People's Participation in Child and Mother Development
A Case Integrated Community Development Project in Hill Districts of Bangladesh
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General Information

- Area covers by the Chittagong Hill Tract (CHT) : 13,390 Sq. Km
- Districts and Upazilas (Sub-districts): Three and twenty five
- Hilly Areas: 97%
- Population: About 1.4 million
- Ethnic Minority Population: Over sixty percent of 1.4 million
- Ethnic Minority Groups 13 (mainly 11)
- Number of Para Centers (Villages): 4,599
- Number of Families Varies: 20-100
- Average Income per Family: US$ 367 (National Average US$ 1150) (Ref. Year 2014)

The area usually suffers by safe drinking water scarcity, inadequate education facilities, bad communication, poverty and many other social and racial problems.
Major Activities of the Project

- Construction of Community Centers (Para Centers)
- Pre-school (4-6 years), grade-I (6+-8) & grade-II (8+-10) learning
- Health and Family Planning
- Sanitation

This “Para Centers” is the focal point of all activities of the project. The “Para Workers”, mostly of who are ethnic minority Tribal Women act as focal points of development works of this project

Para Workers are entrusted with

- The responsibilities of pre-school learning
- Creating social awareness
- Development works on primary health care, family planning
- Sanitation promotion
Objectives

The evaluation aimed at knowing the types of activities and initiatives adopted at the para centers, work performed by para workers and their performance level along with overall attitude of the para community about the para centers as well as ICDP

Specific objectives of the evaluation

a. To assess the functioning level of para centers;
b. To determine the functioning level para workers;
c. To identify perception of community towards ICDP project especially to the para centers and para workers; and
d. To examine the sustainability issues of the project works
Scope of the Evaluation

The issues covered in the evaluation are as follows

- Community feelings about the para centers (whether they need the para centers);
- Types of activities initiated at the para centers;
- Types of activities performed by the para workers (pre-schooling, social motivation and linkage establishment);
- Community feelings about the para workers (by men, women & local leaders);
- Level of using of para centers by the community;
- Appropriateness of input supply and their rationale uses; and
- Future need of the para centers for its sustainability.
Methods

Sampling Techniques

A list of all the para centers in three hill districts was supplied separately by the project personnel. On the basis of working performance, the para centers were categorized as ‘A’ (good) (547), ‘B’ (moderate) (705) and ‘C’ (poor) (429) by the project personnel.

From each category, 10 Para Centers were selected

It was found that 14, 6 and 10 para centers were drawn from Khagrachari, Rangamati and Bandarban districts respectively.
Preparation of Checklist and Questionnaire

- Three types of checklists for group discussion (with community, mother and children and children attending the para centers)
- Four types of questionnaires were developed (assessment of para center, household survey, key informants and project personnel)

**Selection of Respondents**

Respondents of Interview were
- Local inhabitants of the selected 30 para centers.
- Public representative of the three hill districts including Chairman of the Regional Council of Chittagong Hill Districts.
- Traditional Kings of the three hill areas.
- Concerned district, upazila and field officials
- Para workers of all the selected para centers.
- Selected project personnel
Results Discussion

- Average area of 30 para centers was 9.10 decimals
- 53% (16) para centers were located at the center and 47% (14) located at the periphery of the community

Basic Information of Para Workers

<table>
<thead>
<tr>
<th>Issue</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 20</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>21-30</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>30+</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>b. Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>c. Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to Class V</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>VI-X</td>
<td>19</td>
<td>64</td>
</tr>
<tr>
<td>SSC (Secondary School Certificate/ 10 years)</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Above SSC</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
Functioning of Para Centers and Para Workers

**Family Coverage:** 16 (53%) covered up to 25 families, 11 (37%) covered 26-30 families and rest 3 (10%) covered more than 30 families

**Children under Para Centers:** The selected 30 para centers were dealing with around 36 children each

**Functions of Para Centers:** Pre-schooling of children. Motivation on primary health care, use of safe water and sanitary latrine, breast feeding etc. at the community level

**Enrollment of Children in Para Centers for Pre-schooling:** Pre-schooling (4-6 yrs.), Grade-I (6+-8 years) and Grade II (8+-10 Years). Enrolled children was the highest in pre-schooling group and the lowest in Grade-II group
Attendance of Children in Para Centers: It was found that on average 75 percent of the children regularly attended in the center for pre-schooling.

Perception about Education: Most of the children felt very happy in getting education at the para centers. Children of 28 para centers mentioned that they felt ‘good’ about receiving education at the para centers (93%). Children of 2 para centers opined that they felt ‘Moderate’ about receiving education at para centers (7%).
Quality of Education

The quality of education was assessed in terms of ‘good’, ‘moderate’ and ‘poor’ grading.

a) Group-I (4-6 years)
   i) Counting Capability: good (17%), moderate (69%) and poor (14%)
   ii) Alphabet Reading Capability: G (13%), M (57%) and P (30%)
   iii) Picture/Colour Identification: G (0%), M (60%) and P (40%)

b) Group-II (6+-10 years)
   i) Word Building Capability with Alphabet: G (11%), M (31%) and P (58%)
   ii) Translation Capability of Word: G (4%), M (27%) and P (69%)
   iii) Rhyme/Drawing Capability: G (8%), M (65%) and P (27%)
   iv) Knowledge on Posters: G (8%), M (46%) and P (46%)
Motivational Activities and Level of Knowledge of Para Workers

The extent of knowledge of para workers was assessed and graded as ‘satisfactory’, ‘moderate’ and ‘poor’.

- Immunization: Satisfactory (17%), moderate (66%) and poor (17%)
- Sanitation: S (17%), M (59%) and P (24%)
- Safe Drinking Water: S (17%), M (56%) and P (27%)
- Breast Feeding: S (17%), M (63%) and P (20%)
- Use of Colostrums: S (27%), M (46%) and P (27%)
- Iodized Salt: S (20%), M (70%) and P (10%)
- Diarrhoea: S (30%), M (63%) and P (7%)
- Prevention of Malaria: S (17%), M (73%) and P (10%)
- Complicated Pregnancy: S (10%), M (63%) and P (27%)
- Family Planning: S (10%), M (73%) and P (17%)

Note: About 67 percent of the total death of population in Naikhangchari Upazila of Bandarban district is due to malaria. It practically impossible to kill all mosquitoes and make hill districts free from malaria for various reasons.
## Nature of Benefits Received by the Community from Para Centers and Para Workers

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Community’s Feelings Towards Para Center</th>
<th>Rating</th>
<th>Mother’s Group Feelings Towards Para Center</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Providing scope for children pre-school learning</td>
<td>Very high</td>
<td>Very much essential for children education</td>
<td>Very high</td>
</tr>
<tr>
<td>2.</td>
<td>Good work done and it is necessary</td>
<td>Very high</td>
<td>Doing good works and is essential for the para</td>
<td>Very high</td>
</tr>
<tr>
<td>3.</td>
<td>Enhance the enrollment of children in primary school</td>
<td>High</td>
<td>Enhance knowledge about primary health care</td>
<td>High</td>
</tr>
<tr>
<td>4.</td>
<td>Center is necessary for the community</td>
<td>High</td>
<td>Provide scope for easy immunization of the children</td>
<td>High</td>
</tr>
</tbody>
</table>
Co-operation and Use the Center by the Community

- Formation of Para Management Committee;
- Support provided like labour during construction of para centers, sending their children to school, gave time during motivational works
- A Place of EPI Center, Vitamin-A Week, Village Court, Cultural Function, Religious Discussion, Disseminating Family Planning advises and Youth Club

Linkages of ICD Project with NBDs

- ICDP has adopted measures to maintain linkage with different officials as well as with NBDs;
Central Co-ordination Committee (CCC): 11-member committee headed by the Secretary, Ministry of Hill Districts Affairs, GoB. Sits once in every three months (review works and policy decision).

District Co-ordination Committee (DCC): Also a 11-member committee headed by Chairman, Local Government Council. Sits once in a month (review works and advice as and when required).

Upazila Co-ordination Committee (UCC): 10-member committee headed by Upazila Nirbahi Officer (administrator of sub district). Sits once in a month (review progress, constraints in implementation of project works. The committee is responsible for coordination and monitoring at the Upazila Level).

It was found during evaluation that none of the Co-ordination Committees’ meeting took place on regular basis.
Sustainability of Para Centers

- The local community, public representative at the community level felt the needs to continue the programme for overall development
- Institutionalization of project works under government normal development functions of NBDs
- Community stakes the contribution of ICDP for enhancing their living standard through creating awareness about health and hygiene, nutritional needs, increasing illiteracy, educating their children etc.
- The demand side is willing to fulfill the prerequisite for the sustenance of the project from their own in the near future
CONCLUSION AND RECOMMENDATIONS

Conclusion

The concept of “Para Center” of ICD project was well appreciated by all level of people even most of the illiterate para community realized the necessity and importance of pre-schooling activities. Communities under Para Center is highly motivated regarding primary health care and sanitation which seems great achievement of ICDP.

Findings of the evaluation reveal that extension of project duration for another 5 years; bringing the whole hill districts under the project interventions; involving the local council in project works right now and gradually sharing the cost of project with local council and; keeping effective coordination with NBDs at the sub district and district levels for getting their supports and services are the vital issues considered for the sustainability of the project works.
Recommendations

Functions of Para centers

a. Para centers should be established (in case new center) at the central part of the local community for easy access of children to the center

b. Sufficient number of books (at least 10 in each center) should be supplied for proper learning of the children

c. At least one Tube Well or Ring Well to each of the para center for ensuring pure drinking water. In addition, a sanitary latrine should also be established there

d. Encourage/continue adult education of the community at the para center

e. Establishment of water harvesting unit on experimental basis.
Functions of Para Workers

a. Para worker selection criteria should be fixed to at least SSC (equivalent to class 10) level instead of Class VIII to maintain minimum quality level

b. Needs to organize regular trainings and refresher’s courses at regular interval

Overall Project Management

a. Number of Project Organizers (POs) need to be increased with allotted of maximum 25 para centers for each PO as their area of operation for effective and efficient field supervision

b. The project activities should link with local council and ensuring the supports and services of NBDs for future sustainability
Thanks for your kind patience