



BANGLADESH RURAL
ADVANCEMENT COMMITTEE

3, NEW CIRCULAR ROAD, MAGHBAZAR
DACCA-17 BANGLADESH

Sulla Project
Annual Activity Report
1976

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INTRODUCTION

The Bangladesh Rural Advancement Committee began in February, 1972 in response to the needs of returning refugees of the Sulla area in Sylhet, follow the liberation of Bangladesh. Since then, BRAC has undertaken seven more projects, in addition to the Sulla Project.

The relief phase of our operations in Sulla lasted from February to October, 1972.

In Phase II, which began in November, 1972 and lasted until December, 1975, BRAC undertook integrated rural development activities in eight sectors, namely, agriculture, fisheries, functional education, community centre construction, health care and family planning, and vocational and other training.

In Phase III, which will last for three years and end in December, 1978, BRAC's goal is to gradually hand over its development activities to the people of Sulla. The strategy is to establish viable and manageable development programmes and develop the capacity, both human and institutional, of the people to continue them.

Accordingly, Phase III activities have been broadly divided into four categories: i) Capacity Building and Institutional Development, ii) Health Care, Preventive Medicine and Family Planning Services Programme, iii) Economic Support Programmes for Disadvantaged and Exploited Groups, and iv) Agriculture, including Animal Husbandry.

This report records the progress during the first year of Phase III of the Sulla Project.

I. Capacity Building and Institutional Development.

No development activity can be expected to sustain itself until local institutions are created or strengthened which can take up the ultimate responsibility. Right from the beginning, attempts were taken to make the people aware of their needs, social structures and the necessity of their participation in the process of development.

Functional education is an important means of increasing awareness. Village cadres were trained in the methodology of functional education to conduct courses on voluntary basis. Sixty-three male and female volunteers were trained, of whom 37 were found competent to run the centres. As a result of some local disturbance in the north eastern part of the project area, six centres had to discontinue after completing only 14 to 17 lessons. The remaining 31 centres however continued and successfully completed the course. 370 learners obtained graduation of whom 143 were female.

It was noticed that a substantial part of the villagers could not take advantage of the functional education courses for a variety of reasons. A separate forum, namely "Village Workshop" was initiated in order to bring all the villagers into the conscientisation process. The methodology of village workshop is substantially similar to functional education, with the exception of literacy and numeracy. Each workshop is a course of three-day duration. The workshop methodology was tested first in October '76 and till 31st December, 15 workshops were held. These were attended by 533 people. 12 "Village Cadres" training were held and 225 participants received leadership training.

The village workshops created widespread enthusiasm amongst the villagers. Field workers are constantly being approached to hold similar sessions in surrounding villages. Where a workshop has recently been held. This is expected to gain further acceptance and will hopefully lead to the building up of local institutions. The successful functioning of these institutions will largely determine the impact of BRAC activities in Sulla.

The village workshop programme has gathered sufficient momentum and it is expected that the Phase III target will be achieved.

The conscientisation programmes also led to the emergence of youth, women and landless cooperative groups. During the year, 27 youth groups emerged enrolling 496 youth of whom 85 received training on different aspects of development.

During the year, 11 women groups emerged at village level. These groups involved themselves in net making, gardening of vegetables, potato cultivation, paddy cultivation, duck raising, sewing etc. BRAC provided seeds, fowls, and other assistance to these groups.

1976 was not marked by further emergence of cooperative societies. The Agricultural Cooperative Societies and Fishermen's Cooperative Societies that had been formed during Phase II were reorganised. The Sulla Thana Central Cooperative Association had its first annual general meeting and held the election of the Managing Committee and a new Chairman. Half of the Managing Committee members were elected new. Landless and women cooperative societies became members of the central cooperative association in both Sulla and Dera. An amount of Tk.3,00,000/- (three lac) was given as credit by the STCCA, of which Tk.2,82,00 had already been realised by the end of the year.

II. Health Care, Preventive Medicine and Family Planning Services Programme.

This programme designed and begun during Phase II, continued in 1976 with certain changes with the objective of increasing coverage and making it nationally feasible.

The Group Health Insurance had its second trial in this year. Previously 4 seers (about 4 kilos) of paddy per head for the year was considered reasonable to cover at least the cost of medicine. accidentally the price level of paddy declined. As a result, this year the annual premium was enhanced to 5 seers and a token consultation fee of Tk.0.50 was introduced. The introduction of consultation fee evoked much controversy in villages and some of the villages even preferred to remain away from it. The insurance finally led to a coverage of 14,296 people, in 70 groups. In

addition, the paramedics also visit the non-insured villages on a regular basis for preventive health education and for curative service on payment.

The health programme still appears to be an expensive one in relation to the income level of the people. In order to reduce the cost further, attempts are being made to give responsibility of the treatment of the most common diseases to the Shasthya Shebikas (Village Healers). 29 Shasthya Shebikas, of whom 23 were Lady Family Planning Organisers, were given training on four common complaints, viz diarrhoea, dysentery, common cold and skin infection. It is expected that with the introduction of Shasthya Shebikas, one Paramedic will be able to cover an area which is at present covered by 3. The wider the coverage of health insurance, the less expensive health care will be.

In order to provide services for certain gynaecological problems a group of 16 girls was recruited and given paramedical training. 8 of them were screened out and 10 completed the course. They are now at work as paramedics while also handling gynaecological problems. There are now 39 paramedics including the female paramedics, each one covering an insured village once a week, in addition to holding camp clinic, supervising the LFPOs, attending the Women's Club meetings and conducting public health education. The paramedics also conduct immunisation programmes and provide elementary veterinary care.

Health Education had so long been confined to Mothers Clubs and Primary Schools. Mothers Clubs had the attendance of pregnant and lactating mothers. In order to include the widows and young women, Mothers Clubs were expanded to Women's Club so that all the women could participate in the educative meetings. 77 Women's Clubs were formed during the year. Each club holds a fortnightly meeting attended by an average of 15 - 20 women.

Immunization was carried out parallel to health education. 170 children were given BCG vaccination. Tetanus Toxoid, TABC and small pox vaccination were also given during the year.

Due to the high incidence of Tuberculosis in the project area a TB control programme was launched in Phase II, which is currently providing services to 170 T.B patients.

With a view to making the health programme less expensive and more self financed ERAC is endeavouring to involve the Union Parishad - the local self Government - into the management of the programme.

Paramedics, who had so long been unisectoral workers are now being put to other fields of activities. Some of them are in key positions of the village cooperative societies. One of the paramedics contested and got elected to the Managing Committee of the STCCA.

Family Planning: Family Planning like other programmes had its start in Phase II. To measure the success and failure of the programme a Pill Follow-up Survey was conducted. 16 Lady Enumerators having an educational background of Secondary School Certificate were recruited, and completed the survey after making house to house visit. They were given orientation course prior to the survey and were all along been supervised by the Statistician. The report on the Pill Survey will be ready early next year(1977).

During the year the village level family planning workers increased from 85 to 101. The Lady Family Planning Organiser(LFPO) is supposed to motivate eligible couples for family planning and once the husband or wife agrees to practice family planning the LFPO refers the client to the paramedics to certify whether the client is fit to use contraceptives. Once the paramedic has certified the client, the LFPO provides the contraceptives and ensures regular supply of it. Each LFPO has on average of 188 fertile couples within her unit and she is supposed to see each couple at a regular schedule for follow up as well as motivation purposes. On the average, each LFPO has covered 45 acceptors. Family planning acceptors rose to 2,082 net at the close of the year. Of these 74 women accepted IUD and 59 people had vasectomy operation. The total coverage at the end of the year stands 11.60%. The slow progress of family planning is due to many reasons. While

social barriers against family planning have weakened considerably. The side effects of birth control pills are a serious problem restricting acceptance of contraceptive methods. It is hoped that other alternatives to the pill which had been discredited in the past due to improper follow-up will regain acceptance. In addition, the injection will also gain greater acceptance. To offer tubectomy and vasectomy services two Doctors and Paramedics have been trained and sterilisation has been started. One Doctor and three Lady Paramedics have been trained on tubectomy and it is expected that henceforth such operation could be done in the project area.

III. Economic Support Programme For Disadvantaged And Exploited Groups

This programme has been specially designed and put into operation with a view to arresting the ever growing gap between the rich and the poor. This objective, it is felt, will remain unattainable unless genuine economic support is rendered to the vulnerable groups in the society for gradually becoming self-reliant. The women, fishermen and the landless farmers have been termed as 'Disadvantaged' or 'Exploited' segments of the rural society.

BRAC is fully aware of the consequences of relief programme which not only promotes dependency but also breaks down the morale of these groups. BRAC, therefore, launched a conscientisation programme for these groups in different forums such as functional education classes, village workshops and group discussions. This resulted in the emergence of landless farmers groups, women groups and fishermen's groups. It should be noted here that some of these were gradually being organised at the close of Phase II.

Landless Farmers: Although 34% of the heads of households are landless, substantial government owned land is lying fallow in the project area. Some of the organised landless groups could successfully get allotment of the fallow land for cultivation. The landless farmers are however unable to cultivate unless supported by necessary inputs. The history of land distribution is replete with examples of how landless farmers, a couple of years after getting land, again

turned landless. BRAC came forward to provide loan, both in cash and kind, in order to ~~extricate~~ the groups from the clutches of the money lenders. During the year 14 landless groups were organised, most of whom were also registered as cooperatives. Out of these 14, BRAC offered loan to 9 groups and more than 1,00,000 taka has so far been advanced as loans and grants. Some of the landless groups are facing tremendous opposition from the landed section and the money lenders. It is observed that with the opposition from the landlords the landless groups are more firmly organised. BRAC is observing this confrontation as it has expressed its unshakeable loyalty to the landless farmers.

Women: Women in Bangladesh are found absolutely dependant on their male counterpart. Their working capacities are seldom measured in economic terms although they work long hours in activities other than, and in addition, to the raising and care of the family. BRAC firmly believes that the emancipation of women lies in their active participation in economic field as well as change of attitude of men towards women.

For the last few years BRAC has been urging women to organise and save money to undertake commercial ventures. During this year 13 women's societies emerged with sound savings but were cast in confusion in choosing a profitable economic activity. BRAC supplemented the funds of 4 women societies. These societies are now in paddy cultivation, rice husking, net making, potato cultivation, poultry and duckery. Three women were sent to International Voluntary Services, Sylhet for undergoing a short course on duck raising and poultry.

Fishermen: Sulla Project has abundant fishing resources but these are being exploited only by the rich. Fishermen are used only as day labourers for catching and selling fish and the actual profit is taken by the businessmen. BRAC, ever since its inception, has been trying to change the management of the fishermen cooperative

veterinary service in the area. 29 Paramedics were given one week training in two batches, followed by a three day refresher course. The Paramedics have been supplied with the necessary equipment and medicines and they began to provide this additional service from September, 1976.

Children's Programme:

Save for some inadequate attention to their health and education needs, children are usually ignored in the development efforts. We, too, did not see them as a separate and disadvantaged group which needed special attention. As a result, they were ignored in the Sulla Phase III plan.

Most of the children work long hours but receive very low wages or none at all. About half of them have contracted primary tuberculosis. Most are deprived from education.

In mid - 1976 we focused some attention to the children and a programme was started for them in October. BRAC workers began organising boys and girls between the ages of 6 to 12 years into groups called Shaymel Shena so that they could feel that they too can be involved in the efforts to develop their community.

By the end of the year, 15 Shaymel Shenan groups have been organised. The children have been encouraged to undertake work camps to improve their village. The children themselves are organising and helping in the BCG vaccination campaigns. Sports, games and book banks are being planned to inculcate healthy and active habits.

The Materials Development Unit which has been engaged in developing the materials and methodology for functional education of adults, will undertake the development of separate materials for the education of primary school age children and adolescent school drop-outs.

Business Ventures:

Despite our willingness to make the programmes self-supporting at the end of Phase III, the need to provide further support to certain sectors cannot be ruled out. In view of this possibility BRAC

entered into a few income generating ventures such as pisciculture and setting up of rice and wheat mills. Two "Rice cum Wheat" mills have been set up at Markuli and Derai, around November. By December the return was satisfactory, after covering the loss of the "off season". We are hopeful of increased profitability in the future.

ORGANISATION AND PERSONNEL

Despite our wishes to continue the field structure as was in Phase II, some organisational changes had to be made during the first year. In order to prevent the creation of bureaucratic attitude as well as to enable the field staff to share higher responsibility, the posts^{of}/zonal Coordinators were abolished.

In order to promote women's activities as well as to create female workers, BRAC recruited in two batches, 8 girls holding Master Degrees and set up a Female Camp at Anandapur. This camp, like other field camps, managed all the programmes and subsequently some of these girls have been reassigned to share further responsibility elsewhere.

Now each of the twelve field camps is led by a Programme Supervisor who has a staff of an average 3 Field Motivators and 3 Paramedics. Every two or three camps is assisted by an Accounts Assistant for Book-Keeping and Cash disbursement purposes. Accounts Assistants report to the Assistant Accountant based at the Controlling Camp. Paramedics are supervised by the two Assistant Medical Officers, who report to the Medical Officer. The Programme Supervisors, Assistant Accountant and the Medical Officer are reportable to the Programme Administrator. The Programme Administrator is responsible for programme and administration of the field and report to the Projects Coordinator.

To acquaint the field staff with other approaches that are being tried by different Rural Development organisations in Bangladesh, a number of them toured different ongoing projects in Comilla, Noakhali, Faridpur and Nymensingh during the year.

TRAINING

In order to give the field workers further training . . . to accelerate their activities, a field training group was created. The group remained busy in designing modules, conducting training of field personnel as well as follow up services in villages. During July-August, all Project workers underwent inhouse training of about 4 weeks on various aspects of ERAC approaches and programmes.

CONCLUSION:

The quantum of achievement during the year is difficult to measure. In certain fields the progress was faster than our expectation. The village workshop and the emergence of different groups in villages indicate the achievement. The health insurance coverage is short of our expectation. We endeavoured to enroll thirty thousand people under health insurance but finally fifteen thousand accepted the programme. This is the consequence of some unavoidable irregularity of service rendered to last year's insured people, shortage of medicine and confusion about the terms and conditions of Health Services.

The introduction of voluntary service on the part of the teachers left us with no option but to run the centres only with the available volunteers. Most of these teachers could not qualify in the orientation course. As a result the performance in Functional Education was not up to our expectation.

The change of leadership in the Board of Directors of the TCCA's however indicated that new leadership is competent to offer and accept any challenge for the cause of the society.

BANGLADESH RURAL ADVANCEMENT COMMITTEE

SULLA PROJECT PHASE III

Statement of Accounts

For the year ended 31st December 1976

EXPENDITURE:

Capacity Building & Institutional Development	2,11,496.00
Health & Family Planning	4,64,080.00
Disadvantaged & Exploited Groups.	2,01,519.00
Agriculture.	1,15,893.00
Field Administration.	2,21,020.00
Field Establishment Services.	72,583.00
Head office support.	1,47,660.00
Organisational requirements.	12,189.00
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	14,46,440.00
Less: Fund from Phase II	2,01,915.00
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	12,44,525.00
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Biswas

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A. K. Biswas
Accounts Coordinator