

Role of NGO's Health, Family Planning and Education Program in Poverty Reduction in Bangladesh: A Study on BRAC

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Abstract: The present study intends to access the impact of health, family planning and education program of NGOs to reduce poverty in terms of upliftment of standard of living of general public in Bangladesh. The study was basically conducted based on qualitative case study method. From the findings, it has been found that health, family planning and education program of BRAC is playing a significant role in this regard. It has also been found that being their involved with the health, family planning and education program of BRAC, the members have been able to improve their standard of living and also been able to make their children educated so that they may lead a poverty free life.

Key words: NGOs, BRAC, health, family planning, education programme and Bangladesh

INTRODUCTION

NGOs,¹ in the form of 'alternative development sector'² in Bangladesh,³ have already been acknowledged a model of poverty reduction and have created a notion of high expectation as a powerful instrument of ensuring an effective delivery of services (e.g., family planning, health care) and carryout their education program to the poor people. In recent times, NGOs have not only restricted their activities within micro-credit but also have directed their efforts towards providing family planning and health care services and education program to the poor.

In initial stage of development, NGOs in essence, leading towards humanitarian assistance to the poor people^[1]. NGOs have shifted their attention with the demand of time. The primary attention of all these NGOs is focused on using child-immunization, drinking fresh tube-well water, using family planning method and sanitary latrine, which are remarkable contribution of NGOs. Besides these, about 3 millions male and female were provided literacy facilities in 44 thousand adult education centers and 1.8 millions students took education in 30 thousand non-formal primary schools established by NGOs and 2 million people are so far brought under this programmes^[2].

Bangladesh Rural Advancement Committee (BRAC), as a non-government organization has emerged as one of the forerunners in the field of development cooperation just after the liberation war of Bangladesh. At it's initial stage, BRAC's primary philosophy was to extend a hand to the war affected people of the country. However, now BRAC has been transformed into a major community development organization rendering economic support as well as family planning and health, and educational

support to various sectors of the rural population. Thus, the present study intends to access the role of BRAC's health, family planning and education program for the upliftment of standard of living of the rural poor in Bangladesh.

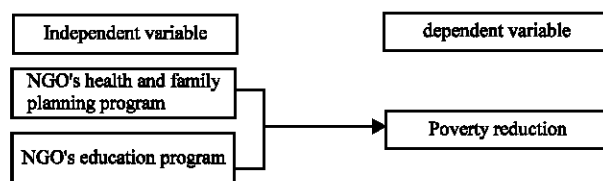
Statement of the Problem: Bangladesh is one of the poorest countries of the world. It is often cited in world development literature as a country which has 12,31,51,246^[3] people but at present this figure is near about 150 million who live in the small area of 1,47,570 Km. and per square kilometer is 981^[1] which is the highest in the world. Therefore, poverty is persistent in Bangladesh. Over 52% of its population lives under the poverty line^[4]. The above picture clearly depicts that poverty is pervasive in Bangladesh. Among the poor, the most vulnerable are those who live in villages. Poverty is not only an economic aspect but also a human aspect^[5]. The Human Development Index (HDI), composed of standard of living, longevity and educational attainment, were used to measure the countrywide trend. Bangladesh in the HDI rank, occupies the position of 146th among 174 countries in 1998^[1]. So the poor in Bangladesh are in a more vulnerable position than any other country of the world. Their vulnerability in real terms is reflected in the writings of Robert Chamber^[6] a family with lower income but with more assets to meet contingencies may be better off than a family with higher income but fewer assets. Families whose assets are mainly productive are especially vulnerable to impoverishment, since disposal of them to meet a contingency will reduce the family's productive or earning capacity^[1].

Social condition of Bangladesh, according to latest data,^[5] is being slightly increased, but it is even than

unsatisfactory. Our human nutrition, life expectancy, size of population and the rate of population growth are high, and health level, literacy rate and technological skills are low than that of most other countries in the world. All the characteristics are the symbol of poverty.

Based on the above discussion, it is clear that poverty is one of the major social problems in respect of health and family planning, and education in Bangladesh that epidemic through out the country. With the advancement of civilization and modern technological development, the problem of poverty remains the same. The reason for such a prevalent problem is not only using the available resources to the optimum level, but also unequal distribution of resources that are so far utilized. In the context of Bangladesh, unequal distribution has made poverty very serious because various services of government intended to reduce poverty is accessible only to those who can create pressure on government. But creating pressure by the poor on the government is not an easy task. So, NGO sector developed soon after end of the bloody liberation war for a gap-filler of public services in the view of poverty reduction.

The dependent variable of this study is poverty reduction, which is influenced by independent variable (e.g., health and family planning, and education programs of NGOs).



Research Objectives: The present study is confined to assess impact of health and family planning, and education programs of NGOs on the poverty reduction in Bangladesh. The objectives are specified here:

What role do health and family planning, and education programs of NGOs play for reducing poverty in terms of upliftment of the standard of living of the rural poor people in Bangladesh?

Research Methodology: This study employed case oriented qualitative research strategy. A descriptive and exploratory case study approach was utilized for this study because how, what and why questions were posed, the researcher had little control over the events, and the focus was on contemporary phenomenon^[6]. In this regard, three NGOs had been selected for the study, which are working in Shadullapur⁵ Upazila⁶ under Gaibandha⁷ District⁸.

The study was mainly based on qualitative data, however some qualitative data were used, though limitedly to supplement the qualitative data. The study had been conducted on the basis of primary as well as secondary data. Primary data related to the research objectives and questions had been collected through a structure interview guide having closed and open ended questions. Secondary data had been gathered from libraries of the department of Public Administration, Rajshahi University, various published documents, newspapers and Internet.

Why Shadullapur Upazila has been Selected?: In this study, Shadullapur Upazila of Gaibandha district in Bangladesh has been selected for some reasons. First, several number of NGOs along with selected three NGOs are working at Shadullapur Upazila. Second, Shadullapur is one of the Upazilas in Gaibandha district where I have spent most of the time of my life. I know Shadullapur Upazila to a greater extent and have access to information. Having this consideration, I liked to use my experience and network during the research work. Besides, it would have been an intricate task for me to go to an unknown Upazila for field study within the stipulated time of only fifteen days.

Analytical Framework: The main purpose of this section is to develop an analytical framework for describing and analyzing the role of NGO's health and family planning, and education programs for reduction of poverty in Bangladesh. For doing so, it is essential to discuss the independent and dependent variables and to relate them with the broad theoretical perspectives.

Dependent variable

Poverty Reduction: Poverty is the inability to attain minimal standard of living. According to Paul Clements), Poverty is understood as a multidimensional concept involving identifiable minimum standard of nutrition, clothing,, shelter, heath care (including access to safe water), education and political liberty^[1]. In this study, poverty reduction refers: (i) ensuring the utilization of health and family planning services, e.g., a). knowledge about child immunization and its implication, b) utilization of family planning method, c) installment and utilization of tube-well water, d) installment and utilization of sanitary latrine; (ii) ensuring opportunities for education.

Independent variable

NGO's Health and Family Planning Program: Health and Family Planning service is a basic human right. It includes; (1) to lower fertility rates by raising the number

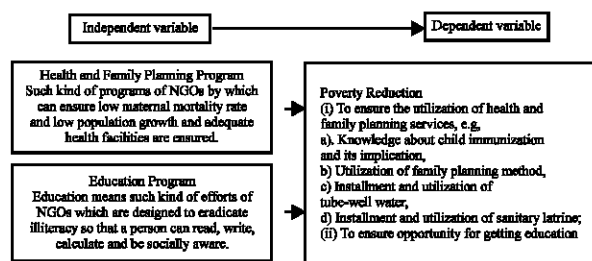
of couples using family planning methods; (2) to reduce childhood illnesses; (3) to improve maternal care and ensure safer deliveries to reduce pregnancy related illness and deaths (4) to combat malnutrition among women and children, and (5) to expand treatment and prevent poverty related diseases such as tuberculosis.

In this study, health and family planning refers to such kind of programs of NGOs, which can ensure low maternal mortality rate and low population growth and adequate health facilities to the poor.

NGO's Education Program: Poverty free society is determined by many factors. One of the indicators is the level of education in the country. Education is a continuous process and the pre-condition to all development activities. Education is the key to breaking the various cycle of ignorance and exploitation and empowering women and girls to improve their lives^[4].

According to Laster and Alice, Education is a dynamic force in the life of every individual influencing his physical, mental, emotional, social and ethical development^[7].

In this study, education program means such kind of efforts of NGOs which are designed to eradicate illiteracy so that a person can read, write, calculate and be socially aware.



Based on the above analysis, we can draw a conceptual framework of the study upon which the later discussion will be proceeded. Conceptual Framework of the study

Role of BRAC's health, family planning and education programs in poverty reduction

Historical Background of NGOs and Its Health, Family Planning and Education Program in Bangladesh: In order to understand the impact scenario of NGO's health and family planning, and education programs on poverty reduction in Bangladesh, it is essential to have a clear idea about the history of development of NGOs and specially BRAC and its health, family planning, and education programs in Bangladesh.

What is NGOs?: The terminology NGO covers all those organizations outside the government, which are non-profitable and involved in various development and welfare activities with the objective of reducing poverty. In the simplest sense, the term 'NGO' refers to any voluntary non-profit agency involved in the field of development cooperation or in education and policy advocacy activities. Organization for Economic Co-operation and Development (OECD, 1988) defines NGO as Organization that are established and governed by a group of private citizens for a stated philanthropic purpose and supported by voluntary individual contribution^[8].

NGOs in Bangladesh can be seen as organizations engaged in activities that are private in origin, voluntary by design but selling services, non-profit distributing by claims but make profit out of the provided services cross-subsidizing.

History of Development of NGOs in Bangladesh

Pre-Liberation Period: In the form of private or religious trust based schools, hospitals and orphanages, the NGOs were working in this area of the subcontinent, but there were only a few NGOs working in the then East Pakistan. In the Pre-liberation Period, most of the NGOs were not only of foreign origin but also were missionaries that were working in this area. The Baptist Missionary society is perhaps the oldest one, which can be traced back to 1794. In 1800, the Christian Mission Hospital was established in Rajshahi. Among the national organizations, perhaps the Kumndini welfare trust is the oldest one, which began its operation in 1944. On the other hand, development oriented NGO activities are relatively new in Bangladesh and started their activities on a greater scale after the devastating cyclone 1970 and the liberation war in 1971^[8, 9].

Post-Liberation Period: Although the NGOs had been working in traditional from since the British colonial Period, they got a radical transformation only after the war of liberation in 1971 and turned into agents of development^[10]. Inhuman sufferings of people and a massive destruction of the physical infrastructure and the economy caused by the war of liberation called for immediate relief and rehabilitation interventions. Government of Bangladesh (GOB) had to face a Herculean task of renewal and reconstruction of the war torn economy after the war of independence. But the GOB neither had the capacity nor had the appropriate institutional mechanism to address to the volume and diversity of such enormous problems single-handed. At

the time, a large number of international NGOs and voluntary organizations extended their helping hands to assist Bangladesh^[8, 10].

Beside, a few national organizations developed at that period as spontaneous responses from a number of committed persons, which are at present well known leading NGOs in Bangladesh.

A short description of BRAC and its Health, Family Planning and Education Program

Bangladesh Rural Advancement Committee (BRAC): Bangladesh Rural Advancement Committee (BRAC), one of the largest NGOs in the world and one of the pioneers in NGOs activities in Bangladesh, was founded in 1972 in response to the humanitarian needs of thousands of refugees returning to their homes after liberation war of Bangladesh^[11]. An enthusiastic young man, a Professional accountant Mr. Fazle Hassan Abed who was working with a British oil firm, could not deny the call of the soil for starting reconstruction work of a war ravaged new nation. Mr. Abed along with some other conscious, educated persons formed a committee in 1972 at Sulla¹⁰ in former Sylhet¹¹ district, as a charitable organization devoted to relief and rehabilitation of the war affected families. This committee, now a giant in the 'NGO community', is in the global context most commonly known by the Abbreviation BRAC^[1].

Health and Family Planning Program: Health programs of BRAC have provided some important health services to the poor people in Bangladesh. Health program addresses issues such as reduction of maternal and infant mortality, treatment and cure of tuberculosis and other respiratory diseases, health education, and preventive and curative health care. BRAC's Experimental Health care scheme was aimed at providing community/village based family planning services. BRAC has taken the program of Oral Rehydration Therapy (ORT) for diarrhoea to all houses of Bangladesh. BRAC provided all assistance to the Extended Program on Immunization (EPI)¹² in Bangladesh. Women's health and development program (WHDP) of BRAC is designed to develop and implement interventions, which would address the reproductive needs of women, including safe motherhood, contraception and nutrition.

Education Programs: BRAC has made significant contributions in the field of education among the poor communities. The Non-formal Primary Education Program (NFPE)¹³ Provides education for the children of these women, whose empowerment is the mission of BRAC. The NFPE program is designed to serve the needs of the

children of poor landless families who are largely unreached by the formal primary education system. Girls are a special focus of BRAC's NFPE program. BRAC believes that some basic education is necessary to prepare the poor for participation in development.

The education intervention of BRAC is divided into two distinct programs. NFPE for children between ages 8 to 10 and the Basic Education for Older children (BEOC) for adolescents between 11 to 14 years of age. The program is designed to develop children's interest in learning through a relevant and innovative curriculum and through different co-curricular activities. BRAC also organize school libraries where the current students, ex-students have an opportunity to borrow books.

Health, Family Planning and Education Programs and Poverty Reduction: Respondent's Views: In order to analyze the impact of health, family planning and education programs of BRAC on poverty reduction, 100 persons were interviewed who are the stakeholders of BRAC to illustrate actual scenario. For that reason, the respondents were asked various types of questions related to health, family planning and education programs.

The respondents were asked do they know about child immunization and practice of it? They responded in the following way:

All of the respondents (100 out of 100) expressed that they knew about child immunization and family planning methods and its practice. They were also asked against their answers when have they come to know about it and started to practice it? In reply to the question, 65% of the total respondents hold the same view that they had come to know about child immunization and practice it and 82% of the respondents reported that they had started to use family planning methods before involvement with BRAC. Because family planning workers of government have been working for a long time at over the country including study area with a view to aware of the people about six-death diseases and difficulties of population exploration. To achieve this purpose government health employee is providing necessary support or services to the people before starting NGO's activities in the study area.

So it is clear that the role of BRAC in child immunization and family planning is very limited in respect of poverty reduction. Because most of the respondents have been able to reduce poverty much earlier before involvement with BRAC and it has become possible only for those who are engaged in the field of health care services of government. Another question also was asked to them, do they use and drink tube-well water? In answer to this question, they replied in the following way.

All of the respondents (100 out of 100) reported that they had tube-well and used and drank tube-well water for maintaining good health. They were also asked, when have they installed tube-well? Two options were given to them. They replied in the following way:

The majority of the respondents (86 out of 100) expressed that they had installed tube-well after receiving credit from BRAC. So BRAC have a great contribution in regards to supply clean water by installing tube-well at the home of its members. Therefore we can say that it has become only possible for BRAC's credit. Another question was asked to the respondents, do they have sanitary latrine at their home? Two options were given to them. They replied in the following way:

Excluding only six (6) respondents, all of the respondents (94 out of 100) stated that they used sanitary latrine. They were also asked against their answers (Yes), when have they started to use sanitary latrine? They responded in the following way:

The table depicts that the majority of the respondents (82 of 94) have installed their sanitary latrine after their involvement with BRAC. Based on table above, it can be said that noticeable improvement has made in using sanitary latrine among the respondents after their involvement with BRAC. The table above also reflects that for the intervention of the NGOs as well as the support of them, the respondents have been able to maintain good health by installing sanitary latrine after receiving credit from BRAC, otherwise they would left much earlier for seeking another good partner in comparison to BRAC.

Another question was asked to the respondents, is poverty reduction influenced by health and family planning? Two options were given to them. They replied in the following way:

All of the respondents (100 out of 100) expressed that health and family planning influenced poverty reduction. In the reply to the question, one respondent expressed his views in the following way:

Because of the adoption of family planning we have been able to make small family. My children are now out of danger from six death diseases for taking child immunization and using and drinking tube-well water as a result of which all members of my family always remain fresh.

The above statement reflects that health and family planning helps to reduce poverty by the eradication of population explosion, maternal mortality, ill health etc. Though the role of BRAC is not yet strong in child immunization and family planning, BRAC is playing a significant role to install tube-well and sanitary latrine at its member's houses by providing financial support. So,

we can say that BRAC have an important role to reduce poverty in respect of their health and family planning program.

The respondents were asked; do their children go to school? Two options were given to them. They replied in the following way:

Excluding one, all respondents expressed that their children went to school.

Another question was asked to them against their answer (Yes), when have they started to send their children to school? Two options were given to them. They expressed their views in the following way:

The most respondents (91 out of 99) stated that they started sending their children to school after involvement with BRAC. The Table reflects that the rate of school going children of BRAC's members is high in comparison to other existing NGOs, which are working in the study area. Because, BRAC operates two type of education program, one is Non-formal Primary Education (NFPE) for children between ages 8 to 10 and another is Basic Education for Older Children (BEOC) for adolescents between 11 to 14 years of age. BRAC also provides books without costing and charges. The respondents were also asked will the enrollment of their Children into school contribute to poverty reduction? They responded in the following way:

All of the respondents (99 out of 99) Strongly expressed that of course, after getting education they will be able to contribute for themselves to get rid of the curse of poverty. So it is clear to us that education program of BRAC has a positive impact on poverty reduction.

Table 1: Opinion of the Respondents about Knowing and Practicing Child-Immunization and family planning method

Name of the NGOs	No. of respondents	Opinions	
		Yes	No
BRAC	100	100	-
Total	100	100	-

Question that was asked, Do you know about child immunization and family planning methods and its practice?

Table 2: Opinion of the Respondents about Using and Drinking Tube-well Water

Name of the NGOs	No. of respondents	Opinions	
		Yes	No
BRAC	100	100	-
Total	100	100	-

Question that was asked, Do you have a tube-well at your home?

Table 3: Opinion of the Respondents about when did they Install Tube-well

Name of the sNGOs	No. Of respondents	Options	
		Before receiving credit from BRAC	After receiving credit from NGOs
BRAC	100	14	86
Total	100	14	86

Question that was asked, when have you installed tube-well?

Table 4: Opinion of the Respondent about Using Sanitary Latrine

Name of the NGOs	No. of respondents	Opinions	
		Yes	No
BRAC	100	94	6
Total	100	94	6

Question that was asked, Do you use sanitary latrine?

Table 5: Opinion of the Respondents about Using Sanitary Latrine Before and After the Involvement in NGOs

Name of the NGOs	No. of respondents	Options	
		Yes	No
BRAC	94	12	82
Total	94	12	82

Question that was asked, when have you installed sanitary latrine?

Table 6: Relationship between poverty reduction, and health an family planning

Name of the NGOs	No. of respondents	Options	
		Before	After
BRAC	100	100	-
Total	100	100	-

Question that was asked, is there any relation ship between poverty reduction and health and family planning?

Table 7: Opinion of the Respondents about their Children Schooling

Name of the NGOs	No. of respondents	Options	
		Before	After
BRAC	100	99	1
Total	100	99	1

Questions that was asked, Do you send your children to school?

Table 8: Opinion of the Respondent about Enrollment of their Children into School Before and After their Involvement with BRAC

Name of the NGOs	No. of respondents	Options	
		before involvement With BRAC	after involvement With BRAC
BRAC	99	8	91
Total	99	8	91

Question that was asked, when have you sent your children to school?

Table 9: Impact of school enrollment on poverty reduction

Name of the sNGOs	No. of Respondants	Options	
		Yes	No
BRAC	99	99	-
Total	99	99	-

Question that was asked, Do you think that the enrolment of your children into school has a positive aspect in respective of poverty reduction:

CONCLUSION

In Bangladesh a lot of NGOs including BRAC are operating health, family planning and education program. But BRAC is special among them. Because BRAC is working with government in the field of health and family planning. The rate of taking child immunization is higher where BRAC is working with government in comparison to other region of the country where BRAC is not working with government. Though most of the respondents of the

study area have taken child-immunization and adopted family planning method before taking membership of BRAC but role of BRAC in this field is not limited, because the study area is out of those areas where BRAC is working with government in this field. On the other hand, most of he respondents said that they have installed tube-well for fresh drinking water and have sent their children to school after taking membership of BRAC and the believe that after getting education of their school-going children will enable to get red of the course of poverty.

Beside these, BRAC operates two type of education program, one is Non-formal Primary Education (NFPE) for children between ages 8 to 10 and another is Basic Education for Older Children (BOEC) for adolescents between 11 to 14 years of age which are the special education Programs among those NGOs who are operating education program. On the other hand, BRAC provides book to their students without fees.

Based on our analysis, it can be said that BRAC are playing positive and significant role for reducing poverty in respect of health, family planning and education program.

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