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Reality Check Bangladesh 2008

Summary

Listening to Poor People's Realities About Primary Healthcare and Primary Education

Sida

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The Reality Check is an initiative of the Swedish Embassy in Bangladesh and Sida (Swedish International Development Agency) and was launched in 2007.

GRM International is the implementer on behalf of the Swedish Embassy and Sida.

The Reality Check study is being carried out by an international team comprising Dr. Dee Jupp, Dr. Malin Arvidson, Enamul Huda, Dr. Syed Rukanuddin, Dr. Nasrin Jahan, Dil Afroz, Amir Hussain, Ghulam Kibria, Nurjahan Begum and Rabiul Hasan. Dr. Hans Hedlund and Dr. David Lewis are Advisors and Jessica Rothman is the Project Manager.

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Rural household (South).

This is a short summary of the Reality Check Annual Report 2008. The full document can be downloaded/ordered from:

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Summary

The Reality Check initiative was initiated by the Embassy of Sweden in Bangladesh in 2007 as an important contribution to their Country Strategy for Cooperation with Bangladesh (2008-12). This Strategy emphasises the value of supporting platforms for dialogue 'from below', i.e. interacting with people living in poverty as well as with those directly providing services to the poor. The Reality Check focuses on primary healthcare and primary education. These two sectors are supported by Sector Wide Approaches (SWAps) to which Sweden contributes and are known as the Health, Nutrition and Population Sector Programme (HNPSP) and the Primary Education Development Programme (PEDP II).

This is the second Reality Check study, in a series of five annual studies (covering the period 2007–2011) which are to be conducted in the same locations with the same families and at the same time each year. The study takes place in three locations (urban, peri-urban and rural) in three different districts (North, Central and South) of Bangladesh amounting to a total of nine locations. Three study teams comprising of three members each work independently (one in each district). Whenever possible, each member of the team stays for a minimum of four nights and five days with each of the three families in each location. This second study was carried out in October and November, 2008.

The Reality Check study uses a 'listening study' approach where research teams stay in the homes of families living in poverty and conduct many conversations with different family members, their neighbours as well as different local service providers. It is thus not a conventional evaluation but an appreciation of the day-to-day reality as experienced by people living in poverty, where they, rather than the research team, take the lead in directing conversations.

The second Reality Check built on the achievements of the first conducted in October/November 2007 both in terms of developing the relationships and trust with our host families so that they opened up to us and delving further into their experiences. The main focus of our conversations was on change and our families' experience of change.

2008 Situation Changes ...

- Increase in food prices
- Reduced food intake

Have affected the three study areas differently with the North study area worst hit, but economic repercussions for our families include;

- Children taken out of school to save money and/or contribute economically (North study area)
- Cut back on household expenditures
- Cut back on private tuition
- Increase in women's employment
- Increase in indebtedness to NGO credit organisations (new loans for post- flood/cyclone rehabilitation)

Situation in 2008

A number of important macro-environmental influences impacted on our families during 2008 as the following summarises.

The repercussions of the global increase in oil prices and food shortages hit Bangladesh, a net importer of food, with resulting massive increase in food prices. Many staple foods, such as rice and oil, doubled in price. In addition to the increase in food prices, conditions, particularly for people living in poverty, were further worsened this year by damage caused by two floods (July and September) and the devastation brought by Cyclone Sidr, which hit the shores of Bangladesh on November 15, 2007. At the time of the study the two year term of the interim Caretaker Government was due to come to a close with a National Election planned for December 2008. Whilst 'our families' had appreciated the steps taken by the Caretaker Government to combat crime and corruption, most were upset that they had failed to control food prices.

The increase in food prices was spontaneously raised as an issue in all three study areas, but the nature, impact and coping strategies were very different in each. The worst hit is the North study area, where the price of rice reached a high of Tk52 per kg (nearly three times the 2007 price). The area has also suffered because of cutbacks in the construction industry which, we were told, resulted from developers' concerns about tax and fraud investigations instigated by the Caretaker Government, which has led to high unemployment among construction and construction related workers. Some families have reverted to only eating one meal a day or have cut down on quantities consumed and some children have been taken out of school to both assist with income generation and to save money. In the South study area, the price of rice reached Tk40 per kg in the summer and this had some affect on household coping strategies although not as far-reaching as in the North. Whereas our families in the urban and peri-urban areas mostly cut back on household expenditures, more members (particularly women) of rural families have sought employment in order to maintain the same level of expenditure. By contrast, the Central area seems very little affected by the food prices which stayed relatively low compared to the other areas (rice Tk20-35 per kg). Their incomes had mostly kept pace and it was not mentioned as a problem at all in the rural area where many of the households are largely self-sufficient in rice and this year provided a bumper crop. The

One of the many well stocked pharmacies open long hours.

Women and children queuing outside a doctor's chambers at the district hospital.

The district hospital is noticeably cleaner compared to last year (South).

floods this year had severely affected the rural North study area with many farmers losing their only rice crop. The South locations had all experienced some effect of Cyclone Sidr where houses had been damaged, livestock and fish lost and one year's crop lost. These losses have resulted in increased indebtedness to NGO loan schemes.

Main Findings in Health

With the exception of the North study area, cleanliness, management and provision of free medicines had improved in Government health facilities and this was attributed to the monitoring of the Caretaker Government. However, Upazila Health Complexes remained poorly maintained and short-staffed. Despite some early indications that some of our families were considering trying these facilities once more (at district level rather than upazila level), most prefer the convenience of 'one stop' private providers and, since large sums of money are needed for serious ailments even in Government facilities, people living in poverty prefer to pay where they perceive they are getting the best value for money. There is a continuing trend towards self-referral to private Diagnostic Centres where people feel confident that they are paying for modern technology and are pleased to be able to have tangible proof of the services they have paid for. There is some evidence of the emergence of philanthropic (rather than 'for profit' and often family owned) health provision.

Although some free medicines continue to be available in government health facilities and supply seems a little better than last year, they are mainly basic medicines which are readily and cheaply available in the market and people are still required to purchase most medicines outside the government health facilities. High dose anti-biotics are being prescribed routinely. Patients are finding these make them feel unwell particularly as they cannot afford the 'good food' recommended to accompany the course of treatment and also doubt its efficacy in the absence of 'good food'. As noted last year, there is no subsidized treatment for the poor for high blood pressure, cancers, diabetes, stress and other ailments which are often regarded by the medical profession as diseases of the 'better-off'.

The commercialisation of health services brings some problems. The study revealed examples of skilled birth attendants (SBAs) offering services beyond their competence, pharmacists prescribing high dose antibiotics, a 'doctor' offering surgical procedures from his home with fatal consequences and poor adherence to basic safety precautions in

Diagnostic Centres. Traditional healers, polli doctors and traditional birth attendants, on the other hand, charge very little, if anything, for their services and the quality of their service is confirmed by results.

Women prefer the oral contraceptive pill readily available from the market as the Government supplied pill is high dose with unwanted side effects and the benefit of free distribution is lost by high transport and time costs to collect. More information about alternative family planning methods, particularly long term methods and harmonising adoption of family planning with religious teachings was felt to be needed by women but also men, particularly in the privacy of their own homes.

Main Health Findings

Government Facilities

- Increased cleanliness, management and information provision in Government health facilities, particularly in large District Hospitals. Supply of free medicines improved. Reduction in dalal activity. All improvements attributed to the vigilance of the Caretaker Government, which has encouraged some of our families to contemplate trying out Government facilities despite their former preference for private services. But there is deterioration in the facilities in the North study area since monitoring relaxed towards the end of the year.
- Further deterioration of diagnostic and operating facilities as well as increasing staff shortages in Upazila Health Complexes. In-patient numbers tending to decrease as these facilities are used primarily for casualties, very local patients and patients (elderly) needing 'bed rest'. The expansion of these facilities where use is declining is questioned.
- Patients do not feel able to complain about health service provision, fearing it may jeopardise their treatment.

Medicines

- Free medicines available are mostly basic and are cheaply available in the market, so people prefer to purchase these to save time and transport costs. Similarly preferred alternatives to the Government free-supplied contraceptive pill are readily and cheaply available in the market.
- People note the problem that there are no free/subsidised medicines for non-communicable diseases.
- Increase in formal and informal prescription of high dose antibiotics. Inability to consume supplementary 'good food' while taking these leads to patients feeling unwell and doubting the efficacy of the treatment.
- Incidence of TB increasing in some areas and Direct Observation Treatment (DOTS) for TB patients is not being carried out as per the Government guidelines.

Private Services

- People prefer 'one stop' private health services to Government health services as they feel they are getting the best value for money.
- Increase in self referral to private Diagnostic Centres.
- Emergence of philanthropic (rather than 'for profit' motive) providers.
- Increased connectedness between home birth services and polli doctors, pharmacies and private clinics.
- Although there is evidence of market forces exposing incompetent providers, we came across examples where patients are vulnerable to unregulated commercialisation

Outreach Services

- Duplication of effort by Government health workers at community level and perceived redundancy of some programmes (e.g. nutrition, immunisation awareness) was noted in some areas while new priorities are emerging but not being addressed e.g. provision of family planning and health advice for men and adolescents, more information on long term methods of contraception and advice on interpretation of prescriptions and diagnostic tests.
- In the North study area, there is a serious lack of health extension services

Second Government Primary School - a model for others.

Children doing piece work to contribute to their school costs.

The availability of outreach services varied considerably between study areas. In the North study area there was a scarcity of any kind of health extension services but in other study areas, health workers felt there was duplication of effort at a community level and many of the issues that they are required to focus on are no longer needed (e.g. awareness raising on immunization, nutrition programmes).

People concurred with the view that other issues needed attention such as local advice in interpreting prescriptions and diagnostic tests, focus on 'at risk' pregnant mothers and provision of advice to men and adolescents. We observed a higher incidence of TB among our families and their neighbours compared with last year, particularly in the Central study area. The administration of testing and direct observation treatment (DOTS) is not being experienced by patients in the way prescribed by the Government's TB programme.

Despite an increase in notices provided in Government health facilities and the efforts of the Caretaker Government to monitor facilities and suppress dalal (broker) activities, people are still vulnerable to dalals who help them to navigate the confusing facility environment but take a cut from costs incurred. People continue to be unwilling to raise complaints about all aspects of health service provision, fearing it might jeopardise treatment.

Main Findings in Education

As noted last year, education is considered very important and families are making careful decisions to ensure the best possible education for their children. This includes keeping family size small (except the North study area), transferring children between schools, promoting children in the family with potential and transferring resources from those who do not display potential and supplementing schooling with commercial or family provided coaching.

However, the problem with attracting and retaining boys in school seems to be getting worse in all the study areas. Parents complain about how difficult it is to control their boys and despite their wishes for them to be educated, boys themselves opt out. In areas where job prospects are limited (particularly rural areas) or where relatively well-paid jobs are available which do not require education (e.g. construction work in large cities and overseas, some factory work, transport industry) boys do not see the value of

Children drawing what they like and dislike about school.

Children fishing to supplement their families' meals (North area).

education. The 'street life' comprising of hanging around with friends, playing, loitering, picking up casual work to fund their own recreational activities (TV/videos/cinema, smoking) and fishing is very attractive. Furthermore, boys' experience of school is often poor; they feel outshone by girls (the positive discrimination implemented by pre-schools which promotes enrolment of twice as many girls as boys and female stipend programme at secondary level coupled with the fact that girls are developmentally more advanced than boys exacerbates this).

There is no reliable means to determine school drop-out rates. So called 'drop-outs' are usually explained by transfers to other schools as parents adopt careful strategies to avail the best education and most incentives. Double enrolment is prevalent in urban schools where children are enrolled in formal schools and NGO schools for working children. The latter, which are supposed to cater to out-of-school children, provide double-enrolled children with various incentives, are thought, by parents to negate the need for private coaching and keep boys 'out of mischief' after school. Girls from other schools swell numbers in Class 5 in Government schools so that they can sit the public exam which leads to allocation of secondary school stipends.

Although families are highly motivated towards education (with the possible exception of our North rural study area) the environment supporting education may not always be conducive. Parents worry that they cannot support their children's learning as they themselves are uneducated and some recognise that they sometimes take them out of school unnecessarily. TV attracts some children to stay at home after tiffin break and distracts them from homework and may lead to sleep deprivation as it stays on late into the evening in the one roomed homes.

Private coaching is still considered essential for children to be able to pass Government school examinations and, with rising prices, parents have regretted having to drop coaching. Most private coaches are high school or college students who charge Tk100 per month, which is exactly the same amount as the stipend and we found that the greatest use of stipend money is to pay for coaching. Some efforts are being made to reduce the coaching cost burden such as BRAC primary schools where student study circles meet after school to support each other at no cost and NGO schools which provide free coaching.

There is evidence, particularly in the Central study area, of the emergence of philanthropic educational institutions. These may be home-based or private family–run schools and are particularly good at supporting slow learners and children with disabilities. Under PEDP II,

The first pre school class (for 3–4 year olds) is called 'Playschool' in this private school, but it doesn't involve much play.

Boys prefer playing to school.

school facilities have been extended and improved, school level implementation plans (SLIP) implemented and resource materials provided. Despite some concerns about the lack of local consultation and delays in construction, these initiatives have been appreciated. The focus on local decision making and local implementation of SLIP is particularly appreciated.

There is huge variation in quality of Government schools even with exactly the same physical resources. Enhanced quality, defined as motivated and caring teachers, and active use of teaching resources, is largely attributed to the leadership of the Head Teacher of the school as well as supportive Upazila Education Offices and interested and motivated School Management Committees. As noted in 2007, NGO schools tend to be preferred over Government schools because classes are smaller, teachers are more caring and there is greater use of games and songs in teaching. Stipends are better organised than last year although there is still concern about unfair allocation, inadequacy of coverage and the fact that the requirements to ensure payment (regular school attendance and performance) are the most difficult for the poorest students to meet.

There has been no direct experience of school-based feeding programmes but teachers, parents and children welcome this idea. Compulsory Certificate in Education training for all primary school teachers has left schools with temporary staff shortages and, according to teachers is too long and theoretical and fails to provide practical suggestions for dealing with the kinds of problems they face e.g. overcrowded classrooms, covering for absent teachers and short class periods. Young teachers find it difficult to implement changes in the classroom without the endorsement of older teachers and complain that short lesson periods and moving between classes prohibits the use of interactive resource materials.

Children often prefer the young teachers and ones who show affection and help them to understand. The interactive techniques using song, dance and games used by BRAC, some other NGO schools and some private schools are regarded as the best way to learn by children and guardians alike. BRAC primary school teachers receive only seven days training per year but, unlike their Government counterparts, work exclusively with one class of children for four consecutive years.

There is little interaction between schools and parents, although many parents and students appreciate teachers who do make home visits. Parents who are often uneducated themselves feel awkward about contacting the school and raising complaints, and, like raising complaints at

health services, fear it might negatively affect their children's progress. There are many committees at schools (e.g. school management committee, guardian committee, SLIP committee) but the membership and role of these may not be well known. Where they are active their impact on school quality is noticeable.

Many improvements in primary school service provision are attributed to PEDP II whereas improvements (other than construction) in the health sector tend to be attributed to the Caretaker Government.

Main Education Findings

Drop out and School Refusers

- Boys are themselves opting out of school despite their parents wish for them to be educated, particularly where job prospects are limited or where there are good job prospects which do not require education. Boys prefer recreational activities and pick up casual work to fund these. Boys feel outshone by girls and their experience of school is often poor.
- Some children (in North study area) taken out of school for economic reasons this year.
- Many children are out of school (exceeding reported numbers). Most reported drop outs from schools are actually 'transfers' to other schools as parents adopt careful strategies to avail the best education and incentives for their children
- Programmes for drop outs and out-of-school children are attracting children already enrolled in other schools, and double enrolling children already enrolled in other schools.

Quality

- Interactive teaching emphasising games, play, songs and sports in small classes is preferred by students and their parents and results in better learning outcomes which means that BRAC primary and pre-schools which emphasise these are preferred.
- Physical facilities are regarded as less important than the quality of relationship between teacher and student. Schools with similar resources may be very different in terms of quality and better schools are attributed to good leadership, good Upazila Education Office support and supportive and committed school management committees.
- Private coaching is considered essential to pass public examinations and most use the stipend money to pay for college students to provide coaching. BRAC primary schools have introduced study circles and others are providing free coaching to relieve the burden for poor parents.
- Emergence of philanthropic education institutions which are particularly good at supporting slow learners and children with disabilities.

Government Provisions

- Stipends are better organised than last year but the criteria for award are regarded as least achievable by the poor.
- School text books supplied in time and in planned quantities this year. But daily carrying of books to and from school and only 50% hand replacement each year means text books are often in poor condition.
- No direct experience of school-based feeding programmes in our study areas but these would be welcomed.
- SLIP operation varies but local decision making and inclusion in committees appreciated.
- Option for flexible school timing not being taken up.

Teacher Training

- Compulsory Certificate in Education training for all primary school teachers has left schools short of teachers. Teachers find it difficult to implement changes because of negative attitudes of other teachers, short teaching periods, overcrowded classes, covering for absent teachers and having to work with different classes throughout the school day.
- NGO and private school teachers often considered better than their Government counterparts and may have little (days) or no teacher training.

Acronyms

BRAC	Building Resources Across Communities (formerly
DOT	Direct Observation Treatment
HNPSP	Health, Nutrition and Population Sector Programme
PEDP II	Second Primary Education Development Programme
SBA	Skilled Birth Attendant
SLIP	School Level Improvement Plan
SWAp	Sector Wide Approach
TB	Tuberculosis

Local currency exchange rate (October 2008):
Tk100 = US $1.45
Tk100 = SEK 10.78
Tk100 = GBP £0.84
Tk100 = EURO 1.08
Source: www.exchange-rates.org

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