

Enhancing Human Capital By Improving Education & Health Services in the Chars of Bangladesh



It is promising to note that Bangladesh has already met several targets of the Millennium Development Goals (MDG) like reducing poverty, attaining gross and net enrolment rates along with gender parity in at primary and secondary education, etc. Nevertheless, Bangladesh still needs to achieve targets such as increasing primary school completion and adult literacy rates, improving the quality of education as well as health services, etc. (MDG Bangladesh Progress Report 2012).

Life in Chars:

Bangladesh is a low-lying country with much of the land being relatively stable. However, there are highly unstable masses of land in the north-west of the country which are referred to as Chars in Bengali that change shape through erosion and the build-up of sand and silt from the river.

In these Chars live 6 million people – almost 5% of the total population of Bangladesh, who are forced to risk their lives in constant vulnerability due to the land's susceptibility to frequent climatic shocks such as droughts, floods, erosions, cyclones, etc.

State of Education in Chars:

Although Bangladesh has attained significant enrolment and gender parity in primary education nationally, there is a stark contrast between the figures from the mainland and the Chars. Early grade learning competencies of primary school students in the Chars have been found to be exceptionally poor, as evident in the gross enrolment rate of 75%, and primary school completion rate of only 47% in these areas (Char Programme Baseline Survey 2012 – Concern Worldwide, Bangladesh).

The adult literacy rate in these regions is poor as well. Since access to channels of mass media such as newspapers, radio and television is only around 30%, there is little to no awareness of human, women and child rights among Char-dwellers.

Char-dwellers are some of the poorest and most vulnerable people in Bangladesh. Due to poor communication networks because of the remoteness of Chars, the extreme poor are deprived of the benefits of the mainland.

Not only do Char-dwellers suffer from a severe lack of access to essential services, such as social safety nets, which are provided by the government to improve their livelihoods, they are also denied opportunities to attain quality education, health services, water and sanitation facilities among other things.

State of Health in Chars:

The under-5 mortality rate in rural areas is currently 66/1000 live births, while the neonatal mortality rate is 37/1000 live births. With pre-natal and post-natal check-ups being rare, child and maternal mortality is high in the Chars. Diseases tend to be worse during the monsoon season. The main illnesses reported are skin diseases, diarrhoea, dysentery, typhoid, jaundice, pneumonia and gastric disorders.

The nutritional status of mothers and children is quite poor mainly due to a severe lack of health facilities. 67.7% of mothers were found to have a Body Mass Index <18.5 or were anaemic, while 81.7% of children <5 years were either stunted, underweight, wasted or anaemic (Char Livelihoods Program Baseline Survey 2010).

Char Health and Education project

One of the root causes of poverty is low human capital, indicated by low literacy and numeracy skills as well as low life-expectancy rates. Considering the dire situation in the remote Chars, we are committed to work towards enhancing human capital, and thus contribute to the reduction of extreme poverty, among marginalised Char-dwellers through our Char Health and Education (CHE) project.

Funded by Irish Aid, the CHE project is being implemented by Concern Worldwide, Bangladesh and its partners, Bangladesh Organization for Social Services (BOSS), Own Village Advancement (OVA), and Samata Nari Kallayan Sangastha (SNKS).

Scheduled from November 2012 to December 2015, the project has targeted the poorest households of 6 unions under 3 Upazilas of Rajshahi, Pabna and Lalmonirhat districts of Bangladesh.



Students engaged in group work at a primary school supported by the CHE project. Photo : Concern Worldwide, Bangladesh



Volunteer teachers provide additional support to underperforming students. Photo : Concern Worldwide, Bangladesh

District	Upazila	Union
Rajshahi	Bagha	Gorgori, Pakuria, Monikgram
Pabna	Sadar	Hemayetpur, Varara
Lalmonirhat	Kaliganj	Votmaria

Target Population

The CHE project supports primary school students and their teachers, and assists School Management Committees (SMC) and Parent Teacher Associations (PTA) in carrying out their roles and responsibilities in improving the quality of education, especially the students' learning competencies.

Furthermore, the CHE project supports with Community Clinic Management Group (CCMG), Union Standing Committee - Health and Education, etc. to improve the overall quality of health services in the Chars. It targets children aged <5 years and women aged 15-49 years and works towards increasing their access to quality health services.

Implementation Strategy:

The CHE project has designed interventions at 3 levels: micro – at the community and union levels, meso- at the sub-district and district levels, and macro - at the national level.

Micro level

Local institutions & Union standing committees, SMC, PTA, CCMG, primary school teachers, and other community resource persons including religious leaders, etc.

Macro Level

Ministry of Primary & Mass Education, Ministry of Health & Family Welfare, various directorates and national level forums/bodies etc.

Meso Level

District and Upazila health and education committees, District and Char development alliances & committees, etc.

Major Interventions:

Raising public awareness through courtyard sessions, songs & street drama, workshops & seminars, along with the observation of national & international events, etc.

Enhancing capacity of stakeholders through various types of training for SMC, PTA, CCMG & other bodies, learning exposure visits, etc.

Mobilising resources through advocacy at all 3 levels by engaging stakeholders through dialogues, lobbying, sharing sessions, etc.

Project Outcomes:

Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6
Improved attainment of learning competencies of primary school students.	Improved maternal & child health status through a strengthened primary healthcare system.	Enhanced capacity of Union, Upazila & District authorities for delivering quality primary education & health services	Participation of the extreme poor, esp. women, in the decision making processes within community level institutions.	Increased allocation of resources from the government & donors through a pro-poor policy focus for island Chars, esp. on education & health.	Reduction of risks and vulnerability to disasters, climate change, inequality, gender-based violence, HIV/AIDS, etc.



Orientation on using supplementary reading materials for Volunteer teachers. Photo : Concern Worldwide, Bangladesh



Awareness on women's rights and entitlements. Photo : Concern Worldwide, Bangladesh



Songs and drama to raise awareness on education, health and hygiene. Photo : Concern Worldwide, Bangladesh



Engaging men to reduce gender inequality. Photo: Concern Worldwide, Bangladesh

Tele-medicine & m-Health pilot project

Aiming to improve the extreme poor's access to specialized health services in remote Chars, we have been implementing a Telemedicine and m-Health pilot project through a partnership with Grameenphone, Telemedicine Working Group of Bangladesh, and Samata Nari Kallayan Sangstha since July 2014.

This pilot project provides maternal and child health services along with general curative care. Currently, it has established 7 telemedicine centers in 3 unions of Bagha Upazila under Rajshahi District.

These centres are run by Rural Medical Practitioners (RMP) who are connected with a selected pool of specialists in Dhaka via informational technologies. The RMPs facilitate the consultation and complete the patients' physical examination as suggested by the specialists, who in turn provide their professional advice and prescriptions online. The RMPs then charge a nominal fee based on the patients' ability to pay. The extreme poor receive consultations free of cost.

The project also ensures referral services using a network encompassing reputed clinics, hospitals and pathological laboratories through partnerships with health officials at the Union, Upazila and District levels using Community Clinic Management Groups, Community Support Groups, etc.



Md. Shahriar Alam, M.P., Hon'ble State Minister, Ministry of Foreign Affairs, Government of Bangladesh, (3rd from right) had inaugurated the Telemedicine & m-Health pilot project on 5th July, 2014, in Bagha Upazila under Rajshahi District.



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Our vision is to work towards a world where no-one lives in poverty, fear or

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Our mission is to help people living in extreme poverty achieve major improvements in their lives which last and spread without on-going support

from Concern Worldwide. To achieve this mission, we engage in long term development work, respond to emergency situations, and seek to address the root causes of poverty through education and advocacy.

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