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**The impact of social and economic development  
programmes on health and well-being: a BRAC-ICDDR,B  
collaborative project in Matlab**

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## **Foreword**

Empirical evidence point to a causal relationship between the socioeconomic status of individuals and communities and their health. Indeed improvement in health is expected to follow socioeconomic development. Yet this hypothesis has rarely been tested; at least it has not undergone the scrutiny of scientific inquiry. Even less understood are the processes and mechanisms by which the changes are brought about.

The Rural Development Programme (RDP) of BRAC is a multisectoral integrated programme for poverty alleviation directed at women and the landless poor. It consists of mobilization of the poor, provision of non-formal education, skill training and income generation opportunities and credit facilities. The programme is the result of 20 years of experience through trial and error. However evaluation of its impact on human well-being including health has not been convincingly undertaken.

The Matlab field station of ICDDR,B is an area with a population of 200,000, half of whom are recipients of an intensive maternal and child health and family planning services. The entire population is part of the Center's demographic surveillance system where health and occasionally socioeconomic indicators have been collected prospectively since 1966.

A unique opportunity arose when BRAC decided to extent its field operations (RDP) to Matlab. ICDDR,B and BRAC joined hands to seize this golden occasion. A joint research project was designed to study the impact of BRAC's socioeconomic interventions on the well-being of the rural poor, especially of women and children, and to study the mechanism through which this impact is mediated.

In order to share the progress of the project and its early results, a working paper series has been initiated. This paper is an important addition in this endeavour. The project staff will appreciate critical comments from the readers.

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**Executive Director, BRAC**

**Demissie Habte**  
**Director, ICDDR,B**

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## **I. INTRODUCTION**

### ***ICDDR,B Experience***

ICDDR,B is an international health research institution. It is equipped with necessary research facilities including excellent field study areas. The field areas are specifically designed for research into the common health and fertility problems of developing countries with special emphasis on diarrhoea and directly related field of nutrition. Since its beginning as a cholera research laboratory in 1960, the centre has been responsible for many major scientific developments in the fields of diarrhoeal disease control, nutrition, population studies and community health research and has made significant contributions to scientific literature. These activities have earned the Centre recognition as a premier health research institution.

One of its major undertakings is in Matlab Field Station, located about 45 km south-east of Dhaka. This field station was created in 1963 in order to conduct cholera vaccine trials. At the field station ICDDR,B operates a 70-bed hospital and a research centre. Since 1966 the ICDDR,B has recorded vital events among the population of the area through its Demographic Surveillance System (DSS). In half the field study area the ICDDR,B provides MCH-FP services. (A further detail of the MCH-FP activities is described in a later section of this document). The other half, which receives government services only, is used as a comparison area to evaluate the effect of the ICDDR,B programme. The current population of the study area is about 200,000.

Contraceptive use rate in the MCH-FP area has risen progressively and reached to more than 60 per cent which is nearly double that of the Comparison area. In 1990 the total fertility rate was less than four in the MCH-FP area and more than five in the comparison area. Mortality situation in Matlab has been showing an improvement over time: in 1990 the crude death rate was lower than 10 per 1000, infant mortality rate was around 85 per 1000, and child mortality 7 per 1000. The mortality situation is somewhat better in the MCH-FP area than the Comparison area: the comparison area is lagging behind by three years.

Experience in Matlab has shown that by appropriate service delivery system and method-mix, programmes like family planning can be successful in the absence of a level of socioeconomic development frequently thought essential. The reduction in mortality is not satisfactory and further improvement may be slow. Mortality level is still high, with heavy burden of disease and malnutrition. The situation is worse for children and women especially in poor families.

## **II. THE CONCERN**

A question often raised is: "Could the impact of health and family planning programme be greater if there were complementary integrated social and economic development programmes in Matlab?". So far Matlab activities concentrated on health interventions. Now it is widely believed that mere provision of health services alone may not be sufficient - their effective utilization is conditioned by various social, economic, and cultural factors which deserves special attention. In this context the most disadvantaged are the poor, the women, and children.



Considering the central role of women in family health, perhaps the most effective way would be to empower the women so that they become aware of the problems of their own and other family members, and equipped to participate in household decision making. They must also be empowered to shape their reproductive life. They must be informed sufficiently to bring about necessary behavioural changes to avoid the burden of diseases. An improvement in health may be achieved if necessary services are appropriately provided; demand for this services is created; and the economic ability of the poor is improved to a level so that they can afford enough food and necessary services.

Attaining the above will necessitate an integrated approach to empower women through appropriate interventions comprising social, economic, and health components. Such interventions should also be complemented with relevant research on delivery style, evaluation, and understanding of the mechanisms of influence. The better the above is be done the more effective would the programme be.

### **III: NEED FOR JOINT UNDERTAKING**

While ICDDR,B appreciates the importance of such actions for improved health, it lacks expertise and experiences in the area of social and economic intervention programmes. To do this in the best possible way ICDDR,B felt the necessity of establishing collaboration with national and overseas institutions with expertise in the field of development, especially of the poor and the women.

A unique opportunity came when BRAC, a national non-government organization - known worldwide for its Rural Development Programme (RDP), decided to start its RDP in Matlab during the mid of 1992 as a normal course of their expansion. ICDDR,B and BRAC decided to avail this opportunity to join hands in Matlab, where an extensive database already exists and is updated regularly by ICDDR,B. (Previously BRAC worked together with ICDDR,B to promote ORT for the management of diarrhoea in this country.) This provides a valuable opportunity to learn of the impact of social and economic development programmes particularly on health and well-being of women and children.

The RDP is a result of 20 year learning experience which is targeted to the very poor people with especial emphasis on women and children. Its components include institution building, functional education, non-formal primary education, skill training and human development, credit, primary health care, and legal literacy. Detail follows in a later section.

### **GROUNDS FOR JOINT PROGRAMME**

As part of this joint undertaking, a meeting of experts drawn from Bangladesh, England, and the United States was convened in June 1992. The meeting covered issues on study design, baseline survey, and future research priority in relation to this collaborative project. A set of recommendations came out of the meeting.

Following the recommendations, BRAC intervention has to be given in selected villages from MCH-FP and Comparison areas located within and outside of the flood protection embankment in Matlab. This will

make the assessment of the impact of RDP, MCH-FP, and Embankment alone and in combinations on health and general well-being of the beneficiaries possible. Centering this collaborative project, various research proposals will be developed and carried out in the future.

## **AIMS OF THE PROJECT**

### ***General Aim***

The broad aim of this project is to exploit the fortuitous introduction of a proven integrated social and economic development programme into an area that has a highly developed research infrastructure for collection of information, and to try and document the health impact of such interventions.

### ***Specific Aims***

Specifically, this project aims to facilitate research in connection with BRAC's Rural Development Programme (RDP) in Matlab with special emphasis on (a) impact on health of the beneficiaries, especially of women and children, fertility and mortality, and nuptiality, (b) mechanisms of influence, including identification (in some instances definition and measurement of variables, such as empowerment and status of women) of intermediate variables, and (b) strategy of delivering development inputs to the poor, especially to women. The other important aim of this project is to help build a critical mass of researchers in Bangladesh and other developing countries, who can pursue research on the crucial area of health and development.

### ***Specific Activities***

The following specific activities are set to fulfill the objectives mentioned above.

#### **Collaboration**

1. Establish a collaborative arrangements between BRAC and ICDDR,B such that a close link is established at every levels from field workers to the highest level of management in the two organizations.

#### **Research**

1. Convene meetings of national and international experts to seek advice on the study design, baseline survey and indicators, and identify priority research issues to be pursued in the future. (One such meeting was already held.)
2. Conduct a baseline survey on the basis of the recommendations made by the expert committee before starting the RDP. (This has started from August 1992 and expected to be finished by October, 1992.)
3. Establish a mechanism so that individuals residing in the villages with BRAC programmes can be linked with the demographic surveillance system of ICDDR,B to monitor impact on fertility, mortality, nuptiality, and migration.

4. Compile the last ten years' demographic trends for the villages included in baseline survey and continue to update yearly.
5. Establish a database with information on programmatic variables which will be easily retrievable and linkable with DSS and other studies in those villages.
6. Establish small scale in-depth village level continuous data collection system for understanding the pathways of influence of the RDP on health and socioeconomic status, and identify problems in relation to the delivery of the development services.
7. Repeat the baseline survey at the end of the project period after three years and later as required.

#### Capacity building

1. Involve trainee researchers from both the institutions and outside in the process to impart hands on training in research.
2. Introduce research fellowship for young and mid-level researchers.

#### Dissemination

1. Organize seminars, publish findings, and pursue other means to disseminate research results and experiences gained through this collaborative project.
2. Inform policy makers of the results of research conducted to influence relevant policies.

## **VI. SIGNIFICANCE**

This umbrella project through fulfillment of its objectives will contribute towards the improvement of health and socioeconomic condition of the rural poor especially of women and children. The unique advantage of having it in Matlab is the presence of demographic surveillance system which not only provides information on demographic situation for the last 25 years but also the possibility of future monitoring of demographic situation.

In addition, the presence of ICDDR,B's MCH-FP programme and flood protection embankment gives an opportunity to make a comparative assessment of the impact of various combination of the three interventions (RDP, MCH-FP, and Embankment) on health and human well-being in this community.

Research on impact of the programme can also aim to assess the effectiveness of the programme by closely monitoring the process indicators through which RDP can improve the quality of human life and survival, especially of women and children from very poor families. An outcome of these research will be an understanding of the mechanisms through which RDP operates to

influence quality of life including health, particularly among those known as the "hard-core poor". Through this, both successes and failures of the programme in terms of various intermediate or process variables could be identified and documented which eventually will be helpful for making the programme more effective.

The research on operational aspects can concentrate on problems faced by the field organizers in implementing the programme. Benefit of these researches will include an understanding of the barriers in successfully executing a rural development programme, which could later be incorporated in the implementation procedures, to fine-tune its implementation methods for better efficiency and effectiveness. Operation research can also investigate the possibility of integration of health and family planning services, water and sanitation programme with rural development activities, and can also find ways of ensuring community participation to make programmes sustainable. Eventually a better method of delivering health and development may evolve from this kind of research.

Built into this project is the training of young researchers which will help develop a critical mass of professionals to meet the future challenge in the field of health and development in countries like Bangladesh.

This project being a collaborative one will demonstrate the usefulness of combining expertise from two organizations to address difficult issues of health and development.

## **VII. BRAC AND COMPONENTS OF RDP**

BRAC came into existence as a relief and rehabilitation project in 1972, and subsequently grew into an all embracing development organization. Its multisectoral programmes have spread across the country. The development strategies of BRAC pursue two major goals: a) alleviation of poverty; and b) empowerment of the poor. One of the main features of BRAC strategy is to operate as capacity initiators, by a) making the target group members aware of their own problems, b) giving them the tools to unite in homogeneous class and interest groups, and c) increasing their capability to secure their legal and civil rights. BRAC also acts as a demand creator for its group, members to enable them to enjoy their legitimate share of the services and supplies provided through the public sector.

RDP is BRAC's major integrated multi-sectoral programme for the implementation of its strategies. It plays a critical role in the development, implementation and expansion of BRAC's activities. It organizes the rural poor into men and women groups who work as instruments for development of human resources and occupational skills, for income generating activities facilitated by credit, and for various social programmes. The intervention of BRAC in the new area is mostly initiated by RDP. It operates for a period of approximately four years, in the recently intervened areas for developing a viable institutional environment, necessary for instituting subsequent credit programme without substantial support from BRAC. (The following description of RDP and related activities is taken from annual reports of BRAC.)

### ***Process of Programme Development***

The organization and other activities of RDP start at the village level. These functions are performed by a small field unit known as an Area Office. A male or female programme organizer (PO) of the field units

goes into a village and initiates a survey to identify the households of the target group. The target population, according to BRAC's definition, consists of people who do not own more than 0.5 acre of land including homestead and who earn their livelihood by selling manual labour.

The PO then holds discussion with this target group of men and women about the measures that may be undertaken to tackle their problems. These particular groups are then encouraged to form separate organizations on a gender basis at the village level. Once a village organization (VO) is formed, each member begins a savings programme, depositing a minimum of two taka every week. The next major activity is the "functional education" (FE) programme which is meant for all members. It is conducted by a FE trainer who is specially trained at one of BRAC's training and resource centres (TARC). As the FE course progresses, the VO selects three/four able and interested members for training in leadership, human development and planning at the TARC.

Gradually the members are encouraged to take on income generating activities that are facilitated by BRAC's credit programme. As the village organizations further develop, they elect a management committee comprised of 5-7 members, including one chairman, one secretary, and one cashier who maintains the society's financial records and resolution books. These positions are rotated every year.

There are two village organizations in each programme village, one for men and one for women. Each VO comprises 50 to 60 members.

### ***RDP-RCP Relationship***

The RDP was introduced in 1986. The BRAC banking project, formally called the Rural Credit Programme (RCP) was introduced in 1990. The activities of RDP are complimentary to those of the RCP. The RCP was devised as a mechanism to expand and sustain the RDP activities. In any chosen area the RDP operates for a period of four years, developing the base for a viable institutional framework after which it is taken over by the RCP. The stages of transition to RCP are as follows.

1. Phasing out of direct BRAC support to a given RDP branch after approximately four years of operation, thus enabling the RDP to operate in new areas.
2. Establishment of a new and self-supporting credit institution in the phased out RDP branches.

The RCP is a continuation of RDP initiated activities with emphasis on credit operations. The transfer of a branch from RDP to RCP takes place when the outstanding loans made to VO members in a given branch are sufficiently large, so that the income generated at the present rate of interest covers the ongoing operating costs. This enables BRAC to sustain its efforts to alleviate poverty and empower the poor.

### ***Organization and Management***

The nucleus of RDP and the RCP is the area or branch office (BO). For management and implementation, the whole programme is divided into a number of regions. Each region contains a cluster of BOs. A branch office is generally staffed by one manager, 3 programme organizers (PO), and 12 village cadres known as gram shebok/shebika (GS). As the activities gained strength, special purpose POs or GSs are deployed in a branch to promote sector programmes such as education, sericulture, poultry, etc. A branch

covers 120 village organizations - 50 for landless men and 70 for women - with a combined membership of 6,000 to 7,000.

### ***Major Activities***

The RDP and RCP incorporate four major types of activities: a) Institution building including functional education and training, b) Credit operation, c) Support service programmes. Each activity encompasses a number of sub-activities. The main thrust of RDP is to develop a viable grassroots organization for the landless to make them critically aware of the environment in which they live, and to initiate measures of changes that will improve the condition of their life and work, while the emphasis of RCP is to sustain the efforts of RDP and to enhance credit support without subsidy.

RDP works on several components; the one going to be implemented in Matlab will have the following activities.

#### Functional Education (FE)

Functional education is a key element in the process of institution building. This is a 40 day, 150 minutes per day, course and is done before any intervention is introduced. Facilitated by a BRAC trained person, usually from the same village, the FE is a consciousness raising experience which was designed after Paulo Freire. The last five days are spent in getting the participants learn how to sign. Approximately 25 adults participate in each class carried out monthly in evenings.

An FE course is obligatory for all group members under RDP. It is also a prerequisite for entitlement of credit. It plays a crucial role in conscientizing the target people and unlocking their hidden potential to tackle the problems they encounter every day.

#### Group Meetings

Conscientization of group members is facilitated through group meetings. Group members meet once a week regularly. Credit, savings and other issues affecting the lives of the landless are discussed in the weekly meetings. An issue-based meeting is held once a month where various social and economic issues are discussed and analysed. These meetings make a direct contribution to the institution building process.

#### Savings and Group Trust Fund

RDP encourages its group members to generate funds of their own through regular savings and group fund accumulation. Every member deposits at least two taka a week as savings. This system helps the members develop a savings habit. The group trust fund is generated by deducting 4 percent from loan disbursement.

#### Training

Training plays a crucial role in enhancing the capacity of the VO members. BRAC arranges various kinds of training to enable members to socioeconomically uplift themselves. The TARCs of BRAC provide continued support in training group members.

Two types of training are arranged for group members: 1) Human resource development, and 2) Occupational skills development. The former includes functional education, consciousness raising, leadership development, project planning and management. Occupational training helps the members in upgrading their existing skills for carrying out employment and income generating schemes.

### Credit

Credit is a major component of the RDP activities. Credit is provided for various activities to enhance the employment and income generating opportunities of group members.

The loans are collateral-free and subject to intensive monitoring and supervision. The loans are provided at 20 percent interest, calculated at reducing balance and are repayable in weekly installments. Credit is facilitated through a revolving loan fund.

There are certain basic rules which serve as a guideline for granting loans. A borrower needs to follow the guidelines to qualify for credit. These include a) completion of a functional education course, b) regular participation in the weekly meetings, c) savings deposit, i.e. minimum savings equivalent to 5 per cent for the first loan, 10 per cent for the second and 15 per cent for subsequent loans, and d) compulsory deposit in group trust and insurance funds, etc.

### Children's Education

Every village with RDP normally have a school for non-formal primary education (NFPE) for children aged 8-10 years or 11-16 years. The programme has been designed to bring those children who were dropped out from formal school or never enrolled in formal schools. It is a three-year programme and 70 per cent of the pupils are girls. In admitting pupils priority is given to children of VO members.

The overall objective of the NFPE curriculum is to help rural children achieve basic literacy, and social awareness. The curriculum is divided into three subject areas: Bangla, arithmetic and social studies. The later encompasses health, nutrition, hygiene, sanitation, safety and first aid, ecosystems, community, the country, the world, and basic science. In addition, it encourages student participation in co-curricular activities like physical exercise, singing, dancing, drawing, crafts and games, as well as story book reading.

English is taught in the second and third years. All the reading materials are produced in bulk by BRAC and are provided free to the students.

### Legal Literacy

To arouse some degree of awareness and consciousness about their civic and legal rights, BRAC has a paralegal training programme for group members. The subject area of training includes domestic conflicts, particularly in conflicts where women often have to bear the brunt of the disputes arising over marriage, land or property. Paralegals, as the workers are called, are intended to play more of a teaching role rather than a para-professional one.

## The PHC Programme in RDP

The RDP is a dynamic programme and subject to change depending on lessons learned. One such recent example is the introduction of a primary health care (PHC) programme in some RDP areas. The PHC was one of the component projects of erstwhile child survival programme (CSP) which concluded in 1990. One of the objectives of the CSP was to develop a viable model of sustainable PHC that could be managed by the community in conjunction with the health and family planning service system of the government. During the implementation of CSP it was realized that no long lasting improvement of any health/nutritional status could be effective at the grassroots level unless broader development takes place and the income generation capacity of the poor is improved.

Based on this realization, PHC is being implemented in some selected RDP areas to support both income generation and health care activities for BRAC's target group population.

## **VIII. ICDDR,B ACTIVITIES IN MATLAB**

The following is a brief description of major ICDDR,B activities in Matlab.

### *Demographic Surveillance System*

The Matlab DSS is unique in the developing world where registration of births, deaths, marriages, and migration is normally incomplete or totally absent. The DSS was started in 1966 to provide a database for trials of cholera vaccine and ever since then has recorded demographic events in the area. At presents it covers a population of approximately 200,00 people. This record, stretching back over nearly 25 years, now represents an unparalleled source of demographic data. Its existence has enabled the rigorous evaluation of community health and family planning services. The DSS is used as a sampling frame for many of the Centre's studies and offers an outstanding environment for prospective research. The Matlab DSS is not only a major research project in its own right, it is also an irreplaceable resource both for ICDDR,B and for the rest of the scientific world. For its uniqueness in size and history the DSS has been described as a jewel in ICDDR,B's crown.

Most of the data collected by the DSS is now stored on computer and is therefore accessible for socioeconomic, demographic and community health research. For monitoring the demographic impact of the BRAC's RDP, MCH-FP, and flood protection embankment, families and individuals receiving or not receiving benefits from these interventions will be linked with DSS from beginning and will be followed prospectively through DSS.

### *Maternal & Child Health and Family Planning*

The family planning and health services project started in 1977 with the objective of reducing fertility and subsequently improving child survival. The project expanded in 1986 to include broader services and data collection on child health and became known as the Maternal and Child Health and Family Planning Project (MCH-FP). The programme provides and evaluates services in half of the DSS field area, covering a population of 100,000. In the other half of the field study area, the comparison area, the ICDDR,B only collects demographic data while health services are provided by the government. Treatment for diarrhoea is provided to people from both areas at the Matlab hospital of ICDDR,B.



Health care services at the household level in the MCH-FP area are delivered by 80 female community health workers (CHWs) who are residents of the villages and make regular fortnightly visits. They provide counselling on family planning and distribute a variety of contraceptive methods, carry out immunization and vitamin A supplementation, and supply safe delivery kits. They treat mother and children under five years of age with infectious diseases and refer malnourished children to the treatment centres for treatment and nutritional education. In addition, the CHWs collect data on morbidity, reproductive and service-related information, and work with the DSS recording demographic events.

The project operates and maintains four sub-centres in four locations within the treatment areas. These are mainly to attend mothers and children, and each one covers approximately 25,000 people. MCH-FP paramedics work there, receiving patients referred to them by the CHWs. Each sub-centre also has a day-care centre for nutrition activity.

### **Maternity Care**

The Matlab maternity care project was designed with the objective of reducing maternal mortality and morbidity. Activities aimed at this objective include operations research and the provision of maternal health services. The project was implemented in the context of the existing MCH-FP project.

The project has four professionally trained midwives posted in the half of the MCH-FP area. Each team of two midwives is posted to serve a population of approximately 25,000. The midwives provide antenatal and postnatal care, attend as many deliveries as possible, and give practical training to the traditional birth attendants. A chain of referral was established, including the Matlab hospital where female medical officers are available to manage non-surgical obstetric complications, and the government district hospital in Chandpur.

### **FLOOD PROTECTION EMBANKMENT**

A medium-scale embankment on the banks of the river Meghna and Dhonagoda was constructed between 1982 and 1989 for flood control, drainage, and irrigation. Apart from the above benefits the embankment is also being used as a road which has made the communication within Matlab much better than before. Villages from both comparison and MCH-FP areas fall within and outside the embankment.

### **PLANNED RESEARCH RELATED ACTIVITIES**

#### ***Baseline Survey***

To assess the impact of the RDP a baseline survey has already been started from the first week of August 1992. The field work was carried out by BRAC with technical support from ICDDR,B. Baseline information on fertility, mortality, nuptiality, and migration will be obtained from DSS. Six modules of questionnaires were administered in the survey to collect various information, namely household composition and immunization coverage, household information, male questionnaire, female questionnaire, basic learning assessment, and village characteristics.

### ***Possible Research Topics***

It is obvious that an unlimited number of research topics can be pursued on RDP and health in Matlab. Nevertheless, some ordering of the topics is warranted for research to be carried out must be of priority to BRAC and ICDDR,B and broadly fall within the scope of women and reproductive health research. Depending on the nature of the topics, the studies can be a one time activity, intermittent, and on-going; and can be of quantitative and qualitative in nature.

To discuss and prioritize research topics to be carried out under this collaborative project, a second expert committee meeting is planned for early 1993. Preliminary results from the baseline survey will also be available by then. It is expected that the recommendations of the expert committee will be helpful in identifying research topics and developing proposals.

## **XI. METHODS OF IMPLEMENTATION**

### ***Management***

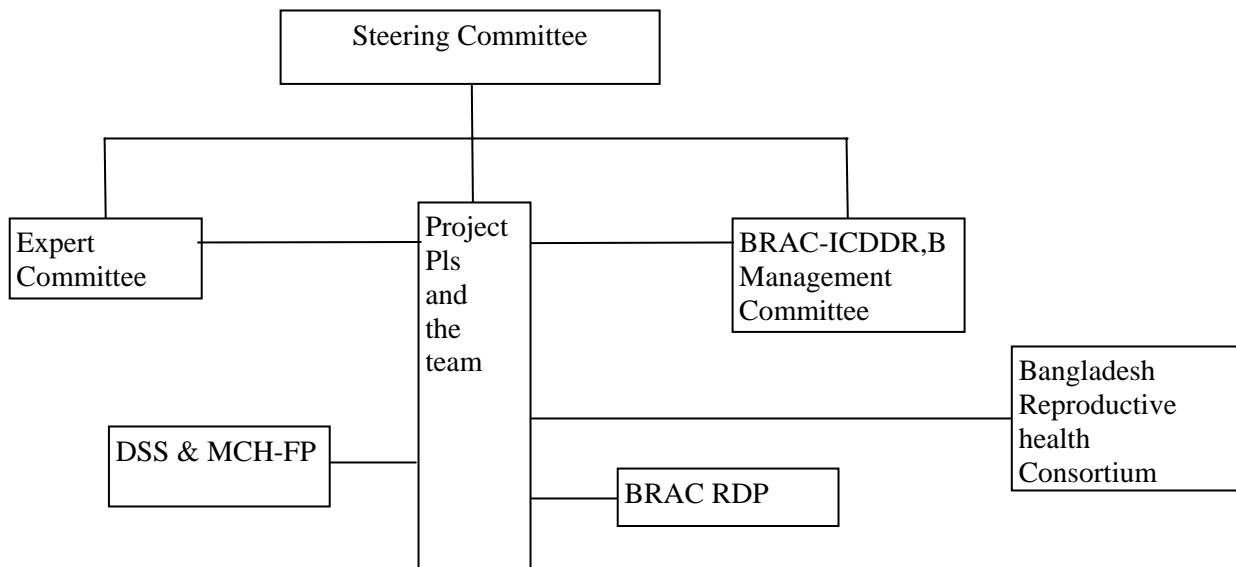
The overall direction of this joint venture will be provided by a six member steering committee (SC) comprising the Director and Executive Director of ICDDR,B and BRAC, and other senior experts from the collaborating and outside organizations. The SC will meet at least twice a year to review the progress and to provide overall guidance.

For a smooth functioning of the planned activities and coordination of the work, a six member BRAC-ICDDR,B Management Committee (BIMC) has already been formed with three members from each institution. Two individuals, one from BRAC and one from ICDDR,B will be the principal investigators (PIs) of this project and will be responsible for implementation of the collaborative endeavour. The PIs from time to time will report to the BIMC and to SC of the progresses being made. The PIs will also be consulting the members of both the committees regularly for suggestions and guidance if needed.

Scientific advice will be sought from the existing expert committee in addition to the SC and BIMC. Currently the expert committee comprises of members from Bangladesh, United Kingdom, United States of America, and participant organizations in the Ford Foundation initiated Bangladesh consortium for reproductive health as and when necessary. The committee currently represented by experts in the field of population, economics, statistics, medical anthropology, and community health. If need arises the committee will be expanded to have representative from other disciplines.

A schematic diagram linking the project with various committees and other activities in BRAC and ICDDR,B can be seen in Figure 1.

**Figure 1 – Diagram showing the project and various committees and activities in BRAC and ICDDR,B**



***Collaboration***

A memorandum of understanding between BRAC and ICDDR,B outlining the guide-lines of collaboration has been signed.

***Research***

Research can be initiated by either of the institutions. Any research on the theme of collaboration (health and development) will be carried out jointly. It will be the responsibility of the principal investigator(s) to get his/her proposal cleared by his/her organization.

***Capacity Building***

Various strategies will be adopted to carry out this task. One way would be to involve young researchers from BRAC and ICDDR,B in the planning, execution, analysis, and report writing of various small projects that will be carried out under this umbrella. They will go through this apprenticeship under guidance of senior researchers.

Trainees from outside of these two institutions may also join to carry out research under guidance from senior researchers. One of the way could be through research fellowship. Graduate students will also be encouraged and welcomed to carry out research under this umbrella. Professionals from other research or academic institutions will also be welcomed to avail visiting fellowship to carry out research of their own or provide guidance to young trainee researchers.

## *Dissemination*

Dissemination of results will be done at various levels. At the first level presentation of work in progress and results will be made in regular seminar series in both BRAC and ICDDR,B. In addition presentation will also be made in the local, regional, and international conferences. A series of working papers will be published jointly by BRAC and ICDDR,B on a regular basis. Ultimately attempt will be made to publish results in professional journals.

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