

Human Resource Development and Poverty Alleviation in Bangladesh

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Dr. S. M. M. Hossain
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FOREWORD

In Bangladesh, poverty reduction is one of the major concerns of public policy. Over the years, different programmes have been undertaken by the government and the non-government organizations (NGOs) for rapid eradication of poverty. The performance of these programmes, however, have varied in terms of their impact on poverty. In this regard, it is now increasingly emphasized that an essential pre-requisite in designing effective poverty reduction policies is the comprehensive analysis of poverty syndrome incorporating all major aspects of its state and process dimensions. The effective approach should be able to analyze poverty so as to identify the causal factors that bring about poverty and those that perpetuate it. In order to facilitate the formulation of effective poverty reduction policies in Bangladesh, the Centre on Integrated Rural Development for Asia and the Pacific (CIRDAP) initiated the 'Monitoring Adjustment and Poverty (MAP)' in Bangladesh Project in 1992 with financial assistance of the International Development Research Centre (IDRC), Canada. Currently, CIRDAP is implementing Phase-II of the Project which is expected to lead to Phase-III with assistance from IDRC and Canadian International Development Agency (CIDA).

Under Phase-II of the Project, four 'focus studies' were conducted on poverty-related issues. These studies were undertaken to generate information on the nature and conduits through which macro-policies create impacts at the micro level along with providing relevant information on poverty.

In Bangladesh, with a large and rapidly growing population, the understanding of possible direct relationships between

human resource development and poverty alleviation is of utmost importance. The issue has important policy implications since appropriate investments to improve the quality and the quantity of human resources can form significant elements in the poverty reduction strategy. In this respect, interventions in several areas e.g. education, skill formation, health and nutrition etc. can have positive impacts on labour market characteristics with substantial potential pay offs. With economic reforms in progress, a skilled, healthy, well-trained and literate work force is much more likely to attract foreign investment and contribute to the success of the export-led growth strategy. The present study explores the links between human resource development and poverty in order to provide broad policy options, especially in the context of a demand constraint for labour. The study also explores gender dimensions of the issue leading to policy recommendations for human resources development for women.

I hope the report will be useful to the policy makers and experts in the area. I would like to thank Dr. KAS Murshid, Mr. Abu Abdullah, Ms. Simeen Mahmud and Dr. SI Laskar of the Bangladesh Institute of Development Studies (BIDS), the researchers of the study, for their excellent work. I also thank Dr. Mustafa K. Mujeri, Programme Officer (Research) of CIRDAP who guided and coordinated the project and other staff of CIRDAP Research Division for their efforts in successfully completing the study. I express my gratitude to Dr. Rohinton Medhora, Senior Programme Officer of IDRC for his active interest in the project and to IDRC for providing financial support for the project.

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Somporn Hanpongpanh
Director

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ACRONYMS

BBS	Bangladesh Bureau of Statistics
MCH	Mother Child Care
BIDS	Bangladesh Institute of Development Studies
FREPD	Foundation for Research on Educational Planning and Development
GOB	Government of Bangladesh
BRDB	Bangladesh Rural Development Board
NGO	Non Government Organization
GB	Grameen Bank
BRAC	Bangladesh Rural Advancement Committee
HRD	Human Resources Development
FFYP	Fourth Five Year Plan
NFPE	Non Formal Primary Education
RDP	Rural Development Programme

Introduction

The concept of human resources is multi-dimensional, encompassing all aspects of human potential: physical, mental, intellectual and psychological. Ultimately, development of a country has to do with the realization of human potential that is wasted through a combination of forces: weak social infrastructure, poor access to resources for the majority of the population, a low health and educational status.

While growth and development and development of human resources go hand in hand in a mutually reinforcing relationship, the question of a direct link between human resources and poverty alleviation is sometimes mooted. This question has serious policy overtones since policy makers faced with massive poverty and vastly under-utilized human resource potential would love to see a cause and effect linkage here. More specifically, this question may be formulated as follows: Can interventions that improve the quality or quantity of human resources, however defined, lead to a positive impact on poverty? Any attempt to answer this question must at first define human resources sufficiently closely to allow operationalization. Thus, for the purposes of this paper, the phrase human resources has been used to denote the following types of interventions: education, including formal, non-formal, vocational, awareness building; skill formation to enable greater participation in labour markets or in self-employment; health and nutrition, including dissemination of related information.

In principle, interventions of the above types can have a positive impact on labour market characteristics, by making

labour more productive. If there is buoyant labour demand in the economy, or particular sectors are being repressed because of eg. scarcities in particular skills, then such interventions will quickly be translated into enhanced productivity, more jobs and higher earnings. This should also help in the fuller identification and utilization of resources and greater self-employment opportunities, as a better educated and more productive labour force learns to take advantage of existing opportunities, eg. bank credit.

While there appears to be a wide general literature on the subject of human resources in the process of economic development, there is very little understanding of a possible direct relationship between HRD on the one hand and poverty alleviation on the other. Some recent studies however, have demonstrated that investments in human resource development of the poor through programs that expand the availability of basic education and health services, have substantial pay-offs. As direct income gains from better health and education improve the well-being of the poor, the very betterment of health and education can improve welfare by increasing the range of options available to the poor (Anand and Ravallion, 1992; World Bank, 1993).

Part I begins with a discussion of the broad approach adopted for this paper, followed by an overview of the policy regime as it affects HRD. Section 3 is devoted to a disaggregated analysis of poverty (poverty profile). Section 4 attempts an assessment of the link between HRD and poverty alleviation using findings from the literature as well as a series of case studies. It concludes with a discussion of broad policy options, especially in the

context of a demand constraint for labour that could impede rapid poverty alleviation.

Part II begins with a discussion of the gender dimension of HRD and attempts to isolate the major gender gaps in this context, followed by a review of some major HRD programmes specifically aimed at women. This is rounded up with a discussion of issues pertaining to human resources development for women.

PART I

Approach to Human Resource Development

There are several ways of approaching this subject: (a) through a purposive sample survey using classical 'control group' methods; (b) through a critical review of the literature, and (c) through purposive case studies/ evaluations of programmes and projects that emphasize HRD. Time and resources did not permit the first, so that the latter two approaches have been followed.

A pre-requisite for understanding the role of HRD on poverty alleviation is an assessment of the nature and profile of poverty. Poverty is rarely unidimensional or homogeneous, so that interventions that fail to take account of the specific status and condition of the poor, are bound to fail. It is likely that programmes need to be tailored to meet the requirements of specific target groups, because there is considerable differentiation within the poor in terms of their ability to benefit from programmes. In particular, the hard-core poor are difficult to reach, and given their specific circumstances and attributes, may find themselves able to participate in normal economic activity only with the greatest difficulty.

This report is divided into two parts: Part I essentially follows the approach set up above to examine various aspects of the link between human resources and poverty, draw from case studies and evaluations. Part II homes in on the gender dimension of the link between HRD and poverty, recognizing the fact that women form a particular, and rather intransigent category of the urban and rural poor.

1.1 The Policy Regime

The government recognizes that improved macro-economic policy and economic growth cannot alone improve the prospects of the poor as most of them do not possess the skills or physical assets (education, technical know-how, land, capital) which would enable them to take advantage of such a dynamic situation.

Since 1986, the GOB has sought to re-orient its emphasis in favour of the social sectors, and especially to channel resources towards human development. In education, the emphasis has been laid on improvements in quality and enhanced enrollment, particularly at the primary level. This proposed re-orientation is not immediately apparent from the figures on budgetary allocations: allocations to the primary school sector actually declined over 1986-91 (from 46 percent to 38 percent), while secondary school allocations increased, mainly because of increased government support to pay salaries of private secondary school teachers.

A certain re-orientation of emphasis is also evident in the health sector, with efforts to redirect focus away from curative to preventive services and towards maternal-child health (MCH) care. Serious constraints have jeopardized effective utilization of the existing health infrastructure: lack of well-trained personnel, inadequate stocks of supplies and drugs, poor maintenance of equipment and buildings. A major problem has to do with the access of the poor to these admittedly weak services. It is well known that both the level and quality of the available service has a built-in anti-poor orientation with poor patients facing longer queues and an apathetic service.

Apart from the attention paid to traditional social sectors like

health and education, the government has sought to promote human development through an alternative route, i.e. through the Bangladesh Rural Development Board (BRDB). A comprehensive development package evolved involving credit, functional literacy, training, skill development and conscientization, to be channelled to groups of the poor organized for the purpose. A similar approach has been adopted by the NGOs as well, with the difference that attention to human development aspects has received even greater attention. The considerable rural development experience of both government and non-government agencies point to the vastly improved performance of programmes that include training, management and functional literacy compared to those that do not.

1.2 The Policy Framework under the fourth plane

1.2.1 Education

The main objective of the Fourth Five Year Plan (FFYP) is human resources development defined in terms of the ability of the people at the grass roots to think and plan for themselves.

Education has pronounced multi-sectoral links and it is a major potential avenue of employment. The FFYP has thus announced, amongst others, the following measures:

1. Introduction of compulsory primary education;
2. Reduction of mass literacy;
3. Enlarge and upgrade the base of science education at all levels;
4. Enhance the functional character of technical education and vocational training by making these more labour-market sensitive;
5. Ensure optimum use of existing facilities at all levels and to

- introduce a process of accountability in the educational system;
6. Utilize the multi-sectoral potential of education with respect to other objectives: awareness, population planning, better nutrition, health and sanitation;
 7. Ensure better participation of women in every sphere of education.

The principal emphasis of the FFYP educational policy has been laid on compulsory primary education and non-formal education, which have received around 50 percent of the sectoral allocation on education. It is expected that much of this expenditure will have a favourable impact on the poor.

1.2.2 Health

The health status of the population is precarious in Bangladesh. Two commonly used proxies for the health situation of a country are life expectancy at birth and the infant mortality rate. National level data on these indicators show sustained progress in these, over the eighties and nineties. In 1973-74, life expectancy was 50.7, increasing to 56.1 in 1991. Life expectancy of females remains slightly below the male level at 55.6 in 1991, which reflects the poor health status of mothers. Infant mortality has declined from 140 (per '000 live births) to 91 in 1990, while there has been no appreciable drop in maternal mortality rates since the sixties. Surveys show that 16-25 percent of maternal deaths arise from abortions, 5-10 percent from tetanus and a smaller percent from post-partum sepsis. It is likely that a more effective family planning programme would help reduce maternal mortality.

Infectious and communicable diseases continue to be the major causes of death for both infants and adults. Current trends do not

seem to favour rapid improvements in the health status of the population, unless a series of energetic, purposive interventions are undertaken. A crucial factor affecting child and infant mortality is the level of education of the mother.

The health care system that has evolved over the years has not been effective in dealing with the health needs of the population, especially those of the poor. The persisting disease pattern calls for greater efforts in promotive and preventive health care services which would include family planning, immunization, environmental sanitation and hygiene, nutrition, breast feeding and maternal care. It also calls for a wider coverage of basic curative services in the rural areas and a stronger drive to counteract practices that are ill-founded, based on ignorance, about health care.

The system that has evolved is expensive, based on capital-intensive hospitals to which the large majority lack financial and physical access. The Government of Bangladesh recognizes the imbalance in the existing health care structure in meeting the health needs of the large majority of the population, and has re-oriented its approach. The major features of the current approach are (a) improved provision and utilization of basic health services, especially for the poor, the unserved and the under-served, and those belonging to high-risk groups; (b) a greater emphasis on the implementation of preventive and promotive health measures, and (c) increased and more efficient government resource allocation to the health sector.

The cornerstone of the FFYP as far as the health sector is concerned is encapsulated by the slogan "health for all by the year 2000". The approach adopted is to consolidate existing facilities and programmes, and strengthen management capabilities to ensure efficient functioning and optimum

utilization. The principal FFYP objectives are as follows:

- (a) to improve the health status of the population, especially of mothers and children;
- (b) to consolidate and strengthen the coverage of primary Health Care (PHC) and its supporting services for improved quality and quantity of health services;
- (d) to prevent, control and treat major communicable and non-communicable diseases;
- (e) to improve the nutritional status of the population of mothers and children;
- (f) to develop appropriate health manpower;
- (g) manufacture of essential drugs and vaccines.

1.2.3 Nutrition

Nutritional problems in Bangladesh primarily relate to dietary or nutrient intake inadequacies among the low income groups, and stunted growth among children. Only 6 percent of children under five enjoy a normal protein-energy nutrition level. Growth of more than 90 percent of these children have been either stunted or they have remained under-weight (Stalker, 1994). The problem of malnutrition however, is not limited to children and lactating women, but cuts across all ages, all occupations and even all income classes. The unusually high incidence of the problem on women and children does not bode well for the future health of the population.

Factors impinging on nutritional status are low quality diets, inadequate amounts of food, intra-household differences in food intake, declining prevalence and duration of breast-feeding etc. Relevant socio-economic elements are poor educational levels, water-sanitation problems, widespread poverty.

An increasing concern that is being voiced relates to micro-nutrient deficiencies in vitamin A, iron and iodine. Iodine deficiency affects 40 percent of the population, causing around 10 percent to suffer from goitre. Iron deficiency is the dominant cause of anaemia in pregnant women.

Clearly, there is a strong association between malnutrition and income, although its incidence remains surprisingly high even amongst the high income classes, especially amongst children under two. This could be a result of poor awareness or knowledge, as well as an unequal intra-household distribution of food.

Past and current programmes consist of a variety of interventions designed to address multiple factors affecting nutritional status. These have not been adequately evaluated. It is unlikely however, that the current approach of using scarce resources on a wide range of interventions, will be very fruitful. The experience from a range of developing countries appears to suggest that substantial nutritional mileage can be obtained by a well conceived programme with a limited number of components which can be successfully delivered to a clearly defined target group (Berg, 1987).

1.3 Sectoral Trends in Development Expenditures

Government goals are frequently much too ambitious, with sectoral allocations typically lagging behind. The government has adopted the goal of Universal Primary Education (UPE) by the year 2000. In addition to the physical requirements of this decision (more schools, teachers, supplies etc), it involves a major effort to upgrade the quality of education and to make it more relevant to society. This entails a substantial public expenditure allocation, along with steps to improve internal cost-efficiency.

The cost implications of UPE depend on the extent to which increases in unit costs needed to achieve better educational quality can be off-set by cost savings through reductions in student wastage rates and internal cost efficiencies. World Bank (1989) estimates suggest an annual increase of 7 percent in real terms in the budget, for primary and secondary education. This increased allocation must come mainly from reallocation of public funds to the education sector.

Revenue and development expenditures of the government on education and health, for a few selected periods, are shown below.

It will be observed that revenue expenditures for both education and health have increased significantly in real terms, over the years, while development expenditures fail to show any upward trend.

**Table 1.1: Revenue Budget, Selected Years (Tk, millions;
Constant Prices, 1984-85**

Rev. Expend	1979-80	1985-86	1991-92
Education	3055	5464	7434
Health	1138	1754	2388
Net Rev Expend	19669	33518	47830

Source: BBS, Statistical Year Book, various years.

**Table 1.2: Development Expenditure of the Government;
Constant Prices, 1984-85**

Sector	1979-80	1985-86	1991-92
Education	770	1165	900
Health	933	713	679
Total Expend	37458	30730	35645

Source: BBS, Statistical Year Book, various years.

The massive challenge posed by the weak social sectors cannot be met by government resources (both financial and administrative) alone. According to one set of estimates, average expenditures on HRD over 1981-88 was Tk. 472.06 per household, with ultra-poor households receiving Tk. 163.05 and non-poor households getting Tk. 782.6 (World Bank, 1989). Thus, in this context, the role of community based organizations need to be carefully assessed. In the sphere of non-formal education, the role of NGOs appear promising, especially in providing basic numeracy, literacy and life-skills to youths and adults whom the formal system has by-passed. The scale of NGO operations, especially that of BRAC and Grameen Bank, has expanded rapidly over the years. BRAC can also be credited for evolving the most promising non-formal adult education system, which combines group formation, consciousness raising, literacy, numeracy and skills training, and income generating activities into an integrated process. Clearly, there are important lessons to be learnt from the NGO experience which can be fruitfully incorporated into government programmes. At the same time, the government should shed its suspicions about NGO operations and enable a more positive environment for their activities.

Issues of relevance to health, nutrition and family planning which will need to be tackled in the coming years include low levels of internal efficiency and the question of cost effectiveness, inadequate program management, relatively weak MCH care, poor planning of urban health, the absence of a nutrition program and the need to define a future role for NGOs.

Although the evidence is scanty, it appears that existing facilities are grossly under-utilized, especially in rural areas. An added problem relates to the mis-match between available skills and the needs of priority activities. Health and family planning programs, for example, correctly place priority on delivery of a few simple contraceptives and preventive services. Training of professional staff, however, is still concentrated in the secondary and tertiary sectors, rather than on primary health care.

Health services in urban areas are poor and likely to have been deteriorating. Many urban areas lack major government inputs, with the field left open mainly for NGOs, whose programs and activities are rarely coordinated. While currently, only some 20 percent of the population are urban, this proportion is rising quickly, so that it is important to formulate the health needs and strategies of the urban population in the coming years, reflected in adequate budgetary provisions.

Poverty in Bangladesh

2.1 Profile of Poverty

The ultimate manifestation of poverty is hunger, malnutrition, retarded mental and physical development, ill-health and early death. Directly relevant factors are low incomes emanating from low productivity work and lack of access to resources.

It has now become common practice to distinguish between the ultra-poor and the poor, or alternatively, between the hard core and the non-hardcore poor. Poor households are those unable to afford the minimum calorie requirement as determined by the FAO, of 2122 cals per day, while the ultra or hard core poor are unable to consume a minimum of 1805 cals (85 per cent of the FAO standard).

On the basis of these definitions, there seems to be a broad agreement that poverty has lessened over the eighties, although there is some controversy over the trend of hard-core poverty. A discordant note is sounded however by Osmani (1990) and Khan (1990), who observe that this apparent change in the poverty situation does not seem to be corroborated by developments elsewhere in the economy, namely the growth rate or rise in real rural wages.

Poverty however remains widespread, and while in proportionate terms, some improvements may have occurred, there is little doubt that the absolute numbers of the poor have steadily increased.

2.1.1 Vulnerable Groups

A number of critical vulnerable groups can be identified: the landless, disabled persons and destitute. In 1983-84, the proportion of landless households was 28 per cent of all rural households. ("Landless" being defined as households having no cultivated land but possibly some homestead land. Source: Bangladesh Census of Agriculture, 1983-84, Vol. VI, p. 52). Among the most vulnerable, one must also include the informal, non-farm population, including artisans, petty traders, transport workers, wage labourers and urban slum dwellers. An important emerging category is the female headed household, which represented 7.2 per cent of rural households in 1984-85, a figure certain to have risen since.

2.1.2 Regional Variations

There is significant regional variation in the incidence of poverty, although the available data in this respect is weak. An attempt was made to assess the 'distress' level of all 460 upazilas, using a number of indicators: food surplus-deficit, employment opportunities in relation to population, and susceptibility to natural disasters such as drought, flood and cyclone. Four categories were obtained: normal or no distress (279 upazilas), above average distress (81 upazilas), high distress (69 upazilas), and very high distress (31 upazilas) (UNICEF 1987). The above average and high distress areas are scattered throughout the country, and especially along the banks of the main rivers and at the delta. This disaggregation appears to match well with Curry (1993), who uses landlessness and the incidence of wage labour, to map poverty.

2.1.3 Poverty as Process

Viewed as a process, poverty is due to such factors as continuing low productivity, especially in agriculture, unemployment-underemployment, low wages, low literacy compounded by inadequate access to education, and unequal gender participation in economic decision making.

2.1.4 Profile of the Poor

To sum up, the landless and the functionally landless constitute the bulk of the chronically deficit households, with differential access to land largely explaining the growth of vulnerable households. The hardcore poor are dominated by rural labour households, along with those engaged in non and off-farm work. Thus, with the dominance of labour households within the poor, their survival critically depends on the availability of wage employment to support subsistence. Typically, multiple occupations and residual types of activities characterize this low productive labour market in an attempt to compensate for a highly seasonal rural labour demand.

2.2 Poverty Alleviation Through Hrd Interventions

2.2.1 Review of Literature

The premise for poverty alleviation through HRD interventions is clear. These can, in principle, allow increased productivity and earnings so that those previously unable to benefit from opportunities in the labour market, can now do so.

The literature on the subject is scanty, but nevertheless helpful in locating some useful pointers. Thus Islam (1990) considers human development programs as a major approach to poverty

alleviation and suggests that NGOs are the best partners of the government to realize this goal. He identifies 500 NGOs out of a total of some 754 who are working in the area of human development.

A report to the like-minded group (UPL 1990) highlights the extremely inadequate access of the poor to resources like education and health. There is a variety of micro-level evidence that suggests that a process of change in the nature of the poor is underway, which aggravates the problem of access. Alam (1988) surveyed five villages in Rangpur District and noted the alarming incidence of female-headed households as a newly emerging, especially distressed category. The low demand for unskilled female labour both within and outside agriculture, serves to heighten the distress of these households.

A study of participants in an adult education programme (FREPD 1979) identifies extreme poverty as the major cause of a low continuation rate (35 percent). It also became quite clear during the course of the programme, that participants were much more interested in a functional type of education which could be put to immediate use in their daily lives, rather than in pure literacy per se.

In a similar view, World Bank (1987) stresses the importance of skill-training in order to enhance income-earning opportunities. In practice, there were few programmes that addressed this issue, especially for the assetless poor. Some NGOs like BRAC, Proshika and Nijera Kori were exceptions in that some programmes were fielded to address this and related weaknesses.

In 1991, the BRAC non-formal primary education programme was running more than 6200 schools. By 1992, the figure rose to

12000, and by the end of the century, NFPE hopes to cover the poorest children in most villages across the country. BRAC has had tremendous success in the health sector as well. As Lovell (1992) suggests, it has had a major impact on breaking the cycle of poverty through its nation-wide campaign to teach oral rehydration for diarrhoea - a major cause of ill-health in the country. In addition, BRAC has launched other health programmes, such as the child survival programme, primary health care programme and the womens' health and development programme. Over two decades, BRAC's health programmes have shifted from an emphasis on delivery of health care to that of enabling and equipping the people to address their own health needs themselves.

The Rural Development Programme (RDP) of BRAC provides functional education and training, along with channelling of credit to its target groups. The curriculum followed is adult-oriented, and helps to raise the overall awareness of their socio-economic and political environment. The participatory learning experience also helps to build a sense of group solidarity, and a belief in the efficiency of collective action for economic change. In this approach, training, skill development and functional literacy precedes credit, and this has become currently the most widely accepted formula for intervention. Other NGOs experimenting with this model firmly believe that the ability of individuals and groups to undertake productive economic activities is greatly enhanced by suitable training. It has in fact taken a long time for the development community to arrive at this conclusion (BIDS).

Rahman (1989) in his study of Grameen and non-Grameen households, finds that nutritional education is an important element in improving their health status and earnings.

Alam and Rab (1981) examined the Grameen Bank basic education and life-skills development programme. The package included language, simple arithmetic, basic knowledge about personal and family hygiene, environment and appropriate technology, and was targeted to poor children. Parents of these children were then interviewed to assess impact, and the general impression was that such children were able to make very significant contributions to family earnings - suggesting a direct link between training and income.

BIDS (1990) carried out a comprehensive evaluation of anti-poverty programmes sponsored both by NGOs and government agencies (i.e. the BRDB). A number of programmes were covered: women, non-farm and youth, farm, infrastructure development and swanirvar. This evaluation notes that in the beginning, the NGOs mainly emphasized human development aspects of poverty: conscientization, awareness building, skill development and training, functional education and so on. Government programmes, on the other hand, relied mainly on credit as the prime mover for change. A centrist position appears to have emerged over time, with both government and NGOs learning from each others' experience. Thus, poverty alleviation programmes now tend to combine credit with skill development and training. The experience of BRAC, Grameen Bank, RDRS etc show, that effective credit utilization is contingent upon basic management skills and literacy levels. The study further points out that many NGOs, especially the smaller ones, undertake skill-development programmes which include tailoring, sewing, handicrafts etc. to their target groups. Frequently, these efforts end up in massive wastage of time and effort, with beneficiaries being unable to use their training any further because of inappropriate skills that have little or no market demand. The critical lesson to be learnt from this experience is that unless skill development/training is carefully related to market demand

conditions and identification of a market niche, failures of this variety would be the norm rather than the exception, with there being little hope of seeing any improvement in the poverty situation in the process.

The above report also found that there were no significant differences between government and non-government programmes in terms of cost-effectiveness. This conclusion, however, was based on summary evaluations of overall programme costs and benefits without proper matching (e.g. of BRAC's literacy programme with the government's primary school programme), or clear distinctions being made between capital and current costs, or making any adjustment for quality of output. In the current state of knowledge, therefore, not much can be said about relative cost-effectiveness.

In summarizing the major strands in the literature that could be gleaned from our brief review, two clear positions appear to emerge with some force:

- (a) One emphasizes the importance of HRD investments in shaping and accelerating the longer term development prospect of the country, by creating a labour force that is more disciplined, receptive and more productive. The major impact on poverty is indirect, through the process of overall labour demand in the process of development.
- (b) The second strand is more specific, and focuses on micro level programmes and projects. The experience derived from these micro interventions suggests that education, training, skill development and better health does have a direct bearing on poverty alleviation through enhanced productivity and earnings. Success however, is contingent on market demand.

2.2.2 Case Studies

A number of case studies were undertaken to examine the interaction between programmes and their impact on poverty alleviation. These include NGO-driven training, skill-development programmes/health interventions, directed at both adults and children/women. Employers and workers of garments units were also interviewed.

a. Case Study I Under Privileged Children's Education Programme (UCEP)

UCEP is an NGO that has been very active in the field of education and training of poor urban children, with the objective of making them self-reliant and able to find gainful employment. It currently covers around 1200 children in all the principal cities of the country.

The UCEP programme is targeted to working children who are currently employed and are expected to continue in their employment during the period of their training. To facilitate this, there are a number of shifts in operation, so that the children can choose the one that will be least disruptive to their work. This also helps to secure the support of their employers. Boys (11+) are generally working as domestic help or in restaurants and workshops, while girls (10+) are generally house maids.

The training programme consists of two components: (a) general education (b) technical training. The first part is a four year course that must be completed by everyone, and at the end of which, the children attain the equivalent standard of class 7 in normal schools. At the end of this period, there is a screening procedure, and those found fit spend another 1-3 years in acquiring a technical skill.

Areas of technical training include automobile mechanics, spinning and weaving, garments, tailoring, knitting, printing, carpentry, welding, electronics, refrigeration, air-conditioning, desk top publishing etc.

Currently, the total student body of the Dhaka Technical School is 658. A similar number receives training in the other UCEP schools in Khulna and Chittagong.

In addition to training, UCEP is very sensitive to market demand conditions and has a placement service for its graduates. It keeps a close watch on employers' needs which is quickly reflected in its curricula. Its technical graduates, as a result, are in very high demand, and even the non-technical graduates seem to have an edge in the job market. The greatest areas of demand are from garments, textiles and electronics.

UCEP students come from a wide variety of backgrounds. Their distribution by current occupational categories is given below. The single largest category is domestic aid (16 per cent), followed closely by shop keeper, hawker/vendor and factory worker (over 9.5 per cent each). By age group, their distribution is as follows: almost 80 per cent fall within the ages of 10-14.

Table 2.1 : Occupational Distribution of Students

Occupation	%
Coolie	3.21
Domestic Aid	15.92
Shop Keeper	10.02
Hawker/Vendor	9.88
Factory Worker	9.57
Wood Collector	6.60
Petty Trader	6.51
Garbage Collector	5.94
Day Labourer	5.71
Water Seller	5.46
Tiffin Carrier	3.57
Packet Maker	2.79
Hotel Boy	2.22
Vegetable/Fish Seller	2.08
Tailoring Assistant	2.03
Workshop Assistant	2.01
Ice Cream Seller	1.90
Rickshaw Puller	1.49
Cow Boy	1.34
Peon	0.52
Cart Pusher	0.43
Shoe Shine	0.28

Table 2.2 : Distribution of Students by Age

Age groups (years)	%
10-12	39.11
12-14	37.13
14-16	16.92
16-18	05.63
18-20	01.21
Total	100.00

Table 2.3 : Distribution of Students by Daily Income Level

Income (Tk.)	%
2-5	44.5
6-9	25.3
10-13	16.4
14-17	6.3
18-21	4.0
22-24	1.7
25 and above	1.9
Total	100.0

Table 2.4 : Per cent Distribution of Students by Living Status of Parents

Status	%
Both Parents Alive	85.77
Father Dead	10.58
Mother Dead	2.43
Both Dead	1.22
Total	100.00

b. Case Study II: Mirpur Agricultural Workshop and Training School (MAWTS)

MAWTS is run by a Christian charity called CARITAS, whose operations in Bangladesh began in the early seventies, essentially to provide relief and help relocate refugees returning to the war torn country after 1971. Over the years, its orientation shifted towards development, especially agricultural and rural development.

MAWTS was initially set up as a repair workshop for the maintenance of a fleet of trucks, tractors, power pumps and other machineries, which were sent by the Swiss government to help with the relief and rehabilitation work in the country. The lack of skilled manpower was keenly felt as it became difficult to keep up with the repair and maintenance needs of vehicles and equipment. A plan was thus initiated to train up poor rural boys in handling, repair and maintenance. This was soon formalized into a regular three-year course of study and apprenticeship for

rural boys. In addition, a number of short-term courses of one-year duration, were also introduced. Areas of training for skill development include agro-mechanical training (long course), turning, welding, small engine and plumbing (short courses).

Annual intake for the long course, however, is small. Fifty rural boys are selected from all over the country through open advertisement and on the basis of merit. Boys from poor family backgrounds are given preference. Students live in dormitories and all expenses are met by the school, and in addition, a small pocket allowance is given. Students passing out enjoy an excellent demand in the labour market.

Participants of the short courses are generally drawn from the ranks of the urban poor who come in as day students. They are frequently recommended by other NGOs working with the urban poor. They will generally have had some schooling prior to joining, upto the level of class IV or V, and will need to sit for an entrance exam. Most of these boys have to support their families financially, and therefore attend classes in the afternoon and evenings. The training is free of charge.

The expenditure incurred on each long term student is estimated at Tk. 200 per month, and for each short term student, this is Tk. 850 per month. All costs however, are met from their manufacturers which include hollow metal tubes, fibre reinforced plastic, pvc pipes etc.

MAWTS maintains a record of all its graduates, indicating current status of work and income. Tracer records show that more than 90 per cent of graduates are employed or

self-employed. The feed back from employers is very positive, and ask for MAWTS students by letter. In most cases, the trainees are able to find employment even before finishing their courses.

c. Case Study III: (Agargaon Family Development Project, World Vision)

This project was launched in 1988 in one of the larger slums of Dhaka in the agargaon area. This is home to around 5000 households, comprising both recent and older migrants. This programme is centered around sponsored children from selected families, who along with their family members enjoy a package of benefits. Certain programme components are also aimed at the wider community which also receives some benefits.

The sponsored children are those who receive a certain amount of money from a foreign sponsor, who is like a guardian angel, and who is kept well informed about the progress made by his ward.

Families that are eligible for inclusion in this programme are those with a family income of less than Tk. 2000, have a child aged 5-14 years, and are settled 'permanently' in the locality. At least one child from each beneficiary family is a sponsored child, whose costs of education and upkeep are borne entirely by the project.

In all 735 households are direct beneficiaries of the programme, but certain benefits like immunization, deworming, safe drinking water and preventive care are project components that are aimed at the entire community.

Families of sponsored children benefit in the following ways:

Clinic

The beneficiary households are given priority for any kind of medical treatment in the purpose built clinic set up in the locality, which appears to be well staffed and equipped.

Education

Arrangements are made for the sponsored children to go to government-run schools, with the programme meeting all expenses. For adults, there is a programme for functional education, essentially imparting basic reading and writing skills. Vocational skills are also promoted (a) by organizing specific projects, eg making straw cards, embroidery and (b) by channelling eligible children to specialized centres, eg. MAWTS or UCEP.

This programme has had a major impact in the area in (a) eliminating common debilitating diseases like diarrhoea and worm infestations, (b) promotion of savings groups, and through them, income-generating activities, (c) functional education and (d) formal-non formal education. Programme organizers feel that there has been a significant improvement in living standards, and a consequent trend towards withdrawal of labour from harsh occupations like cart-pushing or rickshaw pulling, and into more prestigious/more sedentary occupations like shop-keeping and other small business. It is obviously difficult to isolate influences, but there is little doubt that HRD has played a very significant role in making slum life a little more bearable, and above all, providing hope through education, to poor children and their families for a better future.

PART II

The Gender Dimension in Human Resource Development

The problem of the class dimension may be effectively addressed by targetting the poor and ensuring that investments made for the poor do not get diverted. The problem of the gender dimension is more worrisome since merely targetting women may not ensure women's effective participation in development interventions due to the strong social norms defining the legitimate roles, behaviours, rights and responsibilities of women and men.

Within the context of household poverty women's poverty experience is essentially different from men's poverty experience since it is determined not only by inadequate income and consumption at the household level but also by commonly shared perceptions about women's income and consumption needs and their subsequent inability to successfully deal with gender discriminations in these areas. Therefore, for enhancing women's human resource capabilities development interventions must be willing and able to address those underlying social and economic relationships which place poor women in a disadvantageous position relative to poor men. In fact, in formulating interventions that are designed to have poverty alleviating impacts on women, men and households, the poverty of women must be conceived more realistically and not subsumed under household poverty. It must be acknowledged that women are poor not only because they are members of poor households, but additionally because they are women.

1.1 Gender Gaps

The fact that women in general have less access compared to men to all kinds of productive resources (including human resources) is well documented. The relative deprivation of women is seen not only at the aggregate level but persists even within the household. Experience indicates that these gender gaps may be narrowed though not eliminated entirely during the process of overall economic development of the country and specifically with increases in the income levels of individual households.

In Bangladesh women live shorter lives than men, have heavier total work burdens and spend a large proportion of their adult working life bearing and raising children. Women have the sole responsibility of caring for the sick and the elderly and the initial responsibility to impart life skills to the young. They bear the major social and financial burden of family breakdowns in the form of divorce, abandonment and widowhood. Women, like men, contribute labour and income for household production and consumption but with little recognition of this role. In spite of women's substantial role and contribution to family well being and viability they are lagging behind men in all aspects of human capabilities.

1.2 Poverty and Intra-Household Resource

Although traditionally there have been fewer women than men in Bangladesh (the proportion of women in the population has never risen above 48.6 percent), there is a relative over-representation of women among the poor. In the rural areas a higher proportion of women belong to poor households and a smaller proportion belong to moderately poor households relative to men. Although the differences are small the gender pattern is clearly indicated. Compared to men women are more

likely to belong to labour selling households which are among the poorest in terms of incomes and resource endowments (See Tables 1.1 and 1.2).

Table 1.1 Percent distribution of rural women and men by households poverty level, 1989-90

Household Poverty-level	Women	Men	Both
Poor	76.0	74.5	75.0
Moderate Poor	18.8	20.0	19.7
Non-poor	5.2	5.5	5.3
All levels	100.0	100.0	100.00

Source: BIDS Analysis of Poverty Trends Study, 62-Village Survey

Table 1.2 Percent distribution of rural women and men by principal source of household income, 1989-90.

HH income source	Women	Men	Both
Agriculture	45.5	48.0	46.9
Labour selling	28.0	25.0	26.5
Self-employment	15.2	15.2	15.2
Service	10.9	11.2	11.1
Financially aided	0.4	0.2	0.3
All sources	100.0	100.0	100.0

Source: BIDS Analysis of poverty trends study, 62 village survey.

Not only are women more exposed to household poverty and hence to lack of access to resources, but even within the household they are disadvantaged with respect to the allocation of household resources among members. Women household members get a smaller share of household expenditures made on education and health care, and receive less valued forms of medical treatment relative to men members. In the rural areas women earning members possess fewer items of clothing and footwear than their male relatives (See Tables 1.3 to 1.6).

**Table 1.3 Percent distribution of Monthly Educational Expenditure by Sex,
Types of Expenditures and Residence, 1988-89**

Types of Expenditure	National						Rural						Urban												
	Total		Women		Men		Total		Women		Men		Total		Women		Men								
	Taka	%	%	%	%	%	Taka	%	%	%	%	%	Taka	%	%	%	%								
Total	36.7	100.0	31.0	69.0	28.7	100.0	27.0	73.0	92.9	100.0	39.8	60.2	7.0	100.0	35.2	64.8	5.2	100.0	32.4	67.6	19.8	100.0	40.6	59.4	
Tuition Fee	17.4	100.0	28.6	71.4	14.8	100.0	34.4	75.6	35.4	100.0	40.8	59.2	8.2	100.0	34.8	65.2	5.1	100.0	32.9	67.1	30.0	100.0	37.2	62.8	
Books, Papers, etc.																									
Private Tuition Fee																									
Hostel Boarding charge																									
Other Charges																									

Source: Bangladesh Bureau of Statistics, Household Expenditure Survey 1988-89.

Table 1.4 Percent distribution of Monthly Expenditure on Medical Care Services (Allopathy) per Household by Sex, Type of Medical Services and Residence, 1988-89

Types of Expenditure	National				Rural				Urban					
	Total		Men		Total		Women		Total		Women		Men	
	Taka	%	%	%	Taka	%	%	%	Taka	%	%	%	%	%
Total	42.2	100.0	43.6	56.4	40.3	100.0	43.2	56.8	55.4	100.0	46.0	54.0	54.0	54.0
Doctors Fee	3.7	100.0	45.9	54.1	3.2	100.0	43.7	56.3	7.0	100.0	47.1	52.9	52.9	52.9
Hospital Charge	1.2	100.0	41.7	58.3	0.9	100.0	44.4	55.6	3.5	100.0	28.6	71.4	71.4	71.4
Medicine	35.0	100.0	43.1	56.9	33.9	100.0	42.8	57.2	42.4	100.0	46.2	53.8	53.8	53.8
X-Ray and Pathology	0.5	100.0	40.0	60.0	0.4	100.0	50.0	50.0	1.4	100.0	50.0	50.0	50.0	50.0
Tooth Care	0.2	100.0	50.0	50.0	0.1	100.0	0.0	100.0	0.2	100.0	50.0	50.0	50.0	50.0
Other Care	1.4	100.0	42.9	57.1	1.6	100.0	43.7	56.3	0.2	100.0	50.0	50.0	50.0	50.0
Maternity Charge	0.2	100.0	100.0	-	0.2	100.0	100.0	-	0.7	100.0	100.0	-	-	-

Source: Bangladesh Bureau of Statistics, Household Expenditure Survey 1988-89.

Table 1.5 Percent distribution of Monthly Expenditure on Medical Care (including Services) Per Household by Sex, Types of Expenditure and Residence, 1988-89

Types of Expenditure	National						Rural						Urban					
	Total		Women		Men		Total		Women		Men		Total		Women		Men	
	Taka	%	%	%	%	%	Taka	%	%	%	%	%	Taka	%	%	%	%	
Total	44.8	100.0	44.5	55.5	42.8	100.0	44.0	56.0	58.8	100.0	46.7	33.3	55.4	100.0	46.1	53.9		
Allopathy	42.2	100.0	43.6	56.4	40.3	100.0	43.0	57.0	55.4	100.0	46.1	53.9						
Homeopathy	1.5	100.0	55.6	44.4	1.4	100.0	56.6	43.4	2.3	100.0	49.3	50.7						
Unani	0.8	100.0	55.6	44.4	0.9	100.0	54.1	45.9	0.5	100.0	62.3	37.7						
Other care & services	0.3	100.0	90.0	10.0	0.3	100.0	92.0	8.0	0.6	100.0	86.2	13.8						

Source: Bangladesh Bureau of Statistics, Household Expenditure Survey 1988-89.

Table 1.6 Percent distribution of earning household members owning clothing and footwear, 1989-90

Members	Minimum set of two clothes	Winter clothes	Footwear
Women	69	59	55
Men	86	84	82

Source: BIDS Analysis of poverty trends study, 62 village survey.

The relatively greater exposure of women to household poverty is also indicated in the differences in poverty level by household headship. In 1988-89 of the total population 48 percent in the rural and 44 percent in the urban areas were living below the absolute poverty line (less than 2122 KCal percapita per day). A significantly higher proportion of the population belonging to women headed households were found to be living in extreme (1805 KCal percapita per day) and ultra poverty (1600 KCal percapita per day) compared to the population belonging to men headed households. Since women are proportionately more in women headed households this means that women are more likely than men to be living in severe poverty conditions (See Table 1.7).

Table 1.7 Incidence of poverty by household headship and residence (percent of population), 1988-89 HES

Residence	Ultra Poverty		Extreme Poverty		Absolute Poverty	
	Women Headed	Men Headed	Women Headed	Men Headed	Women Headed	Men Headed
Rural	25	19	33	29	42	48
Urban	23	15	32	26	49	48
National	24	18	33	28	45	48

Note: Ultra-poverty line: 1600 K cal per person per day

Extreme poverty line: 1805 K cal per person per day

Absolute poverty line: 2122 K cal per person per day.

The fact that percapita incomes are similar in both types of households suggests that the income distribution of women headed households is more skewed so that the bottom 20-30 percent of women headed households are amongst the poorest in Bangladesh. The greater vulnerability of the poorest women headed households is also revealed by the fact that in urban slum areas they have fewer male earners compared to men headed households and rely more on female earnings. Thus, they are more exposed to disruptions in income streams and the risk of unemployment of the head.

1.3 Work, Employment and Earnings

According to labour force statistics women are reported as working fewer hours than men in all types of activities, both agricultural and nonagricultural. In aggregate women are found to spend 21 hours per week compared to 53 hours by men in labour force activities. However, time use studies in rural areas which include home production work reveals a different picture of women's work pattern. Upto the age of 64 years women spend as many, if not more, hours working as men. Certainly, if household maintenance work (cooking, cleaning, child care, nursing) is added then women will be found to spend substantially more work hours per day than men at all ages. Working age women between 20 and 49 years have to deploy an average of over 6 hours daily for home production, suggesting the heavy domestic work burdens of women (See Table 1.8).

Table 1.8 Daily hours of work in income earning and home production

Year-	Income earning		Home production		Total	
	Women	Men	Women	Men	Women	Men
1977 Cain	1.61	7.04	6.68	1.29	8.29	8.33
1980 Khuda	3.90	5.90	5.60	0.90	9.50	6.80

Daily hours of work by age-group, 1991

Age-group	Income earning		Home production		Total	
	Women	Men	Women	Men	Women	Men
13-19	1.16	4.32	3.41	0.28	4.57	4.60
20-24	1.24	6.29	6.64	0.50	7.88	6.79
35-49	1.53	6.75	6.25	0.64	7.78	7.39
50-64	2.57	5.98	3.45	0.68	6.02	6.66
65+	1.20	4.32	1.47	0.68	2.67	5.00

Source: 1977: M. Cain, "The household life cycle and economic mobility in Bangladesh", 1978, *Population and Development Review*, 4(3).Box 3

Understandably, women's earnings from non-domestic production is much lower than that of men's. Women earn only 42 percent of what men earn in both rural and urban areas. Part of the reason for women's low earnings could be related to the fact that women workers in urban and rural areas are mostly concentrated in low skilled activities having very low labour

productivity. This is especially visible in the urban labour market where women earn less in the same occupation groups as men even when they work similar or longer hours (See Tables 1.9 to 1.11).

Table 1.9 Average earnings per week (in Taka) and average hours worked per week by residence, 1989

Residence	Women		Men		W/MX100	
	Earning	Hours	Earning	Hours	Earning	Hours
Rural	152	22	365	49	41.6	44.9
Urban	276	29	645	53	42.8	4.7
National	202	23	477	50	42.3	46.0

Source: Bangladesh Bureau of Statistics, Labour Force Survey 1989.

Table 1.10 Average wage rates (without food) of women and men day labourers by residence, 1989 LFS (wage in Taka)

Sector	Rural			Urban		
	Women	Men	W/M	Women	Men	W/M
Agricultural labour	28.01	31.60	.89	27.33	32.50	.84
Non-agricultural labour	21.76	45.23	.48	17.00	45.58	.35

Source: Bangladesh Bureau of Statistics, Labour Force Survey, 1989.

Table 1.11 Average monthly pay and daily work hours by type of employment in an urban area, 1991

Type of Employment	Average daily working hours		Average monthly income (taka)	
	Women	Men	Women	Men
Professional	5.4	7.6	2054	3988
Public sector				
service	8.1	8.6	2378	4145
Private sector				
service	8.0	9.8	3706	5881
Bank/other inst.	8.0	9.8	2337	7075
Business	4.7	9.5	2331	10731
Business in own home	3.7	5.0	943	2110
Factory	10.6	9.2	885	3708
Day labour	7.3	9.9	665	2823
Skilled labour	-	11.0	-	3510
Domestic service	9.4	8.1	589	1141
All types	9.9	9.3	1321	4620

Source: P. Majumdar and S. Mahmud, "Barriers to female employment in urban Bangladesh", BIDS, Dhaka, 1994.

The lack of demand for women's labour may be another reason for their lower earnings. This is reflected in the lower wage rates for women, particularly in non-agricultural work. Apart from social stereo-typing of work, this could be the consequence of women's limited access to non-agricultural skills. While women are able to acquire certain agricultural skills through traditional informal means (observation and performing tasks from a young age) they have virtually no means of gaining non-agricultural skills that are more in demand.

By conventional definitions women's participation in the labour market is at much lower rates than men particularly in urban areas. At all ages men are seen to participate more than women and the gap is widened after the age of 64 years. Although we have seen that women are engaged in non-market work, their low participation in market work is an indication of the generally unfavourable conditions of market work for women given their domestic responsibilities and their lack of skills to participate in the labour market (See Table 1.12).

Table 1.12 Age-specific labour force participation rates by residence 1989, LFS

Age-group	Rural		Urban	
	Women	Men	Women	Men
10-14	34.8	44.2	11.1	22.2
15-64	75.2	92.1	33.3	84.8
65+	33.3	64.7	0	50.0
All ages 10+	67.5	82.6	28.8	73.7

Source: Bangladesh Bureau of Statistics, Labour Force Survey, 1989.

Among those employed, the occupational pattern for women and men are distinctly different. In rural areas both women and men are overwhelmingly engaged in agricultural work. A small proportion of women are engaged in labour selling and non-agricultural production, while men engage in trading and transport. Even in the urban areas women's major occupation is in agriculture (possibly animal and poultry rearing) although large proportions also engage in service as domestic labour and factory workers. The majority of men are employed as production and transport workers followed by sales and clerical workers. Clearly, even in paid employment, women are disadvantaged because their occupations fall much more under the purview of the informal sector than the occupations of men especially in urban areas (See Table 1.13).

Table 1.13 Percent distribution of employed women and men aged 10+ by occupation, 1989 LFS

Occupation	Rural		Urban	
	Women	Men	Women	Men
Professional and Technical	1.2	3.3	6.3	6.7
Administrative/managerial	0	0.2	0.6	2.2
Clerical	0.2	1.9	1.8	10.1
Sales	0.5	10.1	1.5	25.0
Service	2.2	1.9	17.0	7.2
Agriculture/forestry	92.5	69.9	61.8	14.2
Production/transport	3.2	12.6	10.9	34.5
Not adequately defined	0.1	0.1	0	0
All occupations	100.0	100.0	100.0	100.0

Source: Bangladesh Bureau of Statistics, Labour Force Survey, 1989.

The fact that women are more likely to be employed without the benefit of legal or institutional support is evidenced in the pattern by status in employment. 84 percent of women in rural and 59 percent in urban areas are employed as unpaid family workers compared to only 20 percent of men in rural and 10 percent in urban areas. Self employment opportunities for women are also only one fourth of those available for men and the proportion of employees is much higher for men. These

patterns reflect the fact that women have limited opportunities to participate in the labour market compared to men and even when they do they face unfavourable terms and conditions of employment. Such disadvantages are not entirely due to women's lack of education and skills but appears to be much more deeprooted in terms of gender stereo-typing of work (See Table 1.14).

Table 1.14 Percent distribution of employed women and men aged 10+ by status in employment, 1989 LFS

Status	Rural		Urban	
	Women	Men	Women	Men
Self employed	10.2	43.5	11.1	41.8
Unpaid family worker	84.3	21.4	58.8	10.0
Employee	2.9	9.1	26.4	38.1
Day labourer	2.6	26.0	3.7	10.1
All statuses	100.0	100.0	100.0	100.0

Source: Bangladesh Bureau of Statistics, Labour Force Survey, 1989.

1.4 Health and Nutrition

Women's disadvantaged position compared to men is perhaps most unacceptable in their access to good health and adequate nutrition. Since indicators of health, including statistics on morbidity, are rare we shall only present data on mortality. It may be assumed that morbidity prevalence follows roughly the pattern of the risk of mortality, although the effect of ill-health is

likely to be more extensive. The poor face greater mortality risk and people living in rural areas face greater risk of death than people residing in urban areas. These contrasts may have to do with the greater availability of health care facilities among the rich and among the urban residents (See Table 1.15).

Table 1.15 Infant Mortality (IMR) by Land (in Acres) Owned by the Household and Residence, 1990

Residence	0.00	0.01-0.49	0.50-2.49	2.50+
National	126	97	83	70
Rural	148	99	84	71
Urban	77	73	31	2

Source: Bangladesh Bureau of Statistics, Sample Registration System 1990.

The risk of overall mortality by gender is indicated by differentials in infant and child mortality which initiates the life-long higher mortality and morbidity faced by women. Except during the first month after birth when female babies are known to be biologically stronger, women face greater mortality risk compared to men. The gender pattern is more consistent in the rural areas, suggesting that urbanization may play a role in narrowing the gender gap in mortality experience particularly in childhood. The greater mortality risk faced by women throughout life and not just in infancy and childhood is evident from the expectations of life which are lower for women compared to men at all ages. The gap appears to narrow after age 50 at which age women have completed childbearing and no longer face the additional risk of childbirth related mortality (See Tables 1.16 and 1.17).

Table 1.16: Neo-natal and post-neo-natal mortality rates per 1000 live births and child death rate per 1000 children 1-4 years old by residence, 1990

Death Rate	National		Rural		Urban	
	Male	Female	Male	Female	Male	Female
Neo-natal	71	62	73	64	51	44
Post-neo-natal	27	29	28	29	22	24
Child	13	15	14	16	9	8

Source: Bangladesh Bureau of Statistics, Sample Registration System, 1990.

Table 1.17 Expectation of Life at Selected Ages by Sex and Residence, 1992

Year	National			Rural			Urban		
	Both Sexes	Women	Men	Both Sexes	Women	Men	Both Sexes	Women	Men
0	56.4	55.4	56.4	55.9	55.0	56.0	60.1	59.0	60.0
5	62.0	59.5	61.0	61.8	59.3	60.8	63.7	60.4	61.9
15	53.4	50.9	52.4	53.2	50.7	52.3	54.4	51.6	53.2
50	23.3	22.0	22.3	23.3	22.0	22.3	23.8	22.1	22.4
60	15.6	14.8	15.2	15.6	14.8	15.2	16.3	14.9	15.3
75+	6.8	7.0	8.3	6.8	7.0	8.3	7.6	6.9	7.6

Source: Bangladesh Bureau of Statistics, Sample Registration System 1992.

The disproportionately large risk of death from childbearing that women face is suggested by the fact that while the crude death rate in the population is around 12 per 1000 population, the maternal mortality rate is 5 per 1000 births, almost half the average risk of death from all causes. While death from childbirth represents the extreme case, the morbidity experienced by women from pregnancy and childbirth is far more pervasive. For every one maternal death there are 15 women suffering from maternal related illness. In addition, women's long childbearing span, starting with the first birth at age 18 and going on to have an average of 4.5 living children by age 45, means that women in the 15 to 45 years age group are continuously in the state of pregnancy and breastfeeding. This has implications both for women's nutritional status (as a result of maternal depletion) and for their work pattern (as a result of childcare responsibilities).

The relatively greater undernutrition experienced by women is not the consequence of prolonged childbearing alone. In fact, early research had shown that during childhood girls under 5 years were more undernourished than boys because of differential access to food and health care and possibly parental concern. Although in the recent years there are claims that the gender gap in nutrition as indicated by anthropometry has narrowed (Bangladesh Bureau of Statistics 1991), girls are still found to have low weight for height (wasting) more commonly than boys although the prevalence of low height for age (stunting) is similar. The high prevalence of underweight adult women is indicated by the fact that over 80 percent of babies born in Bangladesh have low birth weight (below 2 Kg) which is primarily the result of maternal nutritional status. In other words, girls and women continue to face acute or short term inadequacies in food intake relative to men (See Tables 1.18 and 1.19).

Table 1.18 Prevalence of Stunting by Area for Children 6-17 Months Old

Sex	Percent of reference median NCHS					
	National		Rural		Urban	
	1985-86	1989-90	1985-86	1989-90	1985-86	1989-90
Both Sex	56.1	51.1	57.6	52.2	44.2	42.3
Girls	57.6	51.3	59.1	52.5	46.1	42.0
Boys	54.8	50.8	56.3	52.0	42.4	42.5

Source: Bangladesh Bureau of Statistics, Sample Registration System 1992.

Table 1.19 Prevalence of Wasting by Area for Children 6-71 Months Old

Sex	Percent of reference median NCHS					
	National		Rural		Urban	
	1985-86	1989-90	1985-86	1989-90	1985-86	1989-90
Both Sex	8.1	8.6	8.2	8.8	6.9	7.3
Girls	9.5	9.2	9.8	9.4	7.1	7.6
Boys	6.8	8.1	6.8	8.2	6.7	7.0

Source: Bangladesh Bureau of Statistics, Sample Registration System 1992.

Finally, women are more likely than men to be suffering from disability than men especially in rural areas. In the total population 6 women per 1000 compared to 4 men per 1000 are reported to be disabled although the actual numbers are likely to be larger due to underreporting because of the social stigma attached to any disability. The largest gender differences are in the case of blindness and crippling disabilities. The most visible and perhaps the only means of livelihood for the vast majority of the disabled is begging. The data do not tell us anything about the degree of functional impairment and inability to work, but it can easily be comprehended that in the absence of any recognition of the needs of the disabled in the society and even officially, these people require the most intensive human resource development inputs and here too women are more likely than men to be bypassed inspite of their greater need (See Table 1.20).

**Table 1.20 Number of Disabled Persons Per 1000
Population, 1986**

Type of disability	National		Rural		Urban	
	Men	Women	Men	Women	Men	Women
Total	6.2	4.1	4.1	6.3	5.3	3.7
Blind	1.6	1.2	0.9	1.6	1.4	1.1
Deaf & Dumb	1.0	0.7	0.7	1.0	0.7	0.6
Crippled	2.0	0.9	0.9	2.0	1.6	0.8
Mentaly Handicapped	0.7	0.5	0.5	0.6	0.7	0.5
Leprosy	0.2	0.1	0.1	0.2	0.3	0.2
Prolonged illness or old age	0.8	0.7	0.7	0.8	0.7	0.6

Source: Bangladesh Bureau of Statistics, Sample Registration System 1986.

1.5 EDUCATION AND SKILLS TRAINING

Among the human resource capabilities of women and men perhaps the most amenable to policy interventions is their skill level. As a result education and skills training programmes have featured most prominently in conventional HRD policies. Education programmes of the government have the most extensive coverage nationwide and recently there has been added emphasis in the form of the drive towards compulsory primary education. In spite of the efforts of the last few decades, compared to its neighbours India and Pakistan, Bangladesh has been a poor performer in the progress towards the achievement of universal literacy. The literacy rate of the population aged 5 years or more was only 29 percent and of the population aged 15 years or more only 35 percent in 1991. In ten years since 1981 there has been an improvement of only 6 percent (See Table 1.21).

Table 1.21 Adult Literacy Rate of Population Aged 15+, 1981-91

Year	National			Rural			Urban		
	Both Sexes	Women	Men	Both Sexes	Women	Men	Both Sexes	Women	Men
1981	29.2	18.0	39.7	25.4	15.3	35.4	48.1	34.1	58.0
1987	33.8	22.9	44.0	29.5	18.7	39.5	61.5	50.5	71.5
1988	33.9	23.4	44.6	29.6	19.1	40.0	61.5	51.3	71.6
1991*	34.6	24.2	45.5	30.4	20.4	42.1	62.3	52.5	72.7

Source: Bangladesh Bureau of Statistics, Sample Registration System 1992.

In terms of literacy levels, women lag far behind men (24 percent compared to 46 percent) and the rural population lags behind the urban population. Given the strong emphasis on primary education the enrollment in primary schools has increased dramatically with 78 percent of boys and 61 percent of girls of primary school age being enrolled in 1989. The gender gap remains however. In terms of the proportions of students girls have shown remarkable gains rising from 34 percent in 1975 to 45 percent in 1991. The proportion of primary school teachers who are women has also risen to 20 percent which may be a factor in raising the number of girl students. Increasing access to educational facilities could be another reason in an environment where proximity to the home is an important factor in girls education. The proportion of primary school most of which are mixed has risen by 31 percent between 1974 and 1991. However, drop out rates continue to be high and is similar for both boys and girls. Nearly one fourth of students leave at the end of one year, and the drop out rate remains around 15-20 percent upto grade 4, after which it declines to 10 percent at grade 5 (See Table 1.22).

Table 1.22 Number of Primary schools, teachers and students

Year	No. of Schools		No. of Teachers		No. of Students (000)	
	Total	Girls as % of Total	Total	Female as % of Total	Total	Girls as % of Total
1974	36633	0.63	150267	3.92	7848	33.92
1976	40313	0.60	172448	5.08	8289	37.60
1981	42447	0.97	174447	8.96	8260	38.75
1986	43712	0.67	184668	13.73	10776	42.46
1991	48146	1.22	202847	20.42	13035	45.45

Source: Bangladesh Bureau of Statistics, Statistical Yearbook, 1992.

In spite of the recent emphasis on increasing the number of girls in secondary education including the provision of incentives (free government education for girls upto Class 8) this proportion remains at 37 percent of total secondary school enrollment. Some effect of the incentives may be seen in the large jump by 8 percent during the five years from 1985 and 1991. However, money costs are not the only costs in sending adolescent girls to school in Bangladesh and these will need to be addressed if girls education at secondary levels is to be enhanced and sustained. Efforts in this direction are not forthcoming if the proportion of women teachers and girls' schools can be taken as indicators. Neither the proportion of women teachers nor the proportion of girls' schools, both of which are likely to be of greater importance for the participation of girls at the secondary than at the primary levels, has increased sufficiently remaining at 12 percent and 14 percent respectively. Surprisingly, women's representation at the higher secondary level and above is much better and has been steadily increasing. This suggests that once girls are able to overcome the barriers to secondary schooling their further education becomes relatively easier, although they continue to lag behind men in access to higher education (See Tables 1.23 to 1.27).

Table 1.23 Number of Secondary Schools, Teachers and Students

Year	No. of Schools		No. of Teachers		No. of Students (000)	
	Total	Girls as % of Total	Total	Female as % of Total	Total	Girls as % of Total
1972	6976	11.61	63336	9.23	1551	24.24
1976	8794	12.95	85431	7.64	1959	23.23
1981	8464	13.91	88873	9.68	2467	25.09
1986	8793	14.58	99016	13.52	2745	29.29
1991	9731	14.29	110313	12.17	3662	37.27

Source: Bangladesh Bureau of Statistics, Statistical Yearbook, 1992.

Table 1.24 Number of general colleges with students in Bangladesh

Year	No. of Colleges	No. of students		Students per College
		Total	Female as % of total	
1971-72	369	497681	-	1349
1976-77	611	288707	13.01	473
1981-82	595	379542	18.22	638
1986-87	833	667873	22.59	802
1990-91	997	767385	27.87	770

Source: Bangladesh Bureau of Statistics, Statistical Yearbook, 1992.

Table 1.25 Number of teachers and students in different medical colleges, 1990-91

Name of Colleges	Number of teachers		Number of students	
	Total	Female as % of total	Total	Female as % of total
Sylhet M.A.G. Osmani Medical College	71	22.54	1094	29.80
Mymensingh Medical College	64	17.19	1123	35.71
Chittagong Medical College	99	22.22	816	29.41
Rangpur Medical College	73	16.44	835	27.31
Sir Salimullah Medical College	94	38.30	773	29.11
Sher-e-Bangla Medical College, Barisal	74	16.22	983	27.57
Rajshahi Medical College	-	-	-	-
Dhaka Medical College	134	26.12	703	28.02
Inst. of Post-Graduate Medicine & Research	123	13.82	439	26.65
Dhaka Dental College	41	26.83	338	37.28

Source: Bangladesh Bureau of Statistics, Statistical Yearbook, 1992.

Table 1.26 Number of teachers and students in different Institutes under the University of Dhaka, 1990-91

Institutes	Number of teachers		Number of students	
	Total	Female as % of total	Total	Female as % of total
Institute of Social Welfare and Research	17	35.29	417	-
Institute of Statistical Research and Training	13	30.77	211	-
Institute of Modern Languages	17	41.18	735	-
Institute of Business Administration	30	6.67	206	-
Institute of Education and Research	39	38.48	488	-
Institute of Nutrition Science and Food	37	24.32	38	-
Institute of Fine arts	36	22.22	372	-
Dip-in-L.Sc. and M.Phil, Ph.D	8	25.00	216	-
Total	197	26.90	2683	32.50

Source: Bangladesh Bureau of Statistics, Statistical Yearbook, 1992.

Table 1.27 Number of universities and students by sex in Bangladesh

Year	No. of Universities	No. of Students	
		Total	Female as % of total
1971-72	6	23731	13.81
1976-77	6	25034	18.34
1981-82	6	39699	18.51
1986-87	7	30739	20.26
1990-91	9	52620	22.26

Source: Bangladesh Bureau of Statistics, Statistical Yearbook, 1992.

There are efforts by NGOs to target women in their non-formal education programmes and in skills training programmes. The efforts of BRAC in targeting primary school age girls in their non-formal primary education programme is noteworthy. 70 percent of their students are girls and all of their teachers in about 3,500 schools are women. The high retention rate of nearly 100 percent of these schools, which run for a period of 3 years, compared to the government primary schools (about 20 percent of both boys and girls drop out at grade 3) has been related to the minimal cost to parents, proximity to children's homes and flexible hours, together with a practically relevant curriculum. However, the effect of the programme in successfully linking up their students to the mainstream schooling system is yet to be observed.

In other types of training, women are likely to have less access compared to men even for the NGO programmes. However, due to the unavailability of data it is not possible to say anything about the magnitude of the differences nor about the effect on men's and women's earnings capabilities.

The distinctly different experiences of women and men living in poverty and their differential access to basic resources like health, education and employment is evident from the above discussion. It becomes clear that mainstream government programmes on human resources development have so far been unable to bridge these gaps, except with regard to primary school attendance. Even increases in household income levels are not able to ensure that all household members receive equitable shares in the investment of household resources for human development. Special efforts are clearly indicated if women are to be reached and effectively provided with access to human resource inputs through development interventions.

Human Resource Development Programmes for Women

2.1 Women's Distinct Needs for Human Resource Development

Research on the relationship between women's status relative to men and its consequence on their well being (in particular women's well being as determined by prolonged childbearing and the higher risk of death) have identified gender based inequalities in social prestige, decision making power and the control over resources as the major factors responsible for women's low status relative to men (Mason, 1984). In most systems of social organization the legitimacy of these gender based inequalities in prestige, decision making power and control over resources derives from the socially prescribed role of man as the breadwinner and woman as the home maker. Since breadwinning is the more prestigious and socially valued role men have the decision making power over household labour and control over household resources, and can rightfully claim a relatively greater share of those resources. These gender inequalities are reinforced by socially determined perceptions about the rights and responsibilities of women and men, and by women's acceptance of the established order.

Available evidence and theory both indicate that women's needs for human resource development are distinct from that of men. Such a conclusion is especially critical in the context of scarce household resources. Consequently, planned efforts to develop the human resource capabilities of women for poverty

alleviation cannot be narrowly conceived along the conventional lines of merely providing access to resources. Essentially, these efforts must be able to meet women's need to develop capabilities to deal with the unequal gender relationships within the household and the broader society. Additionally, they must address women's need to learn the skills of negotiation and interaction within the public sphere from which they have been traditionally secluded, and the need to increase women's self efficacy and self reliance in these interactions. Efforts must also be made for raising general awareness about women's and men's rights and responsibilities and their mutual obligations. In other words, human resource development for poverty alleviation must be qualitatively different for women and men.

2.2 An Analytical Framework for Review

Given the above mandate for human resource development for women the following analytical framework is suggested for examining and reviewing development interventions for women that have explicit or implicit poverty alleviating objectives.

Development interventions aimed at enhancing the human resource capabilities of poor women are composed of education and skills training inputs, health and nutrition inputs, consciousness raising and awareness building inputs and self reliance/self efficacy enhancing inputs. These inputs are expected to initiate changes in women's lives in the short run in terms of positive effects on their labour productivity and earnings, health and nutrition status, access to knowledge and information, perceptions about rights and needs, and awareness about existing gender inequalities in society. The processes through which these effects on women's lives occur are yet to be identified and documented. Besides, the magnitude of these effects for individual women are largely influenced by their

position in the household and in the social hierarchy, as embodied in age, relationship to the household head, marital status, and economic situation of the household.

Finally, it is hypothesized that the short term effects will lead to long term impacts in terms of visible and perceived increases in the incomes and consumption levels of women and other household members. In this case, too, the actual pathways of influence remain virtual "black boxes" in development research. There is also very little quantitative documentation of net increase in income and consumption at the household level, let alone at the member level, arising out of specific interventions.

2.3 Review of Existing Programmes

A number of interventions for women that have identifiable human resource development elements are reviewed in this paper. The rationale for selecting these programmes has been the direct emphasis on developing the human resource capabilities of women. The ultimate impact on poverty alleviation in terms of changes in income and consumption levels may not always be explicit objectives. In fact, the ultimate objective in many HRD programmes for women is spelled out in terms of improving the low status of women relative to men rather than a direct impact on incomes, which is seen more as a means for achieving a higher status for women rather than as an end in itself.

a. The rural credit programme for women

In Bangladesh, as in other third world regions, increasing the access of the poor to easy collateral-free credit has been widely used and acclaimed as a strategy for poverty alleviation. Apart from any financial gains, the direct access to productive resources that institutional credit provides has been of

tremendous social value for women, who have traditionally been denied such access, much more than for men. Women's excellent loan management and repayment performance compared to men has been an added boost in establishing their creditworthiness and their legitimate role in a previously male domain. In this regard, the rural credit programme for women has a tremendous impact on the human resource capabilities of poor women, perhaps even more so than its impact on women's incomes and consumption, and can rightly be included under the category of the leading HRD programme for women in Bangladesh today.

The access of poor rural women to credit was first initiated through a few NGO programmes in the mid 1970s. From the very beginning the uptake of women proved to be far better than that for men probably because women had very few alternative sources of credit. Very rapidly their performance surpassed that of men, possibly to the pleasant surprise of even the programme organizers themselves, reaching its present dimension where women constitute about 70 percent of loanees in NGO programmes. The comparative coverage of the government programmes has been poor relative to the NGO programmes, representing only 23 percent of women covered in 1990. This is reflected in Table 2.1.

Table 2.1 Comparison of Coverage of Selected Programs for the Poor

Organizations	Total membership	Women's membership N	%	Cumulative credit disbursement through Dec. 1990 (in taka)	Credit disbursement during Jan-Dec. 1990 (in taka)
NGO Programs					
BRAC	550,449	381,662	69	903,852,372	443,116,355
Proshika	349,035	160,861	46	159,656,023	57,329,406
Caritas	130,861	68,047	52	7,595,000	1,082,227
Quasi-Governmental Programs					
Grameen Bank	869,538	791,606	91	7,590,663,000	2,262,563,000
Government Programs					
BRDB** Women's Cooperatives	-	136,138	-	173,000,000	91,000,000
BRDB Rural Cooperatives	-	244,568	-	272,000,000	99,000,000
Ministry of Women's Affairs	-	39,680	-	1,883,200	202,500

**Bangladesh Rural Development Board

Source: Breaking the Cycle of Poverty: The BRAC Strategy - Catherine Lovel, 1992.

The principal mechanism which has made it possible to reach women so extensively and effectively is the formation of informal homogenous groups or organizations of women at the village level. These groups initiate the first group savings schemes and identify activities that may be undertaken by women either individually or collectively with loans. As such they provide women the first and most direct non-kin support system, access to independent knowledge and information through their dealings with the programme organizers, financial and managerial discipline, and group participation.

The organization of women into these groups is undoubtedly extremely important in providing women with a self identity in their own right and in fulfilling many of the strategic as well as practical needs of women. For example, research has shown that group membership increases women's physical mobility and interactions with non-kin men thus reducing their seclusion from the public sphere (Mahmud 1993). Women gain access to non-formal and formal training since group activity is socially more tolerated. Women's participation in the group enhances their decision making role, ability to voice opinions and their bargaining strength, as well as makes it easier to engage in economic enterprises particularly in non-traditional activities.

The most striking effect is seen on women's decision making role in managing the credit received and in the performance of credit related activities. One study on BRAC women loanees reveals that, irrespective of the level of schooling, participation of women relative to their husbands in decision making about the loan management and use of the profits was significantly greater (Ahmed 1991). This role was seen to be crucial regardless of the amount of risk involved. The actual involvement in scheme activities was also remarkably higher for the women compared to their husbands. These data are presented in Tables 2.2 and 2.3.

Table 2.2 Percentage Distribution of the Role in Decision Making about Performing the Activities

Types of Activity	Only Wife (1)	Both Husband & Wife(2)	Sub Total (3)=(1)+(2)	Husband (4)	Others (5)	Sub Total (6)=(4)+(5)	Grand Total (7)=(3)+(6)
Whether to Take Loan from BRAC	60.0	16.7	76.7	18.3	5.0	23.3	100.0
Who Will Keep the Money after Receiving Cash	80.0	8.3	88.3	10.0	1.7	11.7	100.0
Buying the Inputs and Judging the Quality	61.7	13.3	75.0	20.0	5.0	25.0	100.0
Responsibilities for Daily Operations and Transportation	70.0	21.7	91.7	6.6	1.7	8.3	100.0
How much to be Sold at What Price	50.0	21.7	71.7	16.7	11.7	28.3	100.0
Paying Loan Instalment	70.0	13.3	83.3	11.7	5.0	16.7	100.0
Utilization of Scheme Profit	50.0	26.7	76.7	16.7	6.6	23.3	100.0
For What Purpose Loan Money Will be Taken	56.7	18.3	75.0	15.0	10.0	25.0	100.0
For What Purpose Loan Money will be Used	53.3	20.0	73.3	15.0	11.7	26.7	100.0

Source: Gender Differences and Role of Women in the Households: The Case of Female Loanees of BRAC. Z. Ahmed , K. Chowdhury, M. Hasan, 1990.

Table 2.3 Percentage Distribution of the Role in Performing the Activities of the Scheme

Types of Activity	Only Wife (1)	Both Husband & Wife(2)	Sub Total (3)=(1)+(2)	Husband (4)	Others (5)	Sub Total (6)=(4)+(5)	Grand Total (7)=(3)+(6)
Whether to Take Loan from BRAC	100.0	-	100.0	-	-	-	100.0
Who Will Keep the Money after Receiving Cash	73.3	-	73.3	20.1	6.6	26.7	100.0
Buying the Inputs and Judging the Quality	31.6	1.7	33.3	48.3	18.4	66.7	100.0
Responsibilities for Daily Operations and Transactions	58.3	26.7	85.0	11.7	3.3	15.0	100.0
How much to be Sold at What Price	40.1	6.6	46.7	41.6	11.7	53.3	100.0

Table 2.3 Cont'd.

Types of Activity	Only Wife (1)	Both Husband & Wife(2)	Sub Total (3)=(1)+(2)	Husband (4)	Others (5)	Sub Total (6)=(4)+(5)	Grand Total (7)=(3)+(6)
For What Purpose Loan Money will be Taken	81.7	6.6	88.3	5.1	6.6	11.7	100.0
For What Purpose Loan Money will be Used	43.3	20.0	63.3	31.6	5.1	36.7	100.0
Submitting Loan Proposal and Applying for Loan	66.7	6.6	73.3	8.3	18.4	26.7	100.0
Making Transactions of Loan Money	83.3	3.3	86.6	1.7	11.7	13.4	100.0
Receiving Sales Process	63.4	13.3	76.7	18.3	5.0	23.3	100.0
Control & Allocation of Sales Proceeds	60.0	20.0	80.0	13.3	6.7	20.0	100.0
Controlling the Payment of Instalment	63.3	8.3	71.7	15.0	13.3	28.3	100.0

Source: Gender Differences and Role of Women in the Households: The Case of Female Loanees of BRAC. Z. Ahmed, K. Chowdhury and M. Hasan, 1990.

The pattern of decision making by type of women loanee also varies for Grameen Bank loanee households. Among the three loanee household types, housewives in the male loanee households have the least participation in decision making. The "transfer making" women loanees are in a somewhat better situation, with the active loanee women having the greatest role in decision making (Rahman 1986). Among the non-loanee households the pattern is not clear, although it may be suggested that the decision making power of women has no systematic relationship with the land ownership status of the household.

Comparison with government administered credit programmes have shown that both the extent of physical mobility and decision making role of women loanees are significantly lower for beneficiaries of government credit programmes relative to NGO programmes (Mahmud 1993). The difference is found to be related to the fact that the government programmes do not organize women into informal groups or only in loosely formed cooperatives which tend to be dominated by elite rural women. These findings suggest that the role of group membership is crucial in enhancing poor women's decision making abilities, their capacity to deal with unfamiliar situations and their ability to participate in non-traditional activities. Certainly, this indicates a visible change in women's lives which may lead to an improvement in their overall well being and their status in the society and the family relative to men.

Apart from the indirect effect on women's relative status, there are indications that the greater decision making power of women participating in group based credit programmes has a direct effect on the basic consumption by household members and by women themselves. This could be seen as the conventional poverty alleviating impact of group membership. The fact that

women's active involvement in the credit based economic activity rather than the credit itself is the crucial factor in increasing household expenditures on basic consumption is evident from the fact that the proportion of Grameen Bank loanee households incurring expenditures on education, housing and health is higher in female loanee and mixed loanee households than in male loanee households. This is presented in Table 2.4.

Table 2.4 Expenditure on Education, Health, Clothing and Housing for Women Member Households

Indicators	Women loanee household	Male loanee household	Mixed loanee household
Per cent of households incurring some expenditure on			
a) Education	31.2	26.7	38.4
b) Health	87.8	79.9	88.5
c) Housing	81.3	72.4	76.0
Average household expenditure (Tk) on:			
a) Clothing	743	705	815
b) Education	40	42	47
c) Health	293	289	356
d) Housing	290	439	482

Source: *The Impact of Grameen Bank on Women's Involvement in Productive Activities, Mahub Hossain, 1992.*

At the individual level, it is seen that the average consumption of food items and the purchase of clothing by both husbands and wives and medical expenses for treatment of wives is highest for the active female loanee households among all categories of loanee and non-loanee households (Rahman 1986). Thus, both at the household and at the individual level the nature of women's participation becomes important in achieving poverty alleviating impacts. Women's effective participation itself is crucially dependent on group membership (cohesion, strength, identity) and the supporting role it plays.

There are also claims that women's labour productivity is very high in those economic activities, particularly non-traditional activities, where women are provided training and supervision. However, the actual net gains in financial terms is less obvious and women still continue to earn the most in aggregate terms from the traditional activities for which they possess skills such as paddy husking, poultry rearing, and oil seed crushing (See Table 2.5). Apparently, training is not available sufficiently extensively to make any impact on aggregate earnings of women. Also, there may be other problems such as demand, marketing, availability of raw materials and extension services, etc. which constrain women from reaping the benefits of higher labour productivity.

In sum therefore, although the rural credit programme does not have explicit human resource development objectives, the effective participation of women in these programmes has only been possible due to the systematic and intensive human resource development inputs provided by them through the organization of poor rural women into informal groups. By the sheer size of coverage of these programmes they constitute the largest human resource development programme for women in Bangladesh at present.

Table 2.5 Labour productivity of some schemes given to women beneficiaries

Name	Labour Productivity	Net Profit (Taka)	Interest on capital (Taka)
Mushroom			
Culture	78.50	488	249
Poultry (HYV)	75.00	2756	160
Oil seed crushing	71.66	37272	432
Twisting	46.09	-	-
Dyeing	45.29	-	-
Net making	18.63	7037	1200
Amber Charka	17.60	-	-
Paddy husking	8.88	147141	5296

Source: Ahmad. Z. Profitability, Capital and Labour Productivity of Economic Enterprise, December 1990.

Table 2.6 Sectorwise Disbursement of Loans to Women Members

Sectors	1981		1982		1983		1990		1992	
	Amount (000 Tk)	Per cent	Amount (000Tk)	Per cent	Amount (000Tk)	Per cent	Amount (000Tk)	Per cent	Amount (000 Tk.)	Per cent
Agriculture & forestry	90	0.6	189	1.4	349	1.0	88,148	4.3	1297656	26.9
Livestock and fisheries	7,296	49.7	5,875	43.6	15,298	43.1	927,890	45.2	1562312	32.4
Processing and manu- facturing	5,632	38.4	5,251	39.0	14,003	39.5	640,340	31.2	927894	19.3
Trading and shopkeeping	1,649	11.2	2,052	15.2	5,694	16.1	356,552	17.4	972047	20.2
Services	4	--	22	0.2	45	0.1	26,974	1.3	42757	0.9
Collective enterprise	--	--	71	0.5	69	0.2	14,133	0.7	12937	0.3
Total	14,671	100.0	13,460	100.0	35,458	100.0	2,054,038	100.0	4815603	100.0

Source: Gramscen Bank, Annual Reports, 1982,1983,1990.

b. Technologies for rural employment with special reference to women

This project has a multi-disciplinary approach and has been designed to adapt, promote and disseminate improved technologies and encourage their adoption by rural poor women. The stated objective of the project is income generation, employment creation, increase in labour productivity and reduction in the burden, strain, workload and drudgery of rural women in Bangladesh. The unique nature of the project lies in the attempt to combine the upgradation of technological skills of rural poor women with the objective of bringing a positive change in their lives.

The project has a duration of three and one-half years and is being executed by the International Labour Organization (ILO). It is being implemented by the Women's Affairs Department of the Ministry of Women's Affairs, with financial assistance provided by the Government of Norway.

The project is designed to cover twenty selected locations (villages) which will directly benefit 1,800 women beneficiaries and indirectly benefit another 10,800 members of the selected locations. The beneficiaries are given skill development and organizational and management training on different location-specific trades and activities. The skill development training is provided both on an institutional basis as well as on-the-job training. The beneficiaries are provided with the requisite equipment prototypes and raw materials for test production. The sales proceeds from test productions are expected to be used as a revolving fund for working capital. Assistance with marketing linkages are also provided to the project beneficiaries. The project

expects that this integrated package approach will make the project activities sustainable in the long run.

The project has until now, selected a total of eleven primary income generating activities and six subsidiary activities for the selected project areas. Activities include both those using women's traditional skills (such as paddy threshing and winnowing, poultry rearing and homestead horticulture) as well as new potentially profitable skills (such as silk thread reeling and spinning, vermicelli making, footwear making, assembly and repair of small electronics, and beekeeping). A total of 625 women beneficiaries have received training on these activities between December 1990 and April 1992 comprising 625 hours of training in different locations (See Table 2.7).

Table 2.7 Skill development training of beneficiaries

Sl. No.	Name of Training	Institution/Place	Date	Number of Trainees	Training in person days
1.	Paddy Threshing and Winnowing	At seven project locations	Nov-Dec 1990	105	105
2.	Beekeeping (Apiculture)	Bangladesh Institute of Apiculture (BIA) Rasulpur and Shubganj	February 10-25, 1991	40	600
3.	Silk Thread Reeling and Spinning	Bangladesh Sericulture Research and Training Institute, Rajshahi	July 15-31, '91 and August 3-19, 1991	30	550
4.	Vermicelli Making	At project location in Muktagacha	May 11, 1992 to Aug 10, 1992	20*	1,840
5.	Assembly and Repair of Small Electronic Items	At project location in Savar, Dhaka	April 22, 1991 to Oct 21, 1991	15	2,700
6.	Ladies Footwear Making	At project location in Savar, Dhaka	June 4, 1991 to Dec. 3, 1991	15	2,700
7.	Backyard Poultry Raising	Regional Youth Training Centre, Department of Youth, Rajshahi and Savar Dhaka	March 10-31, 1992	100	2,400
8.	Homestead Fruit and Vegetable Cultivation (Horticulture)	At project location in Miapur and Anupampur, Charghat, Rajshahi	July 1-15, 1992 July 18- Aug 1, 1992 March/April 1992	60 60 150	900 900 150
TOTAL**				625	16,515

* Including five members of the bamboo basket making group.

** Some of the members may have taken training in more than one area of skill development. [Technology for Rural Women: The Dilemmas of Landlessness-ILO, December, 1992, P-51].

The project also provides human development inputs through their training activities with the important objective of increasing women's control over their own cash income and reducing the absolute and relative work load of rural women. Improvement in the absolute and relative level of consumption of women is one of its long term objectives. In addition, apart from broadening the range of rural women's income earning activities, project participation is expected to create awareness and consciousness which will eventually lead to their self-reliance.

With competing demands on women's time and labour between domestic household tasks and employment in the monetized sector of the economy, home-based self employment on an individual basis may also help to foster individual entrepreneurship and to introduce new activities within the existing household time expenditure pattern. These are expected impacts in the long run which carry implications for intra-household gender relationships.

Individual case studies of project beneficiaries suggest that there have been positive effects on the economic situation of project participants, greater contributions to household income leading to an enhanced status in the family, more time for poultry rearing and horticulture, and greater expenditures on children's education and consumption. More widespread and sustained impacts on income and consumption levels are expected and can only be assessed through a carefully designed survey which compares project members with non-members.

c BRAC Women's Health and Development Project

As a major NGO in Bangladesh, BRAC has one of the largest health programmes in the country, second only to the government programme. In fact, BRAC collaborates with the

government in the implementation of a number of its field programmes. Within its own unique Women's Health and Development Programme (WHDP) BRAC attempts to improve the health and nutritional status of the population in the project villages in order to increase their productive capacity through a comprehensive programme that is to be ultimately serviced by rural women.

The WHDP consists of five inter-related projects which are: Comprehensive Health Development Project, Child Survival Project and Primary Health Care Programme in BRAC's rural development project areas, Non Formal Primary Education (NFPE) for Adolescent Girls, and Health Resource Center which includes the facilitation of the government's Expanded Programme for Immunization. The project is to be carried out over a three year period from July 1991 to June 1994.

One of its long term objectives is to establish the capacity in participating villages to sustain the health and development activities by effective human resource development of rural women through different types of training. The mechanism of providing these human resource development inputs is through the formation of gram committees, mohila sabha, a trained village health worker, and a trained cadre of 30 adolescent girls. In other words, the service delivery of the programme is expected to be primarily dependent upon village women.

WHDP programme personnel disseminate knowledge regarding health, nutrition, consumption and family planning to the members of gram committees and mohilasabha. Village health workers are chosen from among the brighter participants who will continue the service delivery in lieu of regular programme staff. Although their services are voluntary in nature, the additional skills they learn such as birth attending,

immunization, treating tuberculosis, etc. will also be able to generate income earning opportunities of rural women in the form of providing private services. The adolescent girls of the NFPE programme are also trained with such skills to form a trained cadre to service the programme in future.

WHDP with its training and service components disseminates knowledge about health, nutrition and consumption pattern but it is yet too early for any sustained effects to be observable. A short term output of this training may be seen in the improved nutritional status (relative to the national average) of adolescent girls participating in this programme (BRAC 1992). Studies also show that the mortality level as well as pregnancy related morbidity in project areas have declined. In intervention areas infant mortality declined visibly in comparison to other non-WHDP areas of BRAC (Kamal 1992). According to project personnel the identification of pregnant mothers and providing them with knowledge and service for safe motherhood and training traditional birth attendants has been effective in decreasing infant mortality and maternal mortality as well as reducing maternal morbidity. In addition, improved health care behaviour, especially the use of oral rehydration for diarrhoea and tubewell water for drinking, has also been reported to be more frequent in project areas compared to control areas (BRAC 1992).

Although the objective of improving the health status of the population in the project areas and increasing their productive capacity is a long term one, the project has created awareness about consumption and morbidity among its beneficiaries and has made health service accessible to a wide sector of the population. Programme personnel are satisfied that beneficiaries have gained positively from such consciousness raising efforts with regard to their health behaviour. The long term impact on

rural women's capabilities to service the programme are to be awaited.

d. Saptagram Nari Swanirvar Parishad

Saptagram Nari Swanirvar Parishad (SNSP) started in 1976 as an organization aimed at reaching women in rural areas to conscientize them about their rights and their position relative to men in society. With poverty alleviation as an effect rather than an objective, Saptagram aims to create consciousness among women which would lead to their self reliance and economic independence from men. To enhance the rural women's productive capacity Saptagram attempts to educate them about their legal rights (including ownership and inheritance of property, family law etc.) as well as create and raise awareness about health care, adult and child education etc. Saptagram began its venture with seven villages in Faridpur (hence the name), and has now spread its activities to over 500 villages in 62 unions, influencing the lives of 21,494 target women.

Saptagram's programme inputs include a number of distinct components delivered to rural women through several processes. Its unique methodology "is to lead women out of their confined and repressed state through a process of conscientisation and ultimately turn them into reckoning factors" (Saptagram 1992). Among the inputs provided to women are human development training which constitutes the largest share, skills training for economic activity and employment generation, adult literacy and social welfare.

Its human development training consists of a number of components such as basic and advanced orientation in social development, gender relations, legal literacy, leadership and management, and awareness building on public health, nutrition,

environment and so on. Orientation in social development emphasizes gender and class relations in the development of civilization and highlights important issues like the role of village elites, preachers, landowners etc. The purpose is to make the trainees conscious of class existence and exploitation. Gender relation training is provided to enable women to identify their position in the social structure and their values as both individual and as women relative to men. The legal literacy training highlights the existing laws protecting women's rights to let them know their legal standing. Leadership and management training constitute important inputs toward group functioning and ultimate by women's empowerment which depends greatly on group success. Training on maintenance of accounts aims to protect women from being cheated. Awareness about social forestry, primary health, sanitation, drinking water, health care, nutrition, child care all are expected to improve the living standards of rural women.

The adult literacy program consists of schooling for illiterate village women to enable them to read, write, and learn simple mathematics. There is no definite school room and group members voluntarily offer rooms for classes. New teachers are selected from among the group members who have completed the literacy course. Thus, apart from imparting literacy and numeracy skills this programme creates some opportunity for women's employment.

Skills training provided to enhance women's income generating potentials are sinking tubewell, making of rings and slabs for sanitary latrines, seasonal vegetable gardening, mini pond fisheries, silk cocoon rearing, poultry vaccination, cooking process of soya dal, etc. During 1990-92 10,000 members have received training in various activities (Personal communication)

Under the social welfare programme Saptagram offers credit for non traditional income earning activities such as petty trade, leasing in and cultivation of land, selling of products in the market place and producing sapling to be sold locally etc. The credit is both at a low rate of interest and without collateral. In most cases it is disbursed to the group for a single venture.

Apart from the impact on income earning and employment opportunities of rural women in the long run, this project has been reported to positively influence the living standards of rural women as evidenced in consumption patterns more beneficial to the weaker household members, greater expenditures on education for children, less domestic violence and increased status within the community. Saptagram members have been found to consume more rice and cereal per capita per day than the national average for rural Bangladesh (Asaduzzaman and Akter, 1990).

The women members of the programme have reported feeling more secure in their family lives and experiencing enhanced social status. They are also more aware of their legal rights. Since skills training may involve attending meetings outside one's village women's mobility has also increased. Group membership also constitutes a source of strength for women to bargain for wages. Additionally, upgrading women's productive capability has increased their participation in non-traditional activities.

A case study may highlight the outcome of the legal literacy program: Group member Rahima Begum, mother of 4 children, became a widow two years ago. Her husband Moksed Ali had filed a case against his brother over property matters. When Moksed Ali died, his widowed wife gave up pursuing the case, as she became more involved in her struggle to survive along

with her minor children. At this time her brother-in-law Mujibur approached her and asked her to resolve the case and assured her that she would get her share of the property's value. Accordingly Rahima Begum accompanied her brother-in-law to the Pangsha Court but -- when she arrived there, her in-laws started to pressurize her to sign prepared documents before handing over any cash. Rahima, who was aware of the value of her signature, refused to sign, even under duress. Instead she came back and informed her group who in collaboration with another neighboring group, informed her in-laws that she would not give up her share of the property under any circumstance. Thus she has managed to retain ownership of her share of the property.

The above review of some special programmes with human resource development inputs for women lends support to the argument that gender planning of human resource development programmes requires them to be able to meet the special needs of women. These needs are both in terms of the actual constraints faced by women in accessing inputs and services, as well as the more basic social constraints experienced by women due to the existing gender relationships of prestige, power and control. Thus gender planning of HRD programmes must address both the practical and the strategic needs of women (Moser, 1989).

The distinguishing feature of each of the above programmes is that the long term impact is visualized as an improvement in the position of women relative to men which brings about a positive change in their lives. The short term effects are seen as increases in incomes and labour productivity, since these are viewed as the means of achieving the long term objective. In that sense, the ultimate goal of HRD for women is not poverty alleviation per se

but rather an improvement in women's socio-economic status both absolutely and in relation to men.

2.4 Issues of Human Resource Development For Women.

The above review of existing programmes has highlighted several issues regarding HRD for women that relate to their socio-economic roles and influence their ability to access human resource inputs provided by development programmes. The following issues have been identified which need to be addressed by HRD programmes for women:

2.4.1 Women's Excessive Total Work Burdens

Time use studies have shown that in terms of total hours women work longer than men at almost all ages. Although women spend less time than men in income earning work, they work much longer in expenditure saving activities and in domestic tasks. The burden of domestic drudgery for women is especially highlighted in women's sole responsibility for collecting water and gathering fuel for household consumption. Women's domestic work burdens are fairly similar by socio-economic class except in those households which can afford to hire female domestic labour. Even girls aged 5 to 9 years spend more time than boys in household work.

Together with child care responsibilities women's total work load means that they often have limited time to participate in programmes or access services such as training, extension or health located outside the home. Besides, women's domestic work burden also means that they are more inclined to be interested in those types of training and activities that fit well with their domestic responsibilities, i.e. traditional activities like paddy husking and poultry rearing, rather than more rewarding

activities which require going out of the home like trading, poultry vaccination, etc.

2.4.2 Women's Lengthy Childbearing Span

The long period of childbearing experienced by the average woman acts as a constraint to women's efforts at planning any non-domestic training activity or employment. The fact that women have virtually the sole responsibility for childcare further adds to the inability of women to engage in non-domestic activities if alternative childcare provision is unavailable. Although older siblings perform this essential task to facilitate poor women's wage work, such a solution is not really satisfactory.

Also the period that a woman is confined to the home because of childbearing and childcare responsibilities is the most productive. It is in these years that women are likely to reap the greatest gains from human resource inputs. However, we have seen that only when women have reached the age of 45 or more are they able to spend greater time in income earning.

2.4.3 Women's Seclusion and Lack of Physical Mobility

Another major issue in HRD for women lies in women's seclusion from the public domain and in their restricted physical mobility. Both these realities severely limit women's access to existing mainstream educational, training and health programmes of the government. While service delivery at the doorstep may be feasible for some services like immunization, family planning, health and nutrition extension, and so on, this is not always feasible or indeed desirable for education and training programmes. One socially acceptable way of reaching women with training and education inputs or extension services

is through the group approach. Such an approach is also convenient to the women themselves who feel more comfortable about moving outside the homestead and interacting with men programme workers in a group rather than alone.

2.4.4 Lack of Demand for Women's Traditional Skills

An important issue with implications for women's earning potentials is the lack of demand for women's traditional skills. We have seen that women are concentrated in activities that are based on low productive skills with very low earnings potentials. Even most of the skills training provided to women are in those activities that are traditionally women's work such as embroidery, handicrafts, sewing, etc. which are dependent on others for demand creation and marketing. Obviously, these skills have low demand locally and women are only able to access other markets through intermediaries like NGOs or government organizations. Little effective training and extension services are provided to women in technologically upgraded and productive activities like intensive homestead crop production, pond fisheries, livestock and poultry rearing, mechanical and electrical repairing, etc. except in specialized programmes. Women also hardly receive any training in financial management, market survey, or dealing with traders and suppliers that are essential for the successful running of enterprises. Women need not only skills training in productive activities that have local demand but also human development training to undertake these activities successfully.

2.4.5 Women's Lack of Self Identity and Perceptions of Self Efficacy

Finally, of critical importance to women's HRD is the issue of raising women's self identity and perceptions of self efficacy.

Women's lack of self identity and self worth and their acceptance of the established order has been used to perpetuate traditional gender biases in access to productive resources. Being dependent on others both economically and in terms of decision making, women also suffer from perceptions of low self efficacy and self reliance. These are severe constraints in effectively reaching women with human resource and other inputs. Research has shown that women with some schooling are more confident about dealing with their children's illness and are able to elicit attention of care providers and family members more effectively than illiterate women. The experience of NGOs in raising awareness about women's and men's legitimate rights and responsibilities, and needs and behaviours has indicated that women may be effectively mobilized through the formation of informal groups to voice their feelings about injustices and demand their rights. Such awareness becomes essential if women are to be able to access human and other resources and services that are provided by programmes. Human development inputs thus constitute crucial elements in HRD programmes for women.

The above discussion suggests the following: HRD programmes for women must take into account women's existing heavy workloads, their childbearing responsibilities, their seclusion from the public domain, the lack of demand for women's traditional skills and women's lack of awareness of self identity and self efficacy. In other words, gender planning of HRD programmes demands that both women's practical needs of time to pursue human resource development training, their need to reduce childbearing burden in order to avail opportunities, and their seclusion and lack of physical mobility, as well as women's strategic needs of raising their skills in activities that have demand and in developing their capabilities to function successfully in the public domain, must be met.

The review of some innovative programmes suggest that an

effective instrument of reaching rural poor women and delivering services is the informal women's group at an accessible level. These groups are effective because they provide women an independent support system and source of information that acts as a leverage for their bargaining position in the household and the society. They are also efficient means of service delivery of a wide range including training and education inputs, health and nutrition education, awareness building inputs, credit, and so on. Secondly, it is also seen that women are capable of absorbing training in non-traditional activities and financial management, and of engaging in profitable enterprises and activities if appropriate support services are provided. Finally, women's capabilities to support themselves are greatly facilitated through the group process and awareness building inputs. These experiences should provide useful inputs into the design of HRD programmes for women.

PART III

CONCLUSION

Human resource development, economic growth and poverty alleviation go hand in hand, being inter-linked with each other in a mutually reinforcing manner. On the one hand, HRD is an end in itself, a highly desirable goal of development. On the other hand, it can play an important catalytic role, particularly in the light of the open economy policies being currently pursued. A skilled, healthy, well-trained and literate work force is much more likely to attract foreign investment and contribute to the success of the export-led growth strategy.

Official policy must, therefore operate at two levels. At the macro or meso level, it will be important to channel more resources to HRD sectors, while at the same time ensuring better utilization of existing capacity in the health and education sectors. At the micro or project/programme level, a concerted effort must be made to match investments to market-demand conditions. This will be critical for project success. This will require an effective machinery to monitor market conditions and provide feedback to policy makers so that programmes are suitable tailored. Unless this is done, resources will have been wasted, and the potential benefits in terms of reduced poverty will not have been reaped.

It is however likely, that significant groups of the poor cannot be reached by HRD programmes, simply because they are too poor. Programmes like VGD and FFW will continue to be important for these groups. Efforts must be continued to evolve better methods of effectively channelling resources to them.

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CIRDAP

The Centre on Integrated Rural Development for Asia and the Pacific (CIRDAP) is a regional, inter-governmental and autonomous institution. It was established in July 1979 at the initiative of the countries of the Asia-Pacific region and the Food and Agriculture Organization (FAO) of the United Nations, with support from other concerned UN bodies and donors. Starting with six members, CIRDAP has now 11 members. These are : Bangladesh (Host State), India, Indonesia, Lao PDR, Malaysia Nepal, Pakistan, the Philippines, Sri Lanka, Thailand and Vietnam. Operating in Member Countries through designated Contact Ministries and Link Institutions, CIRDAP has access to government policymakers, research and training institutions and non-government organizations.

The main activities of CIRDAP are to (i) assist national action; (ii) promote regional cooperation; and (iii) act as a servicing institution for its Member Countries for promotion of integrated rural development through research, action research, training and information dissemination. Alleviation of rural poverty in the Asia-Pacific region has been the prime concern of CIRDAP. The Centre is committed to the WCARRD Follow-up Programmes. The programme priorities of CIRDAP are set under the four Areas of Concern : (1) Agrarian Development ; (2) Institutional/Infrastructural Development; (3) Resource Development including Human Resources, and (4) Employment.

CIRDAP acts as a bridge among countries of the Asia-Pacific region, between the government and people, and between regions through sister centres, such as CIRDAFRICA. CIRDAP promotes technical cooperation among nations of the region. It plays a supplementary and reinforcing role rather than a competitive or parallel one, in supporting and furthering the effectiveness of integrated rural development programmes in the Asia-Pacific region.

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