1993 : A Case of 150 Villages.  
- F M Kamal
38. Unmet Need and Reproductive Behavior ; Does Gender Inequality Play a Role?  
- Abdullhel Hadi
39. Impact of EPI and VAC Coverage in Childhood Mortality in Bangladesh.  
- Abdullhel Hadi et al.
40. Watch Report on : Expansion Project for Immunization (EPI), Education, Vitamin A Capsule (VAC), Child Labor.  
- Abdullhel Hadi
41. Study on Infant Feeding Practices and Cost Assessment of Formula Feeding.  
- F M Kamal et al.
42. Death Among Elderly in Rural Areas : Does Labor Force Participation Play Any Role ?  
- Abdullhel Hadi et al.
43. Impact of Environmental Disaster on Fertility : Evidence from Bangladesh.  
- Abdullhel Hadi

#### **E. MATLAB STUDY PROJECT**

44. A Standard of Living Index for Matlab.  
- Hassan Zaman et al.
45. Dynamics of VO : Women Status Production - Work.  
- Manzurul Mannan et al.
46. Credit, Cash and Capital : An Anthropology of Money Circulation Among the Poor.  
- Manzurul Mannan et al.
47. Pilot Study on the Impact of BRAC-RDP on Women's Lives, Shekhpara and Kutamoni Villages, Jamalpur.  
- Gul Rukh Selim et al.
48. An Investigation of Factors Affecting the Family Size of the Household, Matlab, Bangladesh.  
- Shahriar Reza Khan et al.
49. An analysis of Female Headed Households in Matlab using baseline survey data.  
- Syed Masud Ahmed et al.
50. An analysis of Destitute Women in Matlab using baseline survey data.  
- Syed Masud Ahmed et al.

51. An analysis of Dowry in Matlab using baseline survey data.  
- M Mohsin et al.
52. Determinants of Malnutrition in Under Fives.  
- Syed Masud Ahmed et al.
53. Night Blindness in Rural Bangladesh Children: Some Socioeconomic Differentials.  
- Syed Masud Ahmed et al.
54. A Qualitative Exploration of Some Socio-economic Baseline Issues in South Uddomdi, Matlab.  
- Amina Mahbub et al.
55. Credit and its Implication on Households.  
- Manzurul Mannan

#### **F. EDUCATION STUDIES**

56. Evaluation of Radio Interactive Instruction Program.  
- Monira Hasan and Kaisar Ali Khan
57. Socio-economic Characteristics and Reasons for Dropout NFPE Urban Students.  
- Ahsan H. Quazi
58. Standardised Achievement Test for 3rd years NFPE Students.  
- Nazmul Huq, Monira Hasan and Shaheen Akter
59. Parental Attitude : After Sending one Child to NFPE / KK, Whether the Same Parents Feel Interested to Send their Next Child/Children to NFPE / KK or any Other Schools to Educate them.  
- Feroza Begum
60. The NFPE Programme : A Closer Look in to Dropouts, Replacements and Attendance.  
- Kaisar Ali Khan
61. Factors Affecting the Achievements of Children : Why Some Students are Doing Better than Other Students.  
- (Proposed by the NFPE)
62. How Many KK Graduates After 5 Years of Education go to Government Schools? Why do some drop-out ? Are they Able to Cope with 5 (Five) Years Curriculum ?  
- (Proposed by the NFPE)
63. Impact of NFPE Schools : A longitudinal (Baseline) study to assess impact of NFPE program.  
- (Proposed by the NFPE)

64. Retention of Graduates in the Formal Schools.  
- (Proposed by the NFPE)
65. Marriage age of NFPE/KK Female Graduates : Whether the BRAC education program has been able to influence the parents enough to change there attitude to prevent early marriage of girls.  
- (Proposed by the NFPE)

## **G. NUTRITION STUDIES**

66. Health and Socio-economic Status of the BRAC Eligible Households : An Analysis of the BRAC-NSP Data.  
- S M Ziauddin Hyder
67. Does VAC Reduces ARI and Diarrhoeal Morbidity Among the Pre-schoolers ?  
- S M Ziauddin Hyder
68. Knowledge and Attitude of the Rural Mothers Towards the Use of Latrine.  
- S M Ziauddin Hyder
69. Nutritional Status of the Under-five Children in Bangladesh : Finding from Longitudinal Data.  
- S M Ziauddin Hyder
70. Nutritional Status of Under-five Children and Income Differences.  
- Karimul Hoque and S. Shoaib Ahmed
71. Incorporation of Nutritional Indices into the Health and Demographic Surveillance System.  
- SM Ziauddin Hyder
72. BRAC-HKI Nutrition Surveillance Project (NSP).  
- SM Ziauddin Hyder
73. Nutrition Impact Study of the IGVDG Program.  
- SM Ziauddin Hyder

## ABSTRACTS OF STUDIES COMPLETED IN 1994

### HYGIENE PRACTICES IN THREE REGIONS OF WOMEN'S HEALTH AND DEVELOPMENT PROGRAMME

*A Ali, S N Mahmud, N Islam and F Karim*

This reports presents the results from a study on hygiene practices in three regions of WHDP during August 1994 through interview method. The use of tubewell water for drinking is universal. But its use for other purposes were very poor in Mymensingh region. The reasons for not using tubewell water was long distance of tubewells location from their households. A segment of the tubewell water users in Mymensingh region could not use tubewell water throughout the year (drinking 4%, cooking 15%). Use of latrines was higher among adult females (34%) than adult males and children aged 5-12 years (30% each). Most of the pit and slab latrines were constructed and used by the households of non-target group. The reason for not using the pits or slab latrines was the lack of latrine and defaecation behavior of the people of all social groups. The use of ash/soap for washing hands after defaecation and cleaning of child's anus were very low. The reasons for non-practice were: traditional behaviour of the people, preference of soil to ash/soap, and lack of ash/soap. The use of soil in addition to ash/soap may be included in health education campaign.

### FERTILITY AND MORTALITY SITUATION IN NORTHERN RURAL BANGLADESH

*A Ali, F Karim and AMR Chowdhury*

A cross-sectional study was conducted to record the fertility and mortality situation in Bogra and Dinajpur regions of WHDP in March 1992. From the three study areas, namely, pilot, intervention, and comparison, 4,000 households were selected from each area through multi-stage sampling procedure. The total fertility rate, crude birth rate, crude death rate, neonatal mortality rate, post-neonatal mortality rate, infant mortality rate were highest in intervention areas and lowest in comparison areas. But child mortality rate was highest in comparison areas and lowest in pilot areas. For the value of all indicators, were higher among BRAC target groups.

## HEALTH BEHAVIOUR OF RURAL WOMEN: EVIDENCE FROM WHDP BASELINE SURVEY

*A Ali, F Karim and AMR Chowdhury*

Data of this study originated from the WHDP baseline survey carried out during March 1992 in Bogra and Dinajpur region. From the three study areas, namely, pilot, intervention, and comparison, 400 households were selected from each area in several stages. The results indicate that the incidence of diarrhoea and nightblindness was higher among BRAC target groups (TGs) while the incidence of goitre was higher among non-TGs. The incidence of diarrhoea was higher among males, and goitre among females. Most respondents did not know the cause of goitre and its prevention or treatment. EPI and TT coverage was higher among TGs but vitamin A capsule intake was higher among non-TGs. The use rate of lobon gur solution and packaged ORS was higher among TGs, but the use of allopathic medicine was higher among non-TGs. Personal hygiene (hand washing after defaecation and cleaning child's anus) and domestic hygiene (solid waste and child's stool disposal) was better among non-TGs. Exclusive breastfeeding practice was higher among TG and female children. Timely complementary feeding practice and bottle feeding rate were higher among non-TG and male children. Powder milk was given to 5-15% of children and also higher among non-TGs.

## CONTRACEPTIVE SALE THROUGH SHASTHO SHEBIKAS IN RDP-PHC AREA: PROBLEMS AND PROSPECTS

*Ahmed Ali, Shah Noor Mahmud, Fazlul Karim,  
Md. Nazrul Islam and Kaosar Afsana*

This study aims to investigate the prospects and problems of contraceptive sale by the Shastho Shebikas (SSs) in RDP-PHC areas during November 1992. Five areas from each of old (intervention) and new (comparison) RDP-PHC areas were selected. Data were collected from government family planning and BRAC staff, SSs, and eligible couples through interviews. About 20% of the couples who use temporary methods bought contraceptives. The main buyers of contraceptives sold by SSs were the couples from RDP VO member households. Around 52% of SSs felt that the villagers thought that they (SSs) are receiving contraceptives free of charge from BRAC but they sell it to the villagers. However, the villagers felt that the quality of contraceptives, sold by SSs, was better. The SSs felt that only a portion of Family Welfare Assistants (FWAs) (8%) were dissatisfied with their contraceptive sale. The SSs reported that they either did not know or had no communication with 91% of Family Planning Inspectors (FPIs), 70% of Family Welfare Visitors (FWVs) and 13% of FWAs. The majority of BRAC staff and SSs expressed that there was no change in relation or that the relationship improved between FWAs and SSs due to contraceptive sale. Most of the government staff felt that sale of contraceptives by SSs was assisting them through motivation, and helping to increase the use of contraceptives. The problems faced by SSs in selling contraceptives need to be solved for strengthening and sustaining this selling initiative.



## VITAMIN A SUPPLEMENTATION PROGRAM IN RURAL BANGLADESH

*F M Kamal*

This report presents findings from BRAC's VAC coverage survey, October 1994. Vitamin A supplementation in children has been recognised as one of the most important health issues in Bangladesh. In this poor country about 30,000 children become blind each year, and more than a million come very close. To counter such an awful situation, the government of Bangladesh, with the support of UNICEF, was executed a national Vitamin A supplementation program since 1973. All children aged 6 months to 71 months have been designated its target population and supposed to receive Vitamin A Capsule (VAC) twice a year. Since September 1989, the Health and Demographic Surveillance System of BRAC has been maintaining a longitudinal watch on VAC coverage status in rural population and collects data twice a year. The present study limits its analysis to the data collected in October 1994. The data was collected from 5 unions: 3 in Manikganj district - the central area and 2 in Joypurhat district - the northern area.

The VAC coverage rate has recently suffered a major set-back. Though more marked in the North, in both the areas the decline has been much steeper. The program could cover only 35.3 percent of its target population: 39.0 percent in the central area and 27.3 percent in the North. Such low coverage owes to inadequate program inputs. The data collected in years from 1989 to 1994 reveals that in most years, the VAC coverage has been better in the central area than the North. The sex-wise variation in the coverage rate is more pronounced in the North: it is higher in males (28.2 percent) than females (26.4 percent). There exists much union-wise variation, too. In children above one year old, the VAC coverage shows little change with the age. The highest coverage is found among the children of landless families. In the central area, the highest rate is found in the children of illiterate mothers. In both the areas, the rate is higher among Muslim children.

## CHANGES IN DIARRHOEAL DEATH IN RURAL BANGLADESH

*F M Kamal*

The study is conducted on a set of community based data collected by BRAC's Health and Demographic Surveillance System from a central (Manikganj) and a northern (Joypurhat) rural area of Bangladesh. It limits the period from 1988 to 1993. In both the areas, diarrhoeal mortality continued a steady decline up to 1990, thereafter revealed some reversals or stagnation. The reversal is more marked in population 5 years and above. The percentage of deaths due to diarrhoea was higher in the North in most study years. Infant mortality due to diarrhoea maintained a decline till 1991 in the central area and 1990 in the North. Except for 1993, it was always lower in the central area. In children of age 1-4 years, diarrhoeal mortality was higher in the central area, and after a gradual decrease up to 1990, showed fluctuations in both the areas. Diarrhoeal death in the 5 and above population sustained a decline till 1990; in later years it showed a gradual increase. Acute (watery) type is the commonest cause of diarrhoeal deaths. The use of ORT is comparatively much higher in population dying of acute diarrhoea than the persistent type. In the central area, the



trend shows a very sluggish increase over the years with much fluctuations. In the North, from 1988 to 1991, it maintained a gradual increase, but in later years suffered from a major setback. The percentage of diarrhoeal deaths that received no treatment showed a gradual increase since 1989. In the central area, in most years, the number of diarrhoeal deaths per calendar month was highest in April and May and lowest in February. In the North, it was highest in April and October, and lowest in February.

## **WOMEN'S EDUCATION AND EMPLOYMENT - MATLAB EXPERIENCE**

*Shahriar Reza Khan*

The question of how women's education influences socio-economic and demographic conditions of a population has been crucial in the analysis of demographic change and the evaluation of health and economics of a population. This study has made an attempt to assess women's educational impact on their employment activities and some other selected background characteristics. For this, the BRAC-ICDDR,B baseline survey data set which was collected in 1992 was used in the analysis. The information was collected from a total of 9,853 currently married women who were aged less than 50 years. Both bivariate and multivariate analyses were carried out for investigating the educational impact on women's employment net of other explanatory factors. This was done separately for BRAC eligible and non-eligible samples. The bivariate analysis has been able to demonstrate clearly the relative importance of education which was positive and significant, on such characteristics as contraceptive use, number of living children, amount of savings and loans, hygiene practice and employment activity. In the multivariate logit analysis, we examined whether education had any impact on women's employment, controlling for some selected background characteristics. The analysis revealed that generally a woman was more likely to be engaged in wage earning activity if she had some level of education, the higher the level, the more likely that she would be employed. It was also found that women's employment was closely related to savings that the woman had saved for herself, thus gaining greater credit worthiness. The baseline results suggest that BRAC's socio-economic intervention of education and credit to Matlab people would be able to put, at least to some extent, its effect on their lives to the path of betterment.

## **A STUDY ON THE SEASONAL VARIATION IN HOURS WORKED, INCOME AND EXPENDITURE**

*Mohammad Rafi*

This study has a simple objective. That is to observe three social security indicators, labor force participation, income and spending in number of villages in Jamalpur. Observation was made from February 91 through October 92. All together 321 landless households including TG BRAC households (i.e., households with a VO member and from the RDP villages), TG Non-BRAC households (i.e., households without a VO member but from the RDP villages) and TG Control households (i.e., households from the villages without a BRAC program) are observed in this

study. The mean values on the indicators from these household categories, for a fortnight in each month, are compared to understand the positions of these indicators and their changes over time.

A decline in the number of hours worked and in the cash earning by the households from all the three groups are observed. In the case of cash spending in a fortnight, TG BRAC had a gradual increase in the spending, whereas in case of TG Non-BRAC and TG Control spending gradually decreased with time. On the other hand, TG BRAC and TG Non-BRAC had an increase in the cost of food they consumed which in the case of TG Control gradually decreased.

## **SYSTEM, STRATEGIES AND BEHAVIOUR : A STUDY OF A VILLAGE IN JAMALPUR DISTRICT**

*SPF Senaratne together with*

*Rita Sen, Md. Abul Kalam, Amanullah Ferdous, Shahnuj Akter,  
Kamala Sarkar, and Akhter Hossain Mallik*

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

The objectives of the study was to identify and analyse the collection of strategies, the context in which they are generated and how the context and strategies together form a system in a village. The purpose is that this should lead to developing a "model" type of village investigation which, with some modifications, can be replicated in different cultural-ecological zones of the country in order to facilitate planning and evaluation of developmental works.

Every community has its arena of activity and by participation in these activities people develop a set of network of relationship and their behavioural patterns. The networks are changeable and these changes are the results of individual's decisions which indicate a certain direction. The direction can be further broken down into goals and the routes which a person attempts to pursue to attain them. This has been termed an individual's strategy.

System is seen as a complex of interacting elements, of which the collection of strategies is one, and the operation of the institutions on which they have their impact is another.

The different areas of village activity, such as the ownership and use of land, the wider economy, kinship, political activity and relationships with the outside world in terms of government and development were described in the study. The different strategies were defined and showed the application of different strategies to the different areas of activity.

## BODY MASS INDEX OF WOMEN FROM RURAL BANGLADESH : SOME SOCIOECONOMIC DETERMINANTS

*Syed Masud Ahmed, Md. Mohsin, Abbas Bhuiya,  
AMR Chowdhury and Shahriar Reza Khan*

This study was done to explore some socioeconomic determinants affecting women's nutritional status in their reproductive years of life. Data for this study were taken from Matlab baseline survey conducted during August to early November '92 under BRAC-ICDDR,B Joint Research Project in 60 villages of the DSS area. Anthropometry was performed on a sub-sample of 1462 currently married non-pregnant women between the age of 15 to 49 years. Women's nutritional status was defined in terms of Body Mass Index ( $BMI = \text{weight in Kg} / \text{height in metre}^2$ ). Socioeconomic information was collected using a set of pre-tested structured questionnaires which were administered by specifically trained female interviewers. The mean body weight(kg), height(cm) and MUAC (mid upper arm circumference) of women from BRAC non-eligible households were significantly better than the BRAC-eligible group. There was significant association of improved nutrition with years of schooling. As the women grew older, they became more undernourished. The proportion of undernourished women among those from BRAC non-eligible households decreased with increased food subsistence from household's land. No consistent relationship between households having better sanitation and hygiene practices with women's nutritional status was found. Also, women's nutritional status was found to deteriorate with the number of living children and the number of times they got married. Women who were practicing a permanent method of contraception were found to be nutritionally worse off than their counterparts. Apparently, poor nutrition of women of child-bearing age is the outcome of many interacting socioecological factors having deep roots in the culture, customs, women's status in the society etc. More indepth studies are needed to explore these areas to develop programmes for sustainable improvement in women's nutrition.

## WOMEN AS INCOME EARNER: CHANGES IN ATTITUDES AND KNOWLEDGE

*Syed Masud Ahmed, Md. Mohsin, AMR Chowdhury, Abbas Bhuiya*

This study was done to investigate the socio-demographic characteristics of income-earning women and the effects on attitude towards contraception and knowledge of immunization, family laws and life skills, in conditions of extreme poverty and underdevelopment. Data was taken from the Matlab baseline survey conducted during August to early November '92 under BRAC-ICDDR, B Joint Research Project in 60 villages of the DSS area. This survey, using pretested structured questionnaires identified 328 income-earning (and 9,525 non income-earning) currently married women of reproductive age (15 to 49 years). Analysis revealed that these income-earning women came primarily from socioeconomically disadvantaged households and were mostly engaged in jobs that could be done from within their own household. Income-earning activities had a favourable influence on women's desire for limiting family size and contraception practice, and were beginning to change their attitude towards women's work outside home. They were more

knowledgeable about immunization, family laws and essential life-skills required for survival compared to the non income-earners. It is concluded that involvement of these women in income-earning jobs helped in changing their attitudes towards taking up economic activity and also, in the retention of knowledge acquired. It is expected that opportunities for out-of-home jobs will expose them to the outside world, help broaden their knowledge base and resourcefulness, and go a long way towards empowering them for their rightful place in society.

### **TB CASE MANAGEMENT AT COMMUNITY LEVEL: SITUATION OF THE TREATMENT COMPLETED PATIENTS IN WOMEN'S HEALTH AND DEVELOPMENT PROGRAMME**

*Md. Nazrul Islam, Shah Noor Mahmud, Ahmed Ali, Fazlul Karim*

The study was conducted on 181 tuberculosis (TB) patients who had completed their treatment on or before June 1993 and were interviewed in July 1994 to investigate their socio-economic and physical condition, and measures taken by those who had cough for more than four weeks.

About 72% of the patients were male and 67% of the patients came from BRAC target group. Sixty-five percent patients were treated with 12 months, 16.6% with six months, 17.7% with eight months and 1.1% with nine months treatment regimens.

A total of 9 patients found dead within one year after treatment completion, and sputum of 5 patients (2.8%) were bacteriologically positive one month after completion of treatment. Forty (24.4%) of the surveyed patients had cough for more than four weeks and sputum of 32.5% of the patient were examined.

All treatment completed patients should be followed regularly by Shastho Shebikas-SSs (village health workers), culture and sensitivity tests should be done for relapse and uncured cases, chemoprophylaxis for resistance cases and 8 months treatment regimen for reducing infection and treatment costs saving were recommended.

### **A COMPARATIVE STUDY ON SHASTHO SHEBIKA IN MANIKGANJ AND OTHER RDP-PHC**

*Md. Nazrul Islam, Kaosar Afsana, Rukhsana Gazi, Fazlul Karim, Shah Noor Mahmud, Ahmed Ali.*

The study was conducted on Primary Health Care Programme (PHC) of Rural Development Programme (RDP) in Manikganj (older) and other areas (newer) to compare the performance of Shastho Shebikas (SS). Data was collected by interviewing the SSs (75 older and 75 newer) and villagers (748 group members and 742 non-group members) introducing a closed and on open-ended questionnaire in June 1993.

Ninety-three percent of the older and 99% of the newer SSs were active and almost all of them were providing curative, family planning and health education services. Role of SSs in hygienic latrine installation and contraceptive sale was found to be poor. Seventy percent older and 45% newer SSs were satisfied with their income earning from medicine sale, however more than 80% of the SSs (older and newer) also stated that more income could be generated through medicine sale if they could visit more households, purchase and sell medicine and were given training on more diseases.

Almost all of the SSs (older and newer) had enough knowledge on diagnosis of common diseases but the knowledge on case management was slightly poorer among the older SSs. Only 67% older and 50% newer SSs knew that ORS is needed for the treatment of dysentery along with medicine. And incomplete courses of antimicrobial were used for the treatment of dysentery as the patients could not afford it.

Shastho Shebikas in older and newer areas earned Tk. 96.0 and Tk. 46.0 per month from medicine sale, and Tk. 141.5 and Tk. 42.5 per month from other income generating activities respectively.

Fifty-nine percent and 55% of the group members from older and newer areas respectively sought treatment from the SSs while two-thirds of the villagers also sought treatment from village doctors.

There was no marked difference found between the SSs in older and newer areas. However, the income being earned through curative services was not enough, which might be a crucial factor for the sustainability of the SS programme, which need to be further researched.

## **A REVIEW OF OPERATIONAL STRATEGIES IN BRAC'S EPI FACILITATION PROGRAMME FOR HARD TO REACH AREAS**

*Md. Nazrul Islam, Shah Noor Mahmud, Fazlul Karim,  
AMR Chowdhury and Sadia A Chowdhury*

The study was conducted in BRAC's EPI facilitation areas to investigate the process of alternative strategies, status of combined service delivery, social mobilization and coordination between health and family planning staff. The study was carried out on randomly selected 5 intervention and 3 control areas in October 1994. Data was collected through interview and observation.

Most of the EPI sessions in haor villages and tea garden areas conducted during rainy season through crash programme and on weekly holidays respectively. However, some geographical and social constraints were responsible for low EPI coverage in these areas.

A large number of combined centres were held in the intervention areas, and 27% of the combined service recipients in intervention and none from control areas were motivated for immunization by the health and family planning staff. Half of the mothers mentioned that availability of different services at one place was the advantage of combined service delivery centres. Moreover, all and



90% mothers in intervention and control areas respectively were satisfied with the quality of combined services.

Coordination meetings held regularly between health and family planning (FP) departments in both the intervention and control areas.

Seventy percent BRAC target group, and 55% non-target group children were fully immunized. Health Assistants (HAs) and BRAC staff in haor areas, and HAs and family welfare assistants (FWAs) in tea garden areas played a major role for social mobilization for immunization. In the last three months, households of fully immunized children were visited 2.7 times by the health workers 2.0 times for partially and 1.8 times for not immunized children.

Social mobilization, strengthening of coordination between health and FP departments, emphasis on registration of target children, health education, effective action plan, supervision of field staff were recommended for further improvement of EPI facilitation programme.

## **AN EXPLORATORY STUDY ON SEXUALLY TRANSMITTED DISEASES IN TWO REGIONS OF BANGLADESH**

*Md. Nazrul Islam, Kaosar Afsana,  
Hashima-e-Nasreen and AMR Chowdhury*

The real situation of STDs in Bangladesh at community level is still unknown. Even more importantly, little is known about the common presentations of STD patients, sexual behaviour of STD patients, local terminologies and treatment facilities. This study was conducted in two regions of Bangladesh to explore the role of service providers in managing STDs. Data was collected from qualified and non-qualified practitioners and traditional healers through informal discussions using an open-ended checklist.

The study found that diagnosis and treatment were made mostly on the basis of clinical findings by the qualified allopathic practitioners in hospitals and their private practices. The male STD patients usually suffer from gonorrhoea, syphilis, urinary tract infection and non-gonococcal urethritis while the female from trichomoniasis and giardiasis.

The non-qualified practitioners and traditional healers reported that gonorrhoea, syphilis, deformed penis, weak penis, weak intercourse, thin semen, nocturnal emission, "Dhajabhango" (impotency), pain during urination, irregular menstruation are the common complaints of jaunarogi (STD patients). Antibiotics, analgesics, antihistamines and ointments are used by the quacks for the treatment of STDs, while different herbal tablets, mixture, "Halua", herbal oils and herbs and creepers are used by "Kabiraj" and "Hakim".

This is the first phase of a three-phase study. Further study is needed to explore the community perception and incidence and prevalence of STDs.

## AN EVALUATION OF KNOWLEDGE AND PRACTICES OF TRAINED TRADITIONAL BIRTH ATTENDANTS

*Hashima-E-Nasreen, Md. Nazrul Islam,  
Shah Noor Mahmud and Fazlul Karim*

Training of TBAs in modern health care can help provide ante and postnatal care and ensure safe and hygiene delivery practice. BRAC has trained about 2,355 TBAs from 1,500 villages of 10 thanas under its Women's Health and Development Programme (WHDP).

To evaluate the knowledge, attitude and practices of trained TBAs, RED conducted a study in 10 thanas of WHDP from December '92 to January '93. The delivery status was obtained by interviewing 432 mothers who gave births during 16th August '92 to 14th November '92. Fifty TBAs who attended these deliveries were also interviewed. To prove the TBAs' reports one mother against each of these 50 TBAs was interviewed. They were interviewed by highly trained male interviewers using pretested questionnaires.

The study found that only 18% of deliveries were performed by trained TBAs. Out of these, 84% of TBAs washed their hands with soap and water and 68% changed their clothes prior to attending the labour. But 64% of mothers claimed that their TBAs changed their cloths and only 48% washed hands. About 58% of TBAs had knowledge about TT vaccination during pregnancy and only 42% of mothers said that had received this advice. 88% of TBAs advised taking additional food during pregnancy but majority of women did not take iron (72%) and nutrition supplements (58%). According to TBAs, 20% of mothers (432) were high risk and 94% TBAs visited mothers during post-natal period.

The above figures show better performances of trained TBAs but the rate of delivery attended by BRAC-trained TBAs was very low. As the practices of trained TBAs were found to be excellent in only a few aspects, further emphasis should be put on TBAs' practical training and supervision.

## VACCINATION COVERAGE SURVEY IN WHDP-EPI FACILITATION AREA

*Shah Noor Mahmud, Md. Nazrul Islam, Fazlul Karim,  
Ahmed Ali and Kaosar Afsana*

This paper presents the survey results on vaccination coverage in BRAC's EPI Facilitation areas in 42 thanas of Chittagong division. BRAC facilitate the programme through coordination between government health and family planning staff, social mobilization and dissemination of message about the importance of immunization. The survey was aimed to assess the vaccination coverage status, reasons for failure to immunize and knowledge of mothers about vaccination schedules and its side-effects. It was carried out during 20 April - 5 May 1994 using the "30 cluster survey method."



The survey found that 65% of the children (12-23 months) were fully immunized and 14% not immunized at all. About 65% of the mothers having infants (0-11 months of age) received two doses of tetanus toxoid. Dropout rate from BCG to measles vaccination was 22% followed by DPT-1 to DPT-3 20%. Child immunization cards and TT cards retention rate were 54% and 28% respectively. Fifty two percent of the infants were protected against neo-natal tetanus.

As regards children, the major reasons for partially or not- immunized were inadequate information on vaccination, schedule, fear of reaction and lack of understanding on its importance. It was observed that 50% of the Family Welfare Assistants (FWAs) were present in the EPI sessions, and equipments were sterilized in 41% of the vaccination site. BRAC workers need to be more active in social mobilization and more involvement of government supervisory staff need to be encouraged.

### **BACKGROUND CHARACTERISTICS OF MOTHERS WITH STILLBIRTH IN WOMEN'S HEALTH AND DEVELOPMENT PROGRAM**

*Kaosar Afsana, Fazlul Karim, Shah Noor Mahmud,  
Md. Nazrul Islam, Ahmad Ali*

This study aimed to assess the factors related to still births in all areas of Women's Health and Development Program (WHDP). A total of 143 mothers, who gave stillbirths during last six months (counting from the first day of interview) were selected as sample. Ten monitors collected data by interviewing the mothers using semi-structured questionnaires. Program documents were also consulted to verify necessary information. The findings reveal that a majority of the women had no formal education. Women in the age group between 20 and 29 years had maximum still births. Still birth was highest at gravida 4+ and also para 4+. Some women had bad obstetrical history. Though a majority of the mothers were registered, some of them never attended the ANCCs. Most of the women carried antenatal cards which were either partially filled in or not filled in. Some women were identified as high risk. All still births occurred in 9 months of pregnancy. Most of the women were delivered at home and some were internally manipulated during delivery. A majority of the women stopped feeling foetal movement 1 day before delivery and did not adopt any measures for it. Most of them had contact with BRAC POs/doctors/health cadres after still births. Promoting education level of women, raising awareness about family planning and improving antenatal care programme, particularly health education, and close supervision of POs and health cadres are recommended.

## MOTHERS' PERCEPTIONS ABOUT MATERNAL HEALTH CARE AND THEIR UTILIZATION OF HEALTH SERVICES IN WOMEN'S HEALTH AND DEVELOPMENT PROGRAM

*Kaosar Afsana, Shah Noor Mahmud, Fazlul Karim,  
Md. Nazrul Islam, Ahmad Ali*

This study aimed to assess maternal health care in the operational areas of Women's Health and Development Program (WHDP) in light of mothers' perception about the health care and the extent of their utilization of services. The study selected twenty villages of WHDP using multistage sampling methods. A total of 181 women who gave births during December 15, 1992 to March 14, 1993 were selected from both the target (TG) and the non-target group (NTG) by visiting all households of the selected villages. Ten field based monitors collected data by interviewing mothers using semi-structured questionnaires. Program documents were also consulted to verify necessary information. The findings reveal that antenatal care was found to be better in pilot areas than in non-pilot areas but intranatal care and postnatal care seemed to be inadequate in both non-pilot and pilot areas. A majority of the women had moderately adequate knowledge about antenatal care of women who were recorded by the Program most of them did not show up in the ANCCs. Some women had 3+ visits to ANCCs during antenatal period. Attendance of women at the ANCCs was found to be highest at 7 and 8 months of pregnancy. Surprisingly, women received inadequate services in all antenatal health centres. A majority of the women had deliveries at home. During delivery, women received assistance from untrained TBAs because most of the mothers were ignorant about BRAC TBAs. Most of the women had inadequate knowledge about postnatal care. Majority of the women in both areas were unaware about the availability of postnatal services. In both areas, among the ailments of antenatal period, the most common was pregnancy induced hypertension and a majority did not take any measures for antenatal ailments. During intranatal period, prolonged labour was the main problem among all women and they sought measures at home. During postnatal period, most women suffered from anaemia and postpartum haemorrhage. For postnatal ailments, a majority of the women sought home remedies in both pilot and non-pilot areas. Close supervision of POs and TBAs, provision of refresher's training and incentives to POs and TBAs, raising awareness of women about antenatal care, improving services in ANCCs are recommended.

## WOMEN PROGRAM ORGANIZERS' PROBLEMS IN BRAC : A CRITICAL ASSESSMENT

*Kaosar Afsana, AMR Chowdhury, Hashima-E-Nasreen*

This study aimed to identify the problems the woman program organizers (PO) of BRAC face in their day-to-day life as POs, and to determine the role of BRAC in dealing with such problems. The study was carried out in different programs of BRAC in Mymensingh region and in research teams of Manikganj. The study population included 16 woman program organizers (PO), 11 field managers and 4 senior managers of different programs. The principal investigator and a co-

investigator collected data through in-depth interviews and informal discussions. The findings reveal that woman POs suffer from various problems in their jobs and at family levels. All women complained that they are overloaded with work at the field office. Workload makes them exhausted, fatigued and ill-tempered. Women who live with their families fail to maintain a content and relaxed family life. Though unmarried women prefer to live in the office-cum-residence, the atmosphere in this place prevents mental rest. Living in the office-cum-residence also creates problems with woman POs' guests, particularly, their husbands. Workload is associated with problems during pregnancy, childcare and personal leave. During pregnancy, woman POs ride on motorbikes or bicycles and walk miles in the field. Salary is low in comparison to workload. They cannot move freely on weekends or holidays without taking permissions from the managers. Women are much concerned about teasing and harassment that occur in the field regularly. Discrimination is obvious between men and women in the field office. Victims of accidents are properly treated if it is severe but for minor to moderate accidents nobody gets any compensation. Some women said there is unfair promotion among the POs in the field. There are various family problems which have adverse effect on women's lives. Most crucial are divorce and worse relationship with their husbands. In the light of woman POs' problems, and the managers' pertinent opinions, the program should develop a system to reduce workload of woman POs; community living can be abolished to use the money for employing more workers; salary should be raised; rewarding facilities should be provided; proper supervision should be emphasised; men should change their attitudes; maternity leave should be extended to 5 months; and others.

## **THE FIRST THREE MONTHS: AN OBSERVATION ON THE PROCESS OF FORMATION OF VILLAGE ORGANIZATIONS**

*Manzurul Mannan, AMR Chowdhury, Abbas Bhuiya and Masud Rana*

This study is on the process of Village Organization (VO) formation. BRAC organizes the poor by initiating the institution building process through the formation of Village Organizations. The VOs create contexts within which mobilization, conscientization and empowerment of the poor and women take place. It particularly looks at the events, problems and constraints involved in the VO formation. This study has two objectives. First, it tries to understand the VO dynamics at relational level. It focuses on the transaction between BRAC staff and the poor and also on the problems and constraints involved in transaction. Secondly, it attempts to identify future research issues from emic perspective, that is, the issues considered important not by the researchers, but by the poor themselves.

The study is delimited by the first three months. The reason is that at the end of three month cycle the group members qualify for receiving credit. The flow of credit into VO significantly changes the dynamics of VO. The members, after the formation of VO, have to perform three important tasks. First, they have to save regularly for three months; secondly, they have to complete the Social Awareness Education (SAE); and thirdly, they have to attend VO meetings on a regular basis. It also shows that practice of these three tasks will allow them to learn about organizational discipline. The study shows that the members acquire new orientation about life as they begin to think critically, as they could link their object poverty to the wider structure of society.

## CURRENT ACCOUNTS FOR THE RURAL POOR: A STUDY ON BRAC'S PILOT SAVINGS SCHEME

*Hassan Zaman, Zahed Chowdhury, Nazir Chowdhury*

BRAC's RDP introduced a new savings experiment in March 1993. In ten RDP/RCP branches, scattered nationwide, VO members were allowed to withdraw savings they had accumulated with BRAC at any time. This is different from the standard "deposit account" savings system operated by BRAC where VO members can only partially withdraw their funds after five years.

This evaluation report considered three main issues. First the financial viability of the scheme was analysed. A model was constructed to investigate whether the savings generated from the new system and reinvested by BRAC through its Revolving Loan Fund (RLF) would be sufficient to cover the costs of the credit operation. Projections were made upto 1996 from the data obtained at branch and head office level. Due to the fact that BRAC's development 'package' is delivered in a mix of credit and non credit inputs a system of apportioning the 'only credit' costs had to be developed. Essentially the model looked at whether the revenue from loaning out funds at 20% interest would cover the 6% interest on deposits and the costs of the credit operation. The analysis was theoretical in nature in that BRAC does not recycle its savings into its loan operation but it may do so in future. The second objective was to collect data on the change in the rate of savings deposited and withdrawn as a result of the new scheme; this data was collected at individual branch office level. We also reported on the implementation of the scheme at branch level since no uniform guidelines had been passed down from head office. Our last objective was to gauge the popularity of the scheme amongst villagers through focus group discussions in a randomly selected number of villages.

A key finding from our work was that the introduction of an "open savings" scheme had a significant effect on savings mobilization. In the six branches, distributed agewise, that we studied, we found that the average savings per head was seventeen taka a month compared to fourteen taka in the control branches. Furthermore the average total deposit in the pilot branches was 80350 taka compared to 46967 taka in the control branches. More pertinently the net of withdrawals savings generated from the new scheme was found to be greater than the control branches. In terms of financial viability our conclusion was that in the first year of operation savings mobilization was not enough to cover the operating expenses in any of the six branches although the losses decrease with age of branch. In our projections analysis we found that the scheme gradually approaches break even over time in all branches, the older ones first. Our discussions with the VO members indicated the reason behind the rise in savings mobilization; the rural poor had more faith that they could withdraw their savings in times of need (emergencies being the main reason for withdrawal) and so had more confidence in BRAC as a financial intermediary. There was considerable diversity in the schemes implementation amongst the various branches.



Our recommendations were to standardize proceedings at branch level making the withdrawal process more transparent and less discretionary by fixing minimum balances beyond which account balances could not fall. In order to raise the level of savings mobilization we felt that BRAC branch staff should treat the VO members as potential clients as opposed to beneficiaries and raise the standard of service provided. BRAC could also supplement a current account with a longer term deposit account and offer its services to people outside its target group. On the whole we felt the scheme should be replicated nationwide.

## THE RATE OF RETURN ON BRAC FINANCED PROJECTS

*Hassan Zaman, Saima Rahman, Shahed Husain and Masud Rana*

The objective of this study was to look at the profit rates made by VO members once they have made investments in projects financed through BRAC loans. The viability of the entire organization largely depends on loanees successfully repaying their weekly installments. Although these repayments may originate from a variety of sources, a crucial channel is via the profits made on their individual microenterprises.

This study took a sample of seventy households divided equally amongst seven different projects. The projects investigated were paddy cultivation, potato cultivation, goat rearing, bull fattening, grocery shop, net making and poultry.

The profit rates were calculated using detailed structured questionnaires which collected information on revenues and costs of the project. Information on time spent on the project was also collected in order to measure the opportunity cost of the time spent on the activity.

As for the results we found that potato cultivation, poultry (mainly chick rearers in our sample) and net making were the activities that made the most substantial contribution to household income; over 1000 taka per month each. Grocery shops were the intermediate category, the economic profit being considerably lower than the accounting one due to the considerable amount of time the loanee spends on the activity. Goat rearing and paddy cultivation were found, in our limited sample, not to be significant contributors to household income making marginal amounts of profit. Bull fattening on the other hand was found to be a loss making activity.

The impact of training was also analysed. The amount of profit made by those with relevant skill training was compared with average profit rates for the activity; although the former was in most cases found to be higher this difference was not significant.

The reasons for the variations in profits were also explored. The main reason behind the difference in the two agricultural crops was in terms of productivity; average potato output per decimal is 1.27 maunds while average paddy output is 0.48 maunds per decimal. We also found that sharecroppers who cultivated potato received subsidized inputs from the landowners whereas paddy cultivators generally did not; the market price for potato was also fifty taka per mound higher than that for

paddy. Goat rearing's profitability is constrained by high mortality rates whereas bull fattening return accrue in the long term especially when BRAC loan ceilings permit the purchase of only young bulls.

Our recommendations are for BRAC to raise loan ceilings for net making, shop trading and bull fattening as it ought to raise borrower's profit rates. BRAC should also strive to ensure the timely delivery of inputs, particularly vaccination and marketing, as they are essential for the success of the project. Seasonal loans, like bull fattening loans three months before Eid, should also be encouraged. Finally we concluded that BRAC ought to pay closer attention to the potential profit rates made on projects instead of concentrating on mass disbursement only to meet set loan targets. After all, ultimately organizational sustainability will depend on borrower viability.

### **IDENTIFYING THE REASONS FOR DROPOUT AND EXPULSION OF MEMBERS FROM VILLAGE ORGANIZATIONS**

*Kaisar Ali Khan and AMR Chowdhury*

This study attempted to identify the major reasons for dropout and expulsion of VO members from village organizations and its effects on RDP. Information for the study was collected from five RDP areas following the 30 cluster method, and a total of 840 VO members (420 dropouts and 420 current members) were interviewed. The study identified some major reasons for dropout and expulsion of VO members as follows: a) over expectation of the members towards the VO in meeting their basic needs, b) loan default due to various reasons, c) existence of other NGOs in the same areas which offered more attractive credit facilities than RDP, d) certain activities of local management which were disliked by the VO members, e) diminishing loyalty of the members towards their VOs after some improvement in their economic condition, f) lack of foresight of the BRAC staff, g) frequent transfer of BRAC staff, h) reduced attention of motivational activities of the members while conducting the weekly meetings, i) illness of the VO member etc. The study showed that dropout and expulsion of the VO members had created some negative effects on BRAC and RDP. Because of their long association with the program, the old VO members are supposed to take major role in attaining of the RDP goals. But a sizeable portion of them had dropped out or were expelled. The study also found that most of the outgoing VO members were endeavouring to de-motivate other members and also the community people against BRAC. Another effect of the episode is that due to reduced number of members in the affected VOs, the Area Offices sometimes suffer from the minimum requirement for holding the target on membership. Some of the VOs also suffer from shortfall of members. As a result the adjacent VOs have been amalgamated or dissolved. So, to attain the targets the Area Offices were found to be selecting in the new villages, located at longer distances from Area offices, which involved more time and cost for interaction with the VOs.

## INVOLVEMENT IN NON-TRADITIONAL ACTIVITIES: THE IMPLICATIONS FOR WOMEN'S EMPOWERMENT

*Samiha Huda and Naomi T Hossain*

The chief objective of this study was to analyse the implications for women's empowerment of their involvement in non-traditional income-generating activities. The main areas of focus were an examination of- a) what empowerment means for women and b) how the impact on women's lives of their involvement in non-traditional activities differs from that of their involvement in traditional activities. Thirteen BRAC and non-BRAC women were studied using case study methods, from three different income-generating programmes and areas of work (both those considered traditional and those considered non-traditional, for the sake of comparison): poultry, nakshi kantha and the carpentry trainee programmes.

Important findings included that women's main concerns were economic stability, women work because they have to and would prefer not to, women are overburdened by dual demands of housework and income-generation, there was resistance to women in non-traditional areas of work, and that economic dependence of the husband on the wife plays a part in determining relatively equitable gender relations.

This study used the cases to explore the meanings of terms commonly used in BRAC programmes, such as **empowerment** and **traditional** and **non-traditional work**. It concluded that such terms run the risk of being irrelevant to the concerns of the women themselves, and need clarification. General recommendations included that BRAC rethink aspects of its women's projects, in order to focus on the needs and aspirations of target group women which currently differ from those of BRAC, and to take into account the fact that women carry a dual burden as they do not have wives at home to do the housework for them.

## RISK FACTORS FOR WOMEN-HEADED HOUSEHOLDS: WHAT MAKES THEM VULNERABLE?

*Naomi T Hossain and Samiha Huda*

This study was undertaken with the aim of identifying areas of risk for women-headed households, in preparation for a more comprehensive nationwide study of women-headed households.

Field work was undertaken in Matlab, where 32 women heads of households were studied. Key findings included the following: that while women who head their own households range from



wealthy to destitute in economic position, there are areas of risk for all of them. These arise out of women's resource entitlements being primarily **normative** in nature, and as such dependent heavily on their family and kin links and relations. Land ownership and control, for example, is both legally and socially restricted to males in the main: the consequences for women include that their position is economically unstable. In addition, the proscription by village communities of certain kinds of work for women means that there is a further restriction of the few jobs which are available to women. Women on the margins of survival will take a job such as earth-cutting, it was found, while others in only slightly better circumstances will not. BRAC membership was not restricted to target group women, it was also found, and a number of women were reluctant to take loans once they had joined. Concern about loan repayment and the savings programme were factors preventing non-BRAC target group women from joining.

Economic risks were further complicated by the set of social rules governing women's behaviour. Very few rules are relaxed for women even when they are without husbands, it was found. These rules, mostly regarding *purdah*, tend to restrict women's lives by limiting their mobility and their ability to have contact with non-kin/outside; this makes them dependent on male family and *bari* members in innumerable ways, from making decisions about the household to transactions involving land.

It was also noted that clear distinctions can be made on the basis of whether the household is *de jure* (without a male head in the form of a husband at any time) or *de facto* (temporarily without a male head, usually a migrant worker husband who returns intermittently and provides economic support to the household), primarily in terms of economic stability and household decision-making patterns.

### LINKING THE SCHOOL AND FAMILY: COMMUNITY PARTICIPATION IN BRAC SCHOOL

*Monira Hasan, Sabina Rashid, AMR Chowdhury*

BRAC has already been trying to involve the rural community through monthly guardian meetings. Through these meetings the school administrators are involving guardians in the decision making process. The guardians are encouraged to assist in maintaining the school, resolve problems if there is any and so on.

This study is basically an in depth evaluation of guardian meetings of the NFPE schools. Through the use of qualitative research approaches, the researchers of this study tried to find out the overall situations of guardian meetings in two rural areas of Jamalpur and Matlab.

On the basis of the findings, a general statement has been made about the monthly guardian meetings in the report: these meetings are necessary to keep in touch with the guardians to motivate them on a continuous basis. By this the guardians, teachers and the NFPE staff will be able to interact with each other frequently. This consequently would help create unity among the rural

people. However, some conditions have been identified as essential to make the monthly guardian meetings more useful for the management as well as for the clientele: Specialized training modules to be included into the refresher and training courses; reduce frequent transfers of NFPE staff; increase direct supervision from the Head Office to the area offices; and to increase personal contracts with the local religious leaders, local government representatives and community leaders. It has also been suggested to organise informal meetings between NFPE and government schools.

Most of these conditions has already being followed by the BRAC schools. It has been suggested here to enhance these activities to get better results in establishing strong collaboration among school personnel, parents, community members and students. Enhancing these conditions for sustaining collaborative participation rests on the sincere desire of BRAC management and school administrators.

## PROPOSAL FOR A GENDER RESEARCH PROGRAMME IN BRAC

*Simeen Mahmud and Monira Hasan*

A increasingly significant proportion of BRAC's programme is targeted at rural women and girls with the goal of bringing about change in their lives. As a development organization, BRAC is constantly seeking ways to improve its outreach and performance in achieving this goal. One manifestation of this is the increased emphasis on recruiting women staff at all levels and putting qualified women in responsible decision making positions within BRAC. Another is the increased concern with looking beyond statistics on women's participation, to questioning the actual impact of this participation on the lives of women, their families and the community. Within this latter context, BRAC invited a UNIFEM Mission to explore the various options open to BRAC in order to strengthen its capacity to establish and undertake a comprehensive gender research programme and to make recommendations.

The terms of reference of this particular study is to identify the felt needs for gender research within BRAC and within RED. And to identify alternative structural options for BRAC's strategy for creating awareness about gender concerns broadly and strengthening capacity for gender research more specifically. Therefore, a number of options for initiating a comprehensive gender research programme within the context of restructuring of RED have been suggested in this report. These include: (a) a gender research study team (GST) within RED; (b) a well identified gender research unit (GRU) within RED as recommended in the UNIFEM report; and (c) a gender and development unit (GDU) located in RED but with a wider operational mandate within BRAC. These options have been identified through the interviews and the questionnaire administered to both RED and non-RED staff of BRAC.

## **BASIC TRAINING COURSE FOR THE TEACHERS OF BRAC'S NON-FORMAL PRIMARY EDUCATION PROGRAMME: VIEWS OF THE TEACHER TRAINEES ON SOME SELECTED ISSUES**

*Shah Asad Ahmed*

With the expansion of non-formal primary schools, BRAC's training division has been training increased number of teachers, The "Basic Training Course" for the teachers is the core course which transfers knowledge and skills that ultimately goes down to the students.

Using PRA techniques this study explored the views of 25 teacher trainees on the process and learning environment. The stronger view was that the course duration should be much longer. With regard to the co-curriculum activity it was observed two Muslim trainees avoided dancing and singing that left us to rethink the traditional Islamic values and the contents of co-curriculum. The overall feelings and reactions of the teachers highlight the fact that the course was enjoyable to them and they were committed to transferring knowledge and skills to the students of BRAC's non-formal primary schools.

## **IDENTIFYING THE POSSIBLE WAYS FOR UTILIZATION THE EDUCATION OF THE NFPE GRADUATES: SOME PROPOSITIONS**

*Md. Kaisar Ali Khan and AMR Chowdhury*

This paper attempts to identify the possible ways for utilization of education on NFPE graduates. Data was collected for the study from four RDP/NFPE Areas located at four former administrative divisions of Bangladesh. Data was generated through indepth interview with the graduates, their parents, NFPE teachers, and BRAC staff. In this regard, most respondents proposed to involve the graduates in different economic enterprises to increase their income and employment opportunities through training and credit support. BRAC can establish some Vocational Training Institutes for the purpose of mechanical and technical training to train up the graduates on the aspects. Including these, BRAC can expands the activities of Ayesha Abed Foundation in different districts of Bangladesh and recruit the graduates as trainees. Some of the respondents advised to establish an independent unit for the purpose of operation and management of the project. It was also advised to recruit the graduates in BRAC's income generating projects. Last of all researchers opined that, to institutionalize the process of rural development, BRAC can be recruited the graduates in RDP Village Organizations (VO) as VO leader, member of management committee and small group leader.

## **AN INSIDE LOOK AT TWO BRAC SCHOOLS IN MATLAB THANA**

*Sabina Rashid and AMR Chowdhury*

"BRAC's experience with community participation, its knowledge of the values and behaviours of village people and its program implementation experience were essential ingredients for the success of the Non-Formal Primary School" (Lovell and Fatema, BRAC 1989).

This report is a case study of two BRAC schools (School A and School B) in a rural village in Matlab. The study investigates the initial establishment of the schools and documents the factors that might affect the efficiency of a rural school.

It was found that School B was suffering from a high drop out rate whereas School A had a better attendance rate.

The initial setting up of the schools was disorganised due to a shortage of staff. The Programme Officers (POs) relied on a local girl (X), who helped them to set up the schools, and she was promised a job at the school. However, she was not hired because she was unmarried (BRAC prefers to hire married women as teachers). This created tension within the community and School B was affected. The teacher of school B and her students were regularly harassed and threatened by some members of the community as they felt that "X" should have been hired. There was some resentment against BRAC and rumours were spread that BRAC was a Christian Organization.

Other factors that also affected School B more than School A was the lack of parental involvement in their children's schooling, irregular parent teacher meetings (only 3 monthly meetings out of 12 had been organized in 1993), irregular attendance of the students, replacement of students was occurring, and there was also a constant transfer of POs in the village. This made it very difficult for the POs to build up a rapport with the community.

In general, more communication is required between the Headquarters and the field staff when it comes to implementing a program.

## **SUSTAINABILITY OF HEALTH EDUCATION: THE CASE OF ORAL REHYDRATION THERAPY IN RURAL BANGLADESH**

*AMR Chowdhury and Fazlul Karim*

Oral rehydration therapy (ORT) for the treatment of dehydrating diarrhoeas has been promoted in the developing countries, including Bangladesh, since the early 1980s. BRAC has taught the preparation of a homemade method of ORT to over 12 million mothers during 1980-90. The government and other agencies have promoted the distribution and sale of pre-packaged ORS ("Packet ORS") through retail outlets and static health centres.

Over the period since the BRAC programme was initiated many research studies looked at different aspects of the programme including the safety of the solution prepared by mothers and the usage of ORT. Most studies indicated that mothers acquired the capability of preparing a 'safe and effective' solution, although this tended to decline as the time since teaching elapsed. Usage was very low at the beginning (5% of diarrhoea episodes) but increased over time, and by late 1980's, it hovered around 25%. The usage also depended on how diarrhoea was defined: for amasha which is dysenteric diarrhoea with little fluid loss, the usage was lowest; but for daeria which is severe watery diarrhoea the usage was up to 50%. Lobon-gur saline (LGS), promoted by BRAC, dominated the ORT use, and the packet had only a small share.

In 1993, 90 villages in different districts of Bangladesh were revisited, and 9,000 interviews were carried out. Reinterviews done within two weeks of the actual interview found that the data quality was quite good.

The study found that an overwhelming majority of mothers still remembered how to make a 'safe and effective' solution, even 12 years after the instructions. Earlier studies had indicated that the knowledge of ORT was slowly getting incorporated into the rural culture of Bangladesh. More episodes are now treated - about three quarter of the episodes now receive some treatment compared to a half before. Contrary to previous evidence, the study found a much higher usage of ORT - the 'packet' being the most dominant. Overall usage was over 50%. With the dysenteric diarrhoeas removed from the analysis, the usage reached 60%. For severe watery diarrhoea, the usage was 80%.

The attitude and practice of drug sellers and village doctors also changed. They recommend ORT much more now, and no drug sellers recommended intravenous therapy. Members belonging to the medical profession (qualified and unqualified), however, still remain a major stumbling block. The availability of packet ORS improved enormously, particularly among rural pharmacies. The diligent promotion has now started to bear fruits, and new thoughts on further promotion is explored.

## AN INVESTIGATION INTO THE NATURE AND DETERMINANTS OF MATERNAL MORBIDITY RELATED TO DELIVERY AND THE PUERPERIUM

*EA Goodburn, AMR Chowdhury, Rukhsana Gazi,  
T Marshall, W Graham, Fazlul Karim*

BRAC and the London school of Hygiene and Tropical Medicine (LSHTM) jointly carried out a study on maternal morbidity in three unions of Manikganj district and registered 2099 pregnant mothers over one year period. The primary objectives of the study were; identification of the levels, causes and consequences of post-partum maternal morbidity and description of the influence of maternity care on outcomes in the puerperium. Data was collected through focus group discussion, survey and case studies. The main part of the study was a prospective community-based study, with retrospective collection of data on obstetric history, history of pregnancy and delivery including simple physical examinations. Under the study the pregnant mothers were



identified in their first trimester by regular monthly household visit and were being followed up till the third month after child birth.

The study reported that most of the deliveries (97%) occurred at home while 92% of the deliveries were attended by traditional birth attendants or relatives and 50 % of the women reported some action being taken to speed up labour. One third of women had experienced one or more serious complications at the time of delivery such as duration of labour for more than 24 hours (8.4%), retained placenta (8.6%) etc. Ninety two percent of the women reported one or more symptoms of ill health during the 2 weeks after delivery. Symptoms such as dysuria and perineal problems were high level during the 2 weeks after delivery and were still being reported by over 7% of women even 12 weeks after delivery. Over 10% of women were reporting breast problems at the end of the follow-up period. Excess bleeding other than secondary postpartum haemorrhage was experienced by 16% of women in two weeks immediately after delivery and 5.6% of women between 2 and 6 weeks after delivery. Over 50% of women were anaemic to some degree at the 48 hour and 2 weeks examination. It was found that 26% of women had evidence of infection during the first 2 weeks after delivery, and 14.7% during the period 2 to 6 weeks after delivery. Over 29% of women reported having had an abnormal vaginal discharge during the first 6 months of their pregnancy and 25% during the last trimester. A significant association was found between the duration of the second stage of labour and the development of infection and also between the birth attendant having put her hands in vagina and the development of infection. The nutritional status of the women as measured by MUAC declined towards the time of delivery and the low socio-economic group had poorer nutritional status throughout the pregnancy. Only 12.6% of women had an ante-natal check up. The mean birth weight was low, 2.47 kgs with the proportion of LBW babies being 46.7%. Although socio-economic and maternal education were not appeared to be strong predictors of LBW but short maternal stature and low MUAC were both significantly associated with LBW. The qualitative data from the focus group discussions, and from the in-depth interviews indicated that women were aware of post-partum health problems and there are traditional remedies for many of these conditions. There were strong beliefs in the influence of the supernatural in health conditions related to childbirth and many of the remedies had a strong spiritual content. Seclusion practiced for a variable length of time following child birth, and this can make it difficult for women to gain access to formal health services if they become ill at this time. Much of these maternal morbidity could be either preventable or treatable with simple methods.

## STUDY ON THE CAUSES AND FACTORS RELATED TO MATERNAL DEATHS IN WIIDP AREA OF BRAC

*Rukhsana Gazi and Fazlul Karim*

Death monitoring for the women and under five children is one of the 19 program components of Women's Health and Development Program (WHDP) of BRAC. Under this program component, maternal deaths are being continuously recorded at field level. Here we had scope to investigate the reported maternal deaths. The study was done in ten thanas of WHDP area and a total of 91



maternal deaths as reported by the program during August 1992 to January 1993 were investigated administering a pre-tested questionnaire. Data was collected from multiple respondents; TBAs, relatives, family members and BRAC POs. The objectives of the present study were to identify the common causes of maternal deaths in WHDP area, to study the factors related to maternal deaths in terms of socio-economic background, demographic and reproductive factors and to explore the circumstances during delivery and maternal deaths including birth practices.

The study found that eighty percent of maternal deaths in the present study sample were direct obstetric deaths and the most common cause of death was toxemia of pregnancy (43%). The classical triad of causes of maternal death, infection-eclampsia- haemorrhage, accounted for about 75% of all maternal deaths. The data showed that maternal age less than 25 years, high parity and primi-gravidity were likely to be positively associated with increased risk for maternal deaths. A higher percentage of deaths occurred in landless and illiterate groups of mothers. As majority of the mothers who developed the complication were in low risk group and received ante natal care, it seems that risk screening approach or antenatal care do not have much predictive value in terms of obstetric emergencies. Most of the mothers were delivered by untrained family birth attendants and referred to the hospital by relatives. This represented a minor role of the trained TBAs. So, the TBA training programs should try to cover the family birth attendants and the community members (in-laws, husbands, leaders) must be educated about the danger signals of obstetric emergencies. Majority of the mothers died during and after delivery entailing the need that a greater attention should be paid during this period and proper selection for hospital delivery can minimize the risk of maternal deaths. The higher referrals of TG to hospital could be explained by the fact that WHDP is giving inputs to raise awareness among them. Outcome of the current pregnancy was poor, 45% delivered stillbirth. Although the umbilical cord was cut by a boiled instrument in 71% of cases, in more than 50% cases it was tied by an unboiled cotton string which is a dangerous practice. Most of the maternal deaths could be prevented by timely management or referral. So, efforts should be made to improve the emergency transport and referral system.

## **IMPACT OF AN INTENSIFIED FAMILY PLANNING PROJECT ON CONTRACEPTIVE PRACTICE IN RURAL BANGLADESH**

*Fazlul Karim, J Ahmed and AMR Chowdhury*

This study assessed the outcome of a 15-month long experimental project on family planning, jointly implemented by BRAC and the government of Bangladesh. The purpose of the project, carried out during 1989-91, was to promote contraceptive use in rural Bangladesh. The data were collected from 1,152 eligible women (intervention 557 and non-intervention 595) and the methods included both survey and case studies.

The study found a significantly higher CPR (41%) in the intervention area over the non-intervention (29%), from a baseline of 28%. This represents 10% average annual increase in the intervention area. At the national level, the CPR increased by 4.7% during the same period.

Case studies showed that religious barriers were the major reason (93%) for contraceptive non-use by the 'never user' groups of women. Adverse side-effects were the primary reason for dropout

(46%). "Acute poverty" was found to be a major reason for continued use. Majority of the 'Imams' with training on primary health care and family planning were either passive or supportive of FP compared to their untrained counterparts.

The study concluded that the existing FP program of the Government could be improved substantially by providing some additional inputs, viz., more staff, house to house visit for couple motivation and strengthening of satellite clinics.

## **SOCIO-ECONOMIC BASE LINE SURVEY: POST CYCLE RURAL DEVELOPMENT PROGRAMME IN KUTUBDIA**

*Karimul Haque and Shoaib Ahmed*

The Survey Presents Base line information from six villages of Kutubdia, a disaster prone island of the country and covers 703 households. BRAC's presence in this Island occurred in the wake of historic catastrophe of April 29, 1991.

The major aim of the survey was to generate bench mark information on different socio economic aspects of the islanders intended mainly to facilitate subsequent evaluation and development studies of the BRAC's project activities planned and undertaken for the disadvantaged poor islanders. The major findings of the study are as follows:

The total population of the surveyed villages was 4006 of which 2122 was males and 1884 females-indicating that there were more males than females. The average household size was 5.6. Compared to the national estimate (4.5) this figure appears to be a little higher. The survey finds that 45% of the total population were in the economically productive age (15-49) group. Majority of the population in the surveyed villages were muslims. A large majority of the households (579 or 82%) had houses with roof made of straw and wall made of bamboo while only 11 or 2% of households had houses with roof and wall made of tin and only 1 (0.14%) households were found to have houses with pucca floor and roof and wall made of tin.

Available information on ownership of asset shows that on an average each household owned 1378 gram of ornaments, 1.0 boat, 1.0 bullock cart, 4.1 watch, 1.0 television, 3.1 chair, 1.3 table, 1.4 chowki, 1.3 palong, 1.4 alna, 2.0 hen, 1.0 Duck, 1.0 goose, 1.0 pigeon, 3.0 cow, 2.7 goat, 2.6 buffalo and 1.0 sheep.

The baseline information obtained will be of immense help for planning of development study in the subsequent periods.

## **MATERNAL MORBIDITY IN RURAL BANGLADESH: DELIBERATIONS AND RECOMMENDATIONS FROM A NATIONAL WORKSHOP**

*Fazlul Karim, Liz A Goodburn and AMR Chowdhury*

This report presents the deliberations and recommendations of a national workshop organised jointly by BRAC and London School of Hygiene and Tropical Medicine held in Dhaka during 10-11 May 1994 to share results of a study on maternal morbidity related to delivery and the puerperium in rural Bangladesh. BRAC collaborated this study with LSHTM. Sixty eight participants with multidisciplinary backgrounds from the government, medical colleges, NGOs and donor agencies participated in the workshop.

The study results were presented in the workshop and policy recommendations were made through discussions in various working groups. The overall results of the study showed that 96% of the deliveries took place at home. Over 90% of the women reported one or more symptoms of illness during 2 weeks after delivery and this remained high with over 70% of the women still reporting symptoms at 6 weeks after delivery. Twenty six percent of the women had symptoms suggesting genital tract infection during the 2 weeks post-delivery while 14.5% had continued these symptoms upto 6 weeks after delivery. It was found that post-partum infection occurred in 25% of the deliveries where the duration of the second stage was more than one hour. The nutritional status of the mothers was generally poor particularly among the least-well-off. Only 13% of the women received any antenatal care during their pregnancies. Only one out of 19 women who were asked to deliver in hospital during ANC was actually delivered in hospital. Although over 50% of the deliveries were attended by a trained TBA, the presence of a trained TBA at the delivery, even when procedures such as handwashing with soap were carried out, had no significant effect on infections occurring after delivery. The mean birth weight was high at 2.47 kgs and the proportion of LBW babies was high at 47%. There was a strong belief in supernatural influence on pregnancy and childbirth together with food taboos during pregnancies.

The workshop came out with a good number of recommendations related to maternal health policy formulation and implementation in Bangladesh. Besides, various research areas were also suggested.

## **JAMUNA MULTIPURPOSE BRIDGE PROJECT: SURVEY OF RESIDUAL LAND AND PERSONS LIKELY TO BE AFFECTED DUE TO ADDITIONAL LAND ACQUISITION IN TANGAIL DISTRICT**

*Samir R Nath and Md. Rafi*

This report is an outcome of a census of probable residual land and project affected persons due to acquisition of additional 350 acres of land for the Jamuna Multipurpose Bridge Project. Owners of about 319.62 acres of land could be actually interviewed. Of the land surveyed 283.3 acres are agricultural, 36.0 acres are homestead and 0.32 acres are fallow and other type. All these lands are located in seven mouzas of Bhuapur thana.

A total of 1388 households are expected to be affected due to the acquisition. Among these 856 would be affected directly i.e., land wise and the rest are indirectly. Among the indirectly affected households 6.2 percent are expected to lose only homestead, 81.8 percent only agricultural land and 11.4 percent both homestead and agricultural land. Three types of indirectly affected households were identified. Of them 75 are tenant cultivators, 357 are farm workers and 100 are uthuli households. Of all the affected households 71.6 percent are already affected due to previous land acquisition for the same project. The study analyses number of socio-economic characteristics of all the directly and indirectly affected households.

## **PROGRESS IN BASIC COMPETENCIES OF NFPE AND PEOC GRADUATES OVER TIME**

*Samir R Nath, Md. Kaisar A Khan, and AMR Chowdhury*

This report investigated the progress made in basic competencies by the graduates of BRAC schools, with the use of ad hoc and longitudinal data. For this purpose graduates from Non-Formal Primary Education (NFPE) and the Primary Education for Older Children (PEOC) were tested which resulted in three sets of data. These are: graduates of 1990 interviewed in 1992 and 1994 and graduates of 1992 interviewed in 1994. Sample size of these three groups of respondents were: 200 graduates of 1990 tested in 1992, 169 graduates of 1990 traced in 1994 and 200 graduates of 1992 interviewed in 1994.

The study observed that proportion of graduates satisfying basic education criteria increased over the period. Rate of improvement was higher for girls and for PEOC graduates. While the study shows impressive improvements in some indicators, it also points to the need of giving specific attention to certain groups of children, i.e., NFPE and boys, in terms of increased retention in formal schools and increased competencies of basic education.

## **DEMOGRAPHIC REGISTRATION SYSTEM: REPORT ON VITAL EVENTS 1993**

*Samir R Nath and Abdullahel Hadi*

This report presents the vital events taking place in 1993 in two rural areas, located in Manikganj and Joypurhat districts in Bangladesh. In both the areas, the crude birth rates continued to decrease in 1993 compared to previous years but the crude death rate increased slightly. Such increase of death rates primarily due to the increase of child mortality rates. The birth and death rates are found 20.6 and 9.1 in central and 22.2 and 8.2 in northern areas. Average age at first marriage has been increasing in both the areas. It was reported 24.5 and 17.8 years for male and female respectively in the central and 22.2 and 17.7 years in northern areas. The rates of both in and out migration and internal migration also increased in 1993 than the previous years. The rates of internal movements were also found higher in the central than northern areas.

## **GENDER VARIATION IN SCHOOL ENROLLMENT OF CHILDREN IN RURAL BANGLADESH**

*Samir R Nath*

This report focuses on gender variation in the enrollment rate and identifies the socioeconomic factors that determine such variation in two rural areas of Bangladesh. The data of one fifth of the randomly selected children aged 6-16 years living in *Watch* project area, collected in October 1994, have been used for this purpose. The girls are found less likely to be enrolled than the boys. The report reveals that remarkable gender disparity exists among the children of economically better of compared to the poorer children.

## **EPI COVERAGE IN SEPTEMBER 1994: DOES PARENTS' RELIGIOUS BELIEF MAKE ANY DIFFERENCE?**

*Samir R Nath*

This report presents the EPI coverage in September 1994 in two rural areas of Bangladesh and looks how it differentiate by parents' religious belief. Data of all children, aged 12-23 months, collected from 150 villages of northern and central Bangladesh have been used for this report. It was revealed that non-Muslim children are found more covered than the Muslims. The difference in coverage between the children of two religious groups are prominent where mother has no education and household has no land and do not sale labour.

## **INTRODUCING WATCH AN INITIATIVE IN MONITORING HEALTH AND DEVELOPMENT**

*Abdullahel Hadi*

This report contains a brief description of the background and objectives of Watch project. The approach, methodology and sampling procedure of the project are then discussed. The paper also presents a description of the operational system of the project that includes the process of information flow, field procedure, data management, and data quality. A list of reports, based on the data, are also provided. Finally, an outline of the future activities of the project is proposed.

## **CHANGE IN HEALTH STATUS IN RDP AREA: SHOULD CURRENT PHC PROGRAM BE CONTINUED?**

*Abdullahel Hadi*

Although BRAC has been trying to achieve the goal of reduced mortality and illnesses by implementing a series of health care programs along with its rural development program (RDP), this report raises the question of whether desirable changes can be achieved by BRAC's existing



level of program efforts. The data, presented in this report, come from *Watch*, the development monitoring system that BRAC has been operating since 1986 in 150 villages, located in four thanas of the country. The *Watch* has developed a very reliable vital registration system. The paper indicates that the improvement achieved during late 1980s has been slipping away at the early 1990s. The study concludes that the primary health care program components in RDP should be re-examined and possibly re-formulated.

## REPORT ON EPI SURVEILLANCE JANUARY 1994 DATA

*Abdullahel Hadi*

This report presents the EPI coverage among children in two rural areas of the country. BRAC has been collecting information on immunization coverage of children twice a year since January 1989 through its vital registration system covering six rural unions in Manikganj (central area) and Joypurhat (northern area). The complete immunization coverage rate (ie, having all required antigens and doses of vaccines) was 60.8 % in January 1994 and it was higher in the central (75.6%) than the northern (47.5%) area ( $p < .001$ ). The findings suggest that although the EPI program was successful to achieve its declared coverage rate in 1991, it was not sustained in the subsequent years. Such a declining trend points out the weak management of the EPI program. The relatively higher coverage rates for BCG in both areas suggest that children could be reached for immunization if intended. In areas where the coverage is poor, as found for measles vaccine in the northern area, the health service providers should take special attention to the non-immunized children till they are at risk.

## REPORT ON VITAMIN A COVERAGE SEPTEMBER 1993 DATA

*Abdullahel Hadi*

This report assesses the coverage of vitamin A capsule distribution undertaken in two rural areas of the country, and its trend since September 1991. The study samples consisted of the children of age between 6 and 71 months in September 1993 and represented receipt of VAC during the 35th cycle of distribution. The distribution of vitamin A capsule (VAC) is reported to be nearly 75 percent. Although no gender variation is found, the age and geographical variation in coverage is reported very wide ( $p < .001$ ). The reported coverage in some villages indicates the weakness of the distribution system of Blindness Prevention Program. The study suggests that areas where the coverage is very poor, health service providers should be instructed to screen out nightblind children and provide necessary treatments.



## **REPORT ON EDUCATION SURVEILLANCE NOVEMBER 1993 DATA**

*Abdullahel Hadi*

This report presents the change of enrolment rate and its variation by age and sex in two areas of the country during 1991-93. The *Watch* has been generating information on such issues as enrolment, grade and type of school attended twice a year since November 1991. The enrolment rate is found higher in the north (71.6%) than the central (68.7%) area ( $p < .01$ ). The gender and age variation in enrolment exists in both areas while the variation is slightly lower in the central than the northern area. The proportion of enrolment drops with the change of grades in both areas. Although enrollment rate has been increasing in both areas, the year 1993 has experienced a major growth from the previous years. While there appears to have been some laudable improvement, the current enrolment rate has remained far from the satisfactory level.

## **SOCIO-DEMOGRAPHIC AND COMMUNITY DIFFERENTIALS IN VITAMIN A COVERAGE: EVIDENCE FROM MARCH 1994 DATA**

*Abdullahel Hadi*

This report assesses the coverage of vitamin A capsules distributed in March 1994 and analyzes the socio-demographic and community differentials in coverage in two rural areas of the country. The coverage of vitamin A capsule (VAC) in March 1994 is reported to be nearly 82%. Although the demographic variation in VAC coverage is negligible, the children of landless and labor class are poorly covered than the children of other classes. The community variation in coverage indicates that most of the children living in backward and poorer communities are at risk of nightblindness and other illnesses which could be changed by taking appropriate steps. The report suggests that the low-coverage communities, especially, the children of landless and labor class, should be given priority in providing services.

## **ENROLLMENT IN RURAL SCHOOLS IN BANGLADESH: CAN IT BE RAISED FURTHER?**

*Abdullahel Hadi*

This report looks at the sociodemographic differentials in school enrolment and explores the possibilities for its enhancement. The enrollment rate among rural children is found to be 74% in May 1994. The sex variation in enrollment has become insignificant but the age differential has remained very high. This study identifies that the communities that are primarily inhabited by landless, labourers, and religious minorities are generally the low-enrolled areas. Thus, although the enrollment situation in rural areas has improved significantly during last few years, the current level of school enrollment can be raised even further if the program provides special emphasis on younger children, low-enrolled communities and the children of lower socioeconomic groups.

## ILLNESSES AMONG CHILDREN AND THEIR TREATMENT IN RURAL BANGLADESH

*Abdullahel Hadi*

This paper estimates the episode of illness per child and discusses the sources of treatment using 723 children living in the three rural regions of the country. The episode of illnesses among children and their geographical variation is found very high. The study indicates that boys are more likely to be sick than girls. The illness has age preference and the incidence of illness reduces as children grow older. The acute respiratory infections and diarrhoeal diseases are the most frequently occurring diseases regardless of gender and geographical differences. Only a third of the sick children has the opportunity to be treated by a trained medical practitioner and nearly one-fifth of them go untreated. The paper concludes that the health services should not only be targeted to the disadvantaged section of the community but should also raise the awareness of the need and timely treatment when their children are sick.

## TETANUS TOXOID COVERAGE DURING PREGNANCY: EVIDENCE FROM RURAL BANGLADESH

*Abdullahel Hadi*

This report looks at the individual, household and geographical differences in TT coverage. The TT information of the mother of all children born in the study area in calendar year of 1993 (live or dead) have been used in this report. A total of 2,053 births has been recorded in 1993. Nearly 77% of women were found immunized from tetanus during their pregnancy. The study reports that a significant proportion of women has not been fully covered due to such reasons as the TT services were not provided and the health worker failed to identify the eligible women at the appropriate time during pregnancy, ignorance, departure of women from their usual home, fear and rumours and lack of experience with injections during pregnancy. The findings indicate that both individual and socioeconomic variations among women as well as geographical difference have profound influence on the TT coverage during pregnancy. The report also suggests that still there is room to improve the TT coverage by focussing on the reduction of programmatic non-acceptance of tetanus toxoid during pregnancy.

## DIVORCE AND ITS SOCIO-ECONOMIC DETERMINANTS: EVIDENCE FROM BANGLADESHI VILLAGES

*Abdullahel Hadi*

This report estimates the divorce rate and identifies the socio-economic characteristics that determine divorce in the rural areas in Bangladesh. The *Watch* began documenting the incidence of divorce and relevant information each month since January 1993. A total of 303 divorce cases was recorded in 1993. The divorce rate, estimated as the number of women get divorced per 100 married women, in 1993 was 1.65% in the study areas. The divorce rate had negative relationship

( $p < .01$ ) with the age of women and year of schooling. The divorce rate was relatively higher among the labor or farm and landless households than service or business households ( $p < .01$ ). Muslim women were more likely to get divorced than Hindu women ( $p < .01$ ). The mean duration of marital life that had been dissolved due to divorce, occurred in 1993, is estimated as 5 years.

## OUT-MIGRATION AMONG ADULT MEN FROM TWO RURAL AREAS IN BANGLADESH: CAUSES AND DETERMINANTS

*Abdullahel Hadi*

The present paper estimates the out-migration rates among adult men and discusses the causes and determinants of such out-migration from two rural areas in Bangladesh. The *Watch* system of BRAC has been generating such information on a regular basis since 1988. The paper reports that about 6% of adult male had moved out from the study area during 1993. The geographical as well as age variation in out-migration have been reported very high. A very high desertion rate might have caused a very high out-migration among divorced and separated men. The non-Muslims, who were predominantly Hindus, were most likely to leave their villages than Muslims as a result of social (and probably communal) clash. The primary cause of out-migration among adult men has remained as searching for a job.

## THE PRIMARY HEALTH CARE COMPONENT UNDER RURAL DEVELOPMENT PROGRAMME OF BRAC: A REVIEW

*Fazlul Karim, AMR Chowdhury, Shah Noor Mahmud,  
Md. Nazrul Islam and Ahmed Ali*

BRAC integrated its erstwhile community based PHC with Rural Development Programme in 1991 aiming to improve and sustain the basic health status of the poor participating in BRAC developmental activities. The RDP-PHC is expanding with the rapid expansion of RDP itself. During January 25-February 20, 1994, a five-member team of the Research and Evaluation Division conducted an internal review on BRAC's RDP-PHC program to assess the extent of health and family planning services utilization, to examine the capability of trained village health workers and TBAs to sustain the activities, to evaluate the implementation of a cost-recovery mechanism, and to determine the cost-effectiveness of the program components. Data from both the primary and secondary sources were used in this review.

The review showed a higher utilization of different services, and better hygienic behaviour among the VO member's households than those of the non-members. Over 87% of the trained village health workers (4,166) were found to be 'active' in providing preventive, promotive and basic curative services. The study found that 98% of the patients were correctly diagnosed by VHWS and 79% of the cases were given correct treatment with drugs. About 96% of the trained TBAs were found to be 'active' and they attended 93% of the deliveries occurred in their catchment area in 1993. 2-3 VO members from each VO were given training on slab latrine production's and most of them were reported to be involved in slab latrine production and distribution. The RDP-PHC

realizes a 2% service charge on essential drugs, 7% from contraceptives and 11% from vegetable seeds. This mechanism will help enhance financial sustenance of the program. When cost-effectiveness figures of some comparable components of RDP-PHC were compared with those of the comprehensive health development project (CHDP) of WHDP, the costs of RDP-PHC were found to be lower. In CHDP, the cost per new couple accepting contraception methods was Tk. 305 (ranging from Tk. 122-Tk. 466) while it was Tk. 36.4 in the RDP-PHC (ranging from Tk. 16.6-Tk. 92.2). Cost per slab latrine or tubewell installation in RDP-PHC was Tk. 26.8 (ranging from Tk. 11.3-Tk. 56.7) but it was Tk. 951 in CHDP (ranging from Tk. 234-Tk. 7,462). The team concluded that the RDP-PHC has demonstrated success in many respects. Needful recommendations are suggested for its further improvement.

### **IMPRESSION OF BRAC CLIENTS ABOUT THE SERVICES OF BRAC: RESULTS FROM QUICK FIELD VISIT TO 8 AREAS**

*Abul Kalam, Asad Ahmed, Dipti Das, Karimul Haque, Kaisar Khan,  
Monira Hasan, Nurul Amin, Parul Lata Biswas, and Shamim Ara*

The study was done over a period of 1 week and aimed to have a glimpse of the impressions of the BRAC's clients about BRAC and its services. The study was necessitated for future strategic planning and based on quick field visit to 8 BRAC areas. The future policies and activities of BRAC were discussed and reassessed on the basis of the findings from the study.

### **PROBLEM, OPTIONS AND STRATEGIC OF RURAL HOUSEHOLD IN BANGLADESH**

*Karimul Haque and Monirul Islam Khan*

The study is carried out in BRAC programme and non programme villages under Village Study Project (VSP) locations-Jamalpur and Jessore. It aims to look into the Socio-economic Problems of the households, provision and sources of support at the household level. A total of six villages, covering 38% of the total household in each village constitute the sample of the study. Information presented are in the descriptive form, casual analysis is not carried out. The study present idea mostly about the socio-economic problems the households encounter and the support they rely on in coping with the problems at different levels. The findings of the study reveal that magnitude of the poverty is still very high in the rural areas; rural people still do not have sufficient access to food, shelter and employment. Agricultural activities still remain the main stay of the rural economy and the spread of education is not much either. About 71% of the households heads are still illiterate. Financial constraints are encountered to a considerable degree and they are encumbered by different variety of social problems (e.g. dowry and beating of wives etc.)

Food security, indebtedness, inadequate housing space, lack of cash money have emerged as the major problems faced by the households of different category. Food, were in this paper security implies lack of three meals.



The major survival strategies and the households resource and support base as a strategy of coping mechanism include: own crop sale and selling of labour. For the land owing households own labour sale meet a large part of the requirement. Besides, kin, relatives, neighbours, money lenders and elites were also seen as a source of support. Labour sale is more pronounced among the landless households, whereas using own labour for self cultivation is found among the medium and large landowners. It was observed that households of various strata have various sources of support and types of resources to rely on and overcome the crisis caused by problems besetting their socio-economic life. Survival strategies are build around the ways villages actually deal with their problems using the support and resources at their disposal.

## **FOOD AND NUTRIENT INTAKE OF THE RURAL POOR: FINDINGS FROM LONGITUDINAL DATA BASE**

*Karimal Haque*

The study highlights on food and nutritional stress of the rural poor and their seasonal vulnerability to food consumption. The information for this study is derived from village study project (VSP) data on daily food consumption and households income and expenditure in 13 VSP villages. The sample village were selected from two clusters of BRAC programme concentrations namely Jessore and Jamalpur. A total of 459 target households from (those who have joined BRAC and those who have not yet joined BRAC but eligible to join) were selected purposively for the study. The study on dietary intake was done by 24 hours recall method of food eaten by individual members of the households. Two agricultural seasons such as Peak season and lean season were covered to capture seasonality of food and nutrient intake for RDP member and non-member category of households.

The study reveals that the food consumption pattern of both category of households was dominated by rice. Rice alone contributes 82% of the total calorie and 65% of total protein consumption for RDP member and 86% and 72% respectively for non-member households. The average energy intake for both the groups appear to be far below the poverty level intake used for Bangladesh (2310 kcals). It was also observed that the food consumption was not equally distributed between the seasons and among the rural poor (RDP member and non-member households) The food consumption of RDP member was found to be better than the non-member in both the seasons.

The annual cost of subsistence food requirement of household level consumption expenditure was estimated at taka 5,109. At this line of poverty expenditure, 22% of households from RDP member group and 100% from non-member group were found to suffer from moderate poverty because they did not have adequate income to satisfy their basic food needs.

The study further revealed that the households having a higher per capita fortnightly expenditure on food had a higher proportion of calorie and protein in their average daily diets. Besides, per capita per day consumption of calorie and protein was found to be positively correlated with the size of land and per capita income.

## **IGVGD PROGRAM OF BRAC: AN ALTERNATIVE APPROACH TO NUTRITIONAL IMPROVEMENT**

*SM Ziauddin Hyder*

IGVGD program involves rural vulnerable women to generate cash earnings through HYV poultry rearing and other income earning activities. General objective of this study is to study the impact of the IGVGD program on nutritional status of children aged 0-96 month. The study analyzes data collected on 716 children and their households in July '94 from Tangail Sadar and Kalihati thana. It is revealed from the study that the IGVGD program made significant contribution in improving socioeconomic, sanitation and hygiene condition of its target households. In terms of anthropometric status, means of weight; height; MUAC; and weight for height were higher in the program children compared to their non-program counterparts. In respect to the IGVGD program's effectiveness, the IGVGD program was found 6.7% effective in the reduction of underweight (wt/age <-2 s.d.) children and 4.9% effective in the reduction of wasted (wt/ht <-2 s.d.) children at the end of 22 month of program implementation.

## **NUTRITIONAL STATUS OF THE BOTTOM 10% RURAL POPULATION**

*SM Ziauddin Hyder*

BRAC through its rural development programs involves the poorest segment of the rural communities of Bangladesh. Income Generation for the Vulnerable Group Development Program (IGVGDP) involves the VGD card holders in the development activities who are considered to belong at the bottom 10% of the rural economic class. This study attempts to describe nutritional situation of this cluster of rural population. The study shows that the prevalence of severely and moderately malnourished children aged less than 72 months is 6.1% and 54.5% respectively (weight for age <60% of the NCHS median value). Only around 5% of the study children found normally nourished. The study suggests that still a lot of effort to be given by different development programs to improve nutrition of the rural poor.

## **BANGLADESH: NUTRITIONAL SITUATION AND TRAINING NEEDS**

*SM Ziauddin Hyder et al.*

Bangladesh is characterized by pervasive poverty, malnutrition, rural agro-based economy with a population of about 112 million that is growing every year by 2.2%. More than 94% pre-schoolers of the country are suffering from undernutrition of different grades. Women constitute about half of the total population, but most of them have been left outside the country's mainstream development process. Along with the national government, a large number of highly organized NGOs are involved in implementing development programs throughout the country. This paper intends to identify training needs in nutrition of Bangladesh through discussing present nutritional situation and highlighting country's existing institutional and other capabilities. It identifies possible areas that could be strengthened in future such as intensified GO-NGO collaboration to



conduct nutrition training programs, active involvement of NGOs in national food and nutrition planning process, strengthening regional linkages for conducting training programs on food and nutrition, etc. In conclusion, the paper suggests that a conducive atmosphere in terms of local resources and the presence of multisectoral rural development models are present in Bangladesh to organize short term regional training courses on food and nutrition planning for the South Asian region.

## **NUTRITIONAL IMPACT STUDY OF THE INCOME GENERATION FOR THE VULNERABLE GROUP DEVELOPMENT PROGRAM (NIS-IGVGDP)**

*SM Ziauddin Hyder*

This report presents some important findings of the fourth round Nutritional Impact Study of the Income Generation for Vulnerable Group Development Program (NIS-IGVGDP) survey done in July 1994. The survey included a total of 566 households: 216 program households, 179 control households from the program area, and 171 control households outside the program area. Nutrition and health data were collected from 716 children aged 2-84 months. The fourth round survey included 25 infants who were born after the third round (January 1994) survey. It is revealed from the fourth round survey that the number of households headed by women was decreasing in the program households. A continuous increase in socioeconomic status was found in the program households compared to the non-program counterparts. The survey reveals that nutritional status of the children both in the program and non-program areas is not different. However, the prevalence of severe malnutrition (Weight for age <60% of the NCHS standard) was also higher in the program areas compared to the controls.

## **NUTRITIONAL SITUATION OF BANGLADESH DURING BANGLA FOURTEENTH CENTURY**

*SM Ziauddin Hyder et al.*

In this paper, we analyzed historical data and attempted to describe nutritional situation of the rural areas of Bangladesh during Bangla Fourteenth century (1894 A.D. to 1994 A.D.). Our analyses are based on data taken from the 1937 nutritional survey conducted by Wilson and Mitra, the 1962-64 nutritional survey conducted by the Ministry of Health, East Pakistan, the 1975-76 and 1981-82 survey conducted by the Institute of Nutrition and Food Science (INFS), Dhaka University, and the 1992 unpublished nutritional data collected by the Research and Evaluation Division (RED), BRAC. Per capita daily adequacy of both calorie and protein have been declining since 1937 in the rural areas of Bangladesh. However, the decline in calorie adequacy is much more severe than protein. A declining trend is observed in terms of average height and weight of rural boys since 1937. But this decreasing trend was sharp between 1937 and 1964. However, both height and weight show increasing trend since 1982, but still they have not reached up to the 1937 level.

## NUTRITIONAL IMPACT STUDY OF THE INCOME GENERATION FOR VULNERABLE GROUP DEVELOPMENT PROGRAM

*SM Ziauddin Hyder*

Third round data of the NIS-IGVGDP were collected in January, 1994 after one year of the first round (baseline) survey done in January, 1993. A total of 513 households (78.5% of the first round and 95% of the second round) were interviewed on socioeconomic and environmental factors. Nutrition and health data were collected from 621 children. It is revealed from three subsequent surveys that the proportion of women who could sign had decreased from 51% in January, 1993 to 39% in January, 1994. Proportion of households who were rearing HYV poultry significantly increased from January, 1993 (11%) to January, 1994 (59.4%) among the program households. An increasing trend was observed in terms of proportion of households who had access to safe latrine in the program households. Egg intake also increased in children of the program households. It is revealed from the 3rd round survey that the proportion of undernutrition expressed by MUAC <125 mm has been decreased from 12.4% in January, 1993 to 6.8% in January, 1994. Undernutrition by MUAC <125 mm has also reduced in two other areas, however, the rate of reduction is much lower than the program areas.

### NUTRITION SURVEILLANCE AT BRAC

*Sabah Tarannum, Sharmin Mahbub and SM Ziauddin Hyder*

Since April 1990, Helen Keller International (HKI) in collaboration with different national and international agencies has been carrying out Nutrition Surveillance Project in ten rural thanas and four urban slums to increase effectiveness of multisectoral relief activities through monitoring the impact of natural disasters on children's nutritional status. Research and Evaluation Division (RED) of BRAC, one of the collaborative agencies of HKI, is implementing the NSP in four rural thanas: Saturia, Santhia, Mirzapur, and Sakhipur. Cross-sectional data on nutritional and health status of 500 children aged 6-59 months including their household's socioeconomic data is collected every two months from each thana. Our field experiences suggest that many parents strongly oppose having their children's anthropometric measurements taken because of multiple reasons including superstition, lack of incentives, opposition by the child, influence by neighbours, etc. However, RED's field researchers with their special skills, training, and commitment overcome most of the barriers. The NSP data suggest an alarming nutritional situation in the rural areas that needs to be addressed by various integrated rural development programs.

## SUCCESS HISTORY OF FIVE FEMALE VO MEMBERS' OF BRAC

*Parul Lata Biswas and Karimul Hoque*

This report explains the life situations of five disadvantaged women purposively selected from five village, Monirampur Jessore. The analysis is carried out within a frame work which includes: their background and history, life style and pattern before and after their involvement with BRAC, and their present status in the society and family. This report gives a vivid picture of how the role of women as a server of men, dependent wives, docile daughter and subjects of oppression both at home and in the society are changed to one in which they are no longer exploited and can survive and lead life with dignity and honour. This report is an example of women success in a poverty stricken and dependent society where women are viewed simply as a care giver and objects of enjoyment.

## POULTRY REARING BY RURAL WOMEN: CASES FROM FIVE VILLAGES

*Md. Nurul Amin*

The study was designed to understand the problems and prospects of rearing poultry, particularly the HYV birds, by the rural women under RDP's poultry programme. This has been done by using open ended questionnaire on 104 registered key rearers from five villages of two RDP areas in Monirampur. The information of the study were collected in September 1993.

It appeared that sixteen percent of the total respondents did not have any poultry and another forty percent had an average of less than three birds. Of the total birds owned by the sample rearers 64% were hens and more than 82 percent of the birds were local. As a whole the respondents owned less than one HYV bird each. Physical facilities for keeping poultry were not satisfactory. The cash expenditure for rearing birds is very low. On an average the rearers earn a gross amount of Tk. 293 by selling poultry in a year. Income from poultry was mostly spent by the rearers themselves for the children's education and women's necessities. The respondents were found irregular to have their birds vaccinated. It seemed that the Poultry and Livestock PAs at the branch level were overburdened with works and responsibilities. The PAs give maximum time, effort, attention to the Chick Rearing Unit (CRU). Their second priority is Poultry Worker and the third is Key Rearer. Admittedly the study does not give complete picture of the programme and it would not be wise to make any specific recommendation or final conclusion from the study.

**CURRENT PROGRAMMES OF BRAC**

As of now, BRAC runs a number of core programmes and various support services directed towards socio-economic upliftment of the rural poor. These are:

- (1) **Rural Development Programme**, a multi-sectoral programme aimed at poverty alleviation, employment and income generation and mobilization of the poor.
- (2) **Rural Credit Project**, a self-financed credit project.
- (3) **Health and Population Programme**, a comprehensive health project targeting the rural poor particularly women and children.
- (4) **Non-Formal Primary Education Programme**, a life-oriented education programme for the rural children who have never been to school
- (5) **Handicrafts production and marketing**, includes sericulture industry, Ayesha Abed Foundation and Aarong rural crafts centre.
- (6) **Post-Cyclone Rehabilitation and Development Programme** launched in Kutubdia following the devastating cyclone of 1991.
- (7) **Support services** to the core programmes includes Training, Research, Rural Enterprises, Monitoring, Management Development, Computer Centre, Communications, etc.
- (8) **Income generating commercial enterprises** such as printing press and cold storage.

## BRAC PROGRAMMES AT A GLANCE

PARTICULARS	CUMULATIVE UP TO DECEMBER 1994			
	Education	Health	Rural Development	Total
<b>1. PROGRAMME COVERAGE AND FUNCTIONARIES</b>				
Full-time staff	2,835	632	7,259	11,897*
Part-time functionaries	27,031	158	20,463	47,652
	(Teachers)	(Shebikas)	(Guards: Seri)	
Area/Team Offices	374	83	401	858
Districts covered	55	12	46	55
Thanas covered	303	63	210	314
Villages covered	16,946	10,256	35,961	54,157
Village Organisations (VO)			35,504	35,504
VO members (in million)			1.42	1.42
<b>2. SAVINGS &amp; CREDIT</b>				
Total savings of VO Members (in million Tk.)			641	
Credit disbursed (in million Tk.)			6,237	
<b>3. SELECTED SECTOR PROGRAMMES (RDP)</b>				
Chick rearers trained				11,146
Poultry workers trained				33,652
Poultry rearers trained				689,934
Paraveterinarians trained				1,756
Poultry birds supplied (in million)				10
Mulberry trees planted (in million)				17.9
<b>4. EDUCATION: NFPE</b>				
Ongoing schools				28,274
Graduate students (NFPE & PEOC)				210,077
Schools opened till date (NFPE & PEOC)				35,580
<b>5. HEALTH : WHDP</b>				
Total population covered (in million)				1.8
Latrines installed (including PHC)				224,793
<b>6. TRAINING</b>				
Training centres				14
VO members trained				1,242,217

\* This includes staff of other departments of BRAC, viz., training, research and evaluation, monitoring, accounts, personnel, etc.