

Schools that are Next to Stables

by Rashed Mahmud Titumir

THE first thing that catches the eye on entering the village of Ghagot is a ravaged semi-pucca building. Destroyed by lack of maintenance to the roof and other parts of the structure, it is the local school.

Owing to the lack of logistical support incentives and supervision, teachers have taken teaching at the school as secondary, being busy pursuing some other profession that secures a better livelihood," explains a village elder Hamid Ali.

The school, built by the local people, was nationalised in 1972 along with 36,164 primary schools.

The teachers hold rudimentary classes in the less-destroyed room, which is left to the mercy of goats and cows during long school vacations and floods.

"Our agony is that a lot of us now have the painful duty of finding schools for our children in neighbouring villages which are at great distances from here," says one relatively better-off parent, Abbas Khondoker.

Children in Ghagot, a village of about 400 houses, most of which have thatched roofs, now either accompany their parents to the farm or stay in the village to tend the goats and cows or leave the village to hawk in the nearer river port.

"The situation is painful and hopeless," says another parent. "For our children, education has ceased to be a right. It is now a privilege."

It is the same story in many villages across the country, where only one per cent of GNP is channelled to the primary education sector, less than any other nation in Asia.

According to available statistics, there are 17,356,000 school-age children in 1992.

So, an additional 19,832 schools are needed to fill the present requirement.

On an average, there is one teacher for sixty-one students. Moreover, there are three or fewer teachers in 39 per cent primary schools.

In Kamarjani, the village near Ghagot, virtually 90 per cent are illiterate. Like in Ghagot, most men, women and children in Kamarjani have never had any formal education. Many are married by the time they are 14.

A few youths learned to read and write, but most of them finally dropped out of school.

Nationally, according to an-

other statistics, out of the 16.7 million 6-10 year-old children, 6.9 million are not enrolled in primary schools and 5.9 million of the total enrolled children drop out of primary schools.

Teachers as well as pupils decline to concentrate in teaching for economic reasons. Ghagot villager, Abu Bakar, has been teaching in the primary schools for 10 years.

But when his father died in 1989, Bakar, as the only educated child among 9 brothers and sisters, was bound to take over the management of the family's rice fields.

"I moved over to my father's compound after he died to

keep the family alive," says 42-year-old Bakar.

When his father was in farming, labour and capital were relatively easy to secure, but over the years this has become so expensive that Bakar found it difficult to hire people to irrigate land, weed, plant and cultivate land.

"Income generated from IRRI rice is far more than a teacher's salary."

But he complains that his progress is blocked because there is no help for small-scale farmers.

"The prices of agricultural inputs (fertiliser, seed, water) have risen manifold," says Bakar, because of the withdrawal of the subsidies.

"Finally, the price of the produce is less than the production costs," he adds.

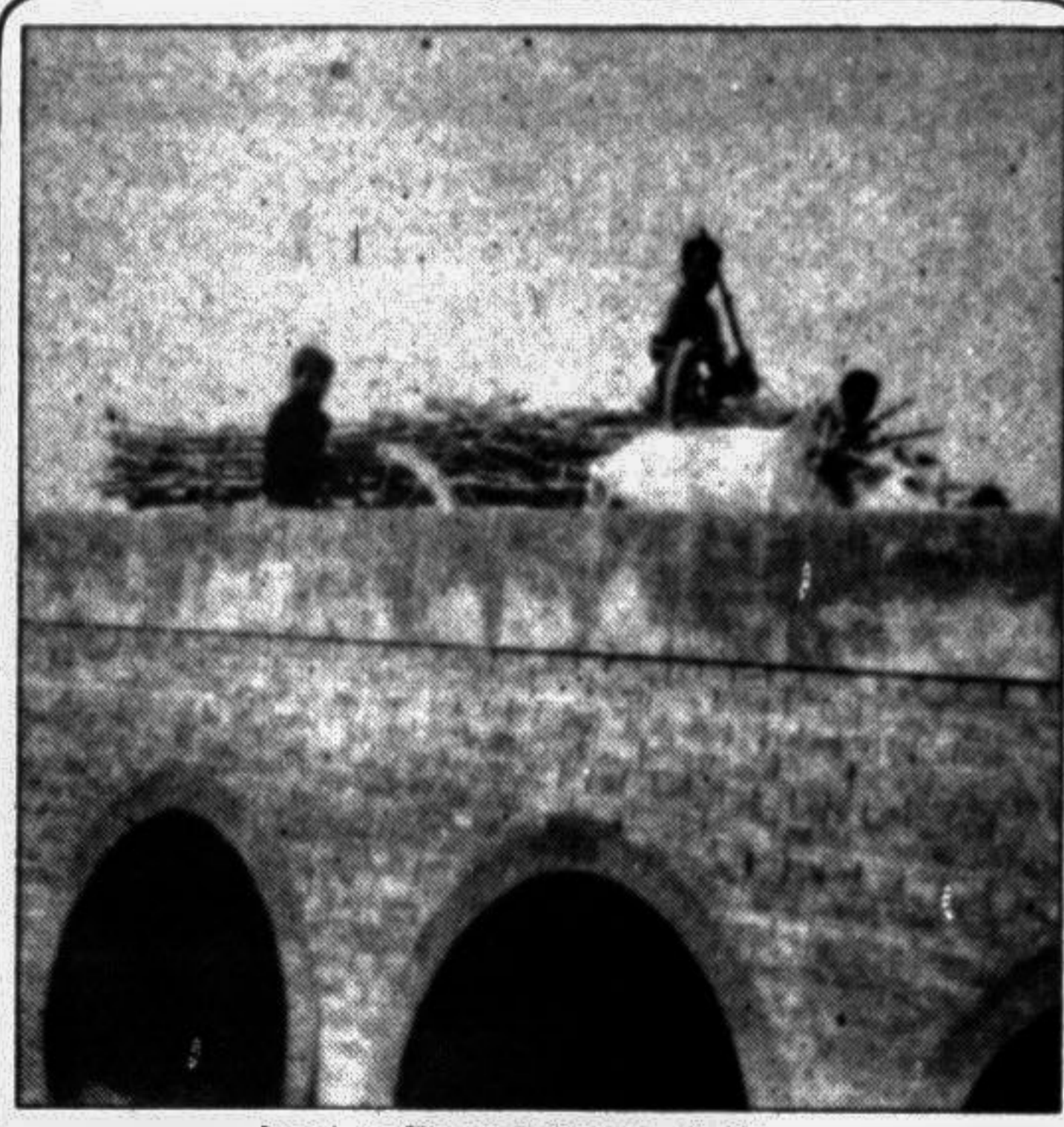
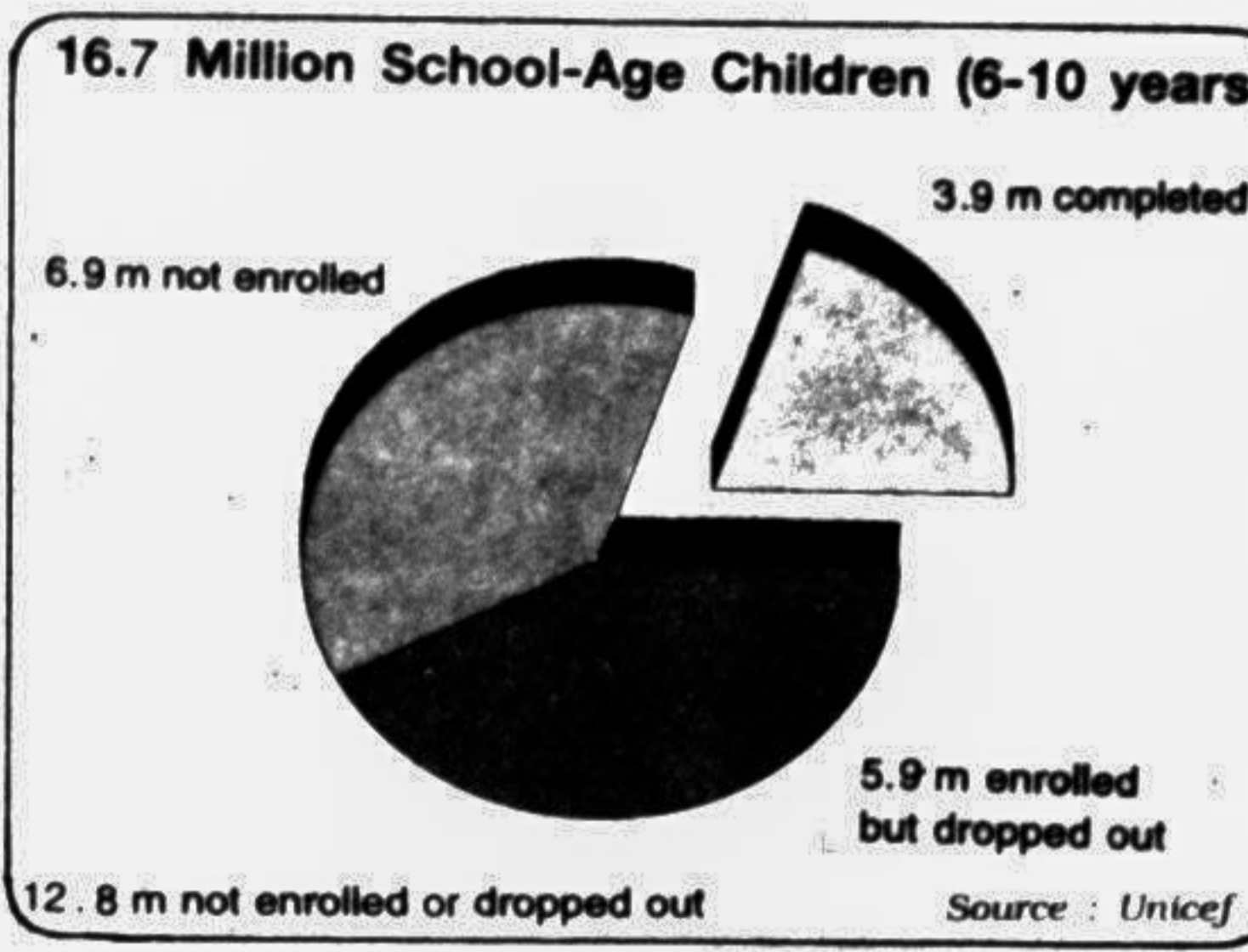
Now he is searching for assistance from the government as well as from non-government organisations.

But he informs that the institutional reality of the state power and its mechanisms are so coercive that those do not allow people to borrow money and help people to be self-reliant.

"I have this fear that if I do not move quickly to make myself financially strong to support my five children, they will grow up to see me as an irresponsible father who did not care for their needs," says Bakar, who is trying all around to pull out resources.

"Also, I have a burning desire to give them the quality education, I did not receive as a child."

"I want to move them away from the village school they now attend, to the city, though the education in this country is getting more expensive every day," concludes Bakar.



Local traffic over the new bridge

Small Bridges Make Big Impact

Although national projects such as the Jamuna Multi-purpose Bridge dominate media attention, small-scale infrastructure improvements probably achieve more in transforming the lives of ordinary rural dwellers for the better.

This four-ring culvert, constructed by RDRS in Begumbari Union of Thakurgaon district, shows how local Government and NGOs can work together to fill essential gaps which constrain development. The site used to "turn into a river" each rainy season according to local farmer Lal Mohan whose fields suffered waterlogging. Since local people must pass this road to sell their goods at the market at Hachebari 3 km away and their children need to attend a local high school, this mini-bridge is essential to the area's wellbeing.

Three months ago, the culvert was completed at a cost of Taka 200,000 shared between the Union and RDRS. Now over 300 people use the bridge each day and communication will be possible during the rainy season. This tried-and-tested design is both durable and resistant to flood damage. For this and thousands of other poor localities, small and appropriate rural works such as the mini-bridge can revolutionise communication and advance development at minimal cost.

— M Khan



Women preparing land to plant trees

Giving Life to Graveyards

As pressure on rural land grows, imaginative ways of better utilising existing land must be found. In Western cities, authorities are experimenting with ways of using burial sites in more intensive but respectful ways. In Thakurgaon District in northwest Bangladesh, this graveyard on khas land has recently been put to additional use through a block treeplanting scheme.

In conjunction with the local graveyard committee, RDRS has planted the 9.7 acre site with over 9,000 trees with the assistance of World Food Programme wheat. Planted in August 1993, sixteen poor local women are engaged for a 3 year period as tree caretakers, receiving a modest monthly wage in wheat. When the jackfruit, neem, shishu and mahogany trees mature, under a 40 year agreement, the caretakers will share the harvest with the local graveyard committee.

No land is lost since burials are still conducted among the trees and the graveyard committee is now better placed to look after the land. What was once a desolate and neglected site is transforming into a peaceful and fruitful final resting place for the departed.

— A M Ahmad

The Road to Modernity and Thievery

IT was almost nightfall and village was filled with excitement.

The town cryer moved from house to house ringing a bell and telling villagers there was to be a meeting at the Court Barri the next day.

The Chief has asked me to tell the people of Gogoima that there is going to be a meeting tomorrow," the town cryer said. "Nobody should go to their farms or do other things. Anyone who is not present at the meeting will pay a fine."

The Court Barri in this village of about 100 Mende people is the place where matters and issues affecting the village are discussed. Local disputes, family and most marriage issues are settled here. If a man beats his wife or chases another man's wife, he is brought to the Barri.

In this instance, the Chief, Moisa William, had received a message from Mano, the headquarters of Dasse Chiefdom about 20 kilometres away, that roads were to be built linking Gogoima with other villages in the Chiefdom and William wanted to know what residents thought of the plan.

He told the meeting that the road would allow the movement of people and goods to the big towns, thus giving farmers a bigger market for their produce. It would also prompt other organisations and government departments to do more for development for the village, he said.

"My people, when a child is sick, especially at night, or a woman has complications during childbirth, it is hard for us to get them to the health centre," William told his fellow villagers. "Most

times, we have had to carry them on hammocks. But with the road constructed, things will be made a lot easier for us."

In the village, most of the work to cultivate coffee, oil, palm, cocoa, rice, cassava and mixed vegetables is done by manual labour. Some Gogoima farmers feel they have lost out because of the relative isolation of the village, and that a road might help.

The previous central government introduced a "Green Revolution", for example — but it did not reach Gogoima. Says 50-year-old Pa Alfred: "All we saw were fleets of vehicles on the streets of the big towns. Nothing was done for us, the rural farmers in Gogoima and other villages."

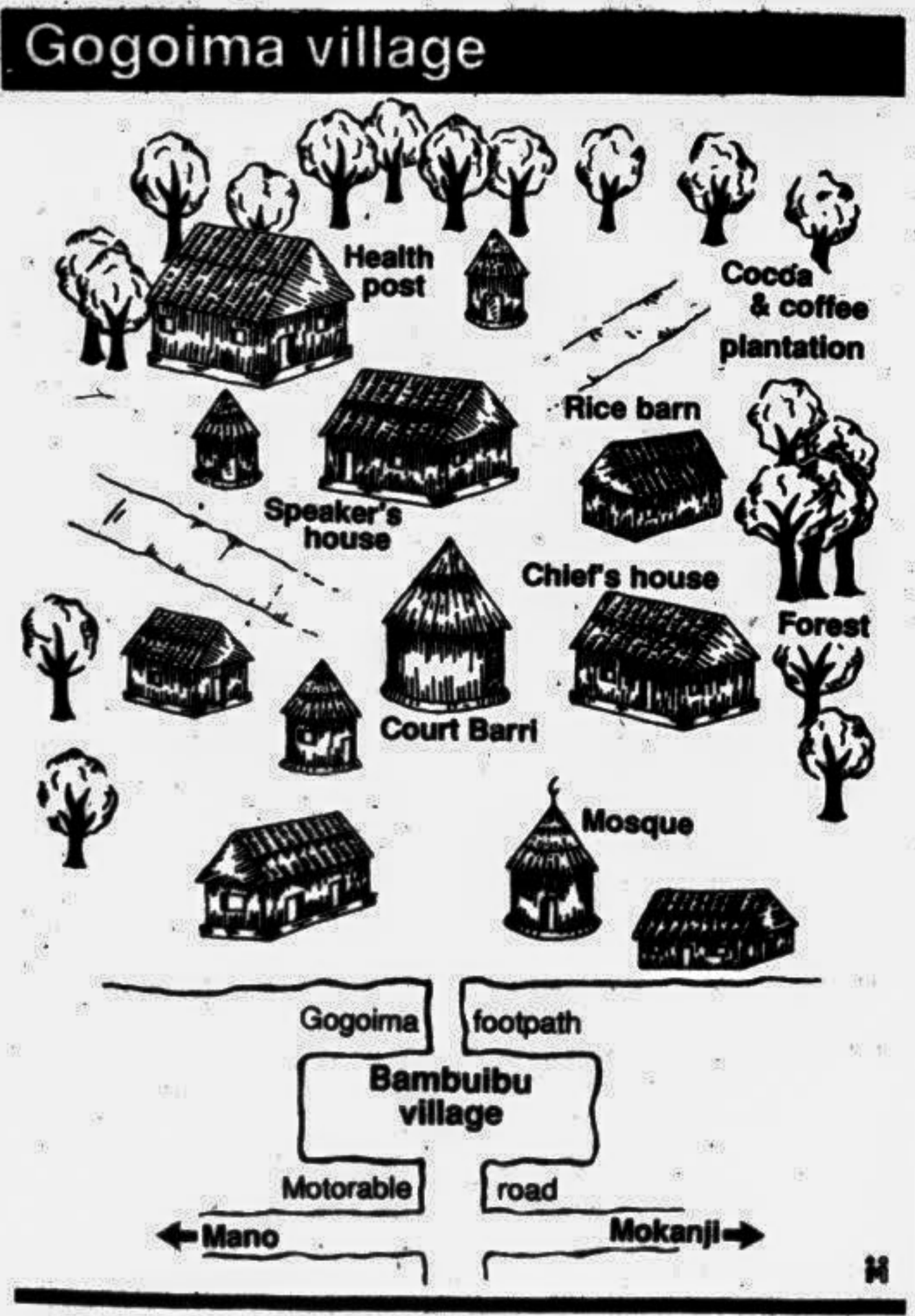
"We never get any mechanical inputs from the government," he complains, "not even fertilizer and seeds."

One old man said the road construction across the entire Chiefdom was "a sweet and sour pill we have to swallow."

"For one thing, it will make travelling easier for all of us. But we will have to pay for what we gain," he said.

After holding brief consultations with the others, the spokesman for the Village Development Committee, 38-year-old Brima Sinnah, told the Chief: "We are happy for the news and are ready to co-operate with whatever organisation is coming to help us."

"But we have only one fear," Sinnah continued, "and that is, when we have the road, we will have thieves and other bandits coming here to take our produce away."



The Fly that Took Daoudda's Sight, Wife and Most of his Hope

The Chief agreed with the villagers and said they should try to eliminate the threat: "We should form a youth group, a vigilante group, to take care of anyone who comes here to steal our properties."

Everyone shouted in agreement. The group was formed on the spot.

A date was then fixed for

the chief to travel to Kabaima, the village about 10 kilometres away, which had been selected to host a bigger meeting for further discussions on the road construction.

At the bigger meeting, the issues of more produce being sent out of the village and the concern about thieves would be top of the agenda.

FOR much of the first 55 years of his life, Daoudda fished in the nearby streams and rivers to support his family. He used to bring his daily catch to the market, where he would sell it to put other food on the table.

Today, at 60, Daoudda has been left blinded by his work and is forced to beg for his daily meal in the same market in which he once sold his fish.

Continuously bitten by the black *Stimulium* flies which

infest the areas in which he fished, Daoudda says: "I discovered that my eyesight was fading gradually." Five years ago, he completely lost his vision and, because he could no longer fish, his livelihood.

"I have sought medical attention from a team of personnel that visit here," he says. "They told me I have what they called river blindness."

"I don't know whether I will ever regain my sight," adds Daoudda, whose wife left him when he went blind.

Daoudda is not alone. Hundreds of men and women living along the rivers of Sierra Leone and elsewhere in West Africa are affected by the disease. Worldwide an estimated 20 million are infected.

The UK-based Sight Savers

organisation says that nearly half the adult male workers in some heavily infected areas may be blind. Blindness begins at 30 and life expectancy can be reduced by 15 years.

The disease is spread by black flies which lay their eggs in rivers. Bites from the fly deposit larvae in the human skin. The larvae develop into worms which debilitate, disfigure the skin and ultimately cause blindness.

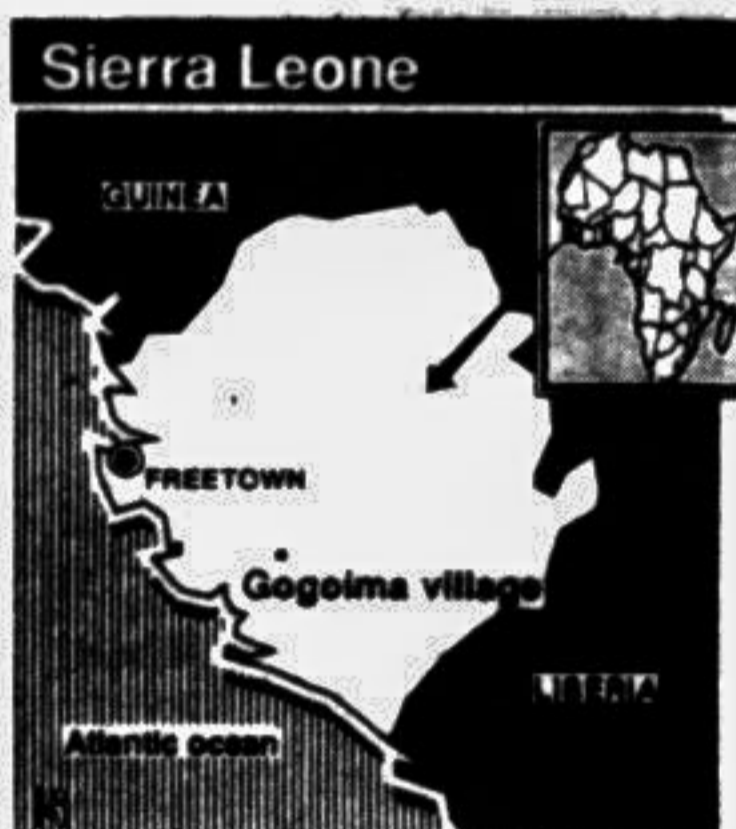
In Gogoima, a village with about 100 inhabitants where thick forests and fertile soil make agriculture the main occupation, about 10 people are stricken with onchocerciasis, the medical term for river blindness.

Local people say the disease is becoming increasingly

Views from the village



Gogoima village in Sierra Leone never makes international headlines. It is rarely mentioned even in the national press. And the villagers know little of what happens in the capital, Freetown. But what goes on in Gogoima, and in villages all over the developing world, is of crucial importance because such villages are home to about half the world's people.



Gemini News Service sent Evelyn Langba, News Editor (International) with the Sierra Leone News Agency, to examine facets of rural life.

When an Emergency Brings the Smell of Hell

FOR Christiana Boma, the hot Wednesday started typically. In the morning, the pregnant woman in her late thirties had gone to the market square in Gogoima, a village of 100 Mende people, to sell vegetables from her backyard garden.

But by midday, Boma was feeling spasms of pain. Her labour had started. Within two hours, she was in agony.

There was no time to get to the nearest health centre, which could be reached only by a couple of hours walk through the bush to a graded road where, if lucky, a passing vehicle would give a ride. The only solution was to get one of the two traditional birth attendants (TBA) in the village to help with the delivery.

A short time later, Boma lay beside her newly-born identical twin boys, successfully delivered in the house of senior TBA Keimatu Foudie.

There were shouts of jubilation and the babies were placed in a *felaya*, a mat for fanning rice, held up to the sky and danced around the village in the Mende tradition for the birth of twins.

All agreed Boma had been lucky to have normal deliveries that did not require more exceptional treatment. Most rural women in Sierra Leone live far from the paved roads that lead to modern medicine. And vehicles, where they are available, can extort high prices, especially for emergency runs.

If you have an emergency situation, says a village woman, "you will smell hell because you have no means of getting to a medical centre especially, at night."

On a rut in the road and fell. The fall caused her to haemorrhage, requiring urgent medical attention to remove the dead baby.

Villagers were able to get her to the health centre in Mano, about 20 kilometres away, where she received the treatment that saved her life. One middle-aged woman said Blackie was lucky to have survived. In a more remote village, the woman said, her relative and baby died in childbirth, leaving eight children motherless.

Because of the costs, fewer poor women are delivering their babies in government hospitals, and more children are born in poor health. Maternal mortality due to complications of pregnancy and labour is also still high.

Rural women agree hospital care is the best for their health if they have serious complications that cannot be handled by traditional village medical people. A woman whose life was saved at the nearby clinic said: "I had serious bleeding the day after delivery, but the TBA under whom I had the baby could not do much. I was rushed to the clinic where the nurse discovered that the placental had not been completely removed. The job was quickly done."

But the women who said they owe much to the formal medical system also spoke frankly about its deficiencies. "Labour and the complications of childbirth do not know office hours," said Margaret Musa. "The nearest health centre may not be open at night and there is no transport to the big hospital."

On the cost of care, one woman said: "They ask you to buy heaven and earth and we do not have the kind of money." Nurses, she added, "treat you rudely, and you dare not complain, or you will be completely ignored and abandoned to groan in pain and die."

The women also pointed

The villagers of Gogoima are sometimes grateful for the help they receive when they reject traditional remedies and seek treatment from a clinic. But, reports Gemini News Service, getting modern medical assistance can be a harrowing experience.

out that TBAs and other healers are from the community, speak the local language, charge modest fees or accept payment in kind, and very importantly, they provide strong emotional support during and following labour.

The United Nations Children's Fund is also trying to provide some healthcare for young children, providing free vaccinations against six major childhood diseases: measles, tetanus, whooping cough, diphtheria, polio and tuberculosis. The country's infant mortality rate has dropped from 175 per 1,000 live births when the programme began, to 144 in 1992. It is still the fifth worst total in the world, according to Unicef.

At one immunization pro-

gramme outreach session in a village about 10 kilometres from Gogoima, the community health officer, Brima Kamara, stressed to the women at the clinic that the vaccines were free. As an incentive to attend the monthly clinic, the women are given plastic cups and spoons and children are offered bangles.

Kamara and nurse Rugatu Jah also provided treatment for diarrhoeal diseases and told the assembled women — and men — about family planning, showing them various contraceptives. "You can only give your children quality education as well as protection from diseases by living in a clean and healthy environment when you have just the right number you can care for," Kamara said.

Some of the Muslim women complained that their husbands are not in favour of contraceptives, believing they make wives promiscuous. Kamara assured the men that the use of contraceptives had nothing to do with promiscuity and that in fact condoms could

protect them from sexually transmitted diseases, including AIDS.

Later, after the children and pregnant women had been treated, Kamara was told about an 18-year-old woman, Jitta Dugba, who was two months pregnant and in danger of aborting. She was in pain, with beads of sweat streaming down her face.

Dugba said she had a history of pregnancy complications. The nearest health centre was kilometres away, she could not walk because of the pain and no vehicles travelled the route. So Dugba said she had been stuck in the village, taking the age-old traditional medicines.

Kamara examined the woman and found she had a common vaginal infection. He gave her some medication.

If the medical crew had not visited the village that day, Dugba could have lost her baby. On that day there was joy in the village as wives, husbands and children received medical attention. But when help is not at hand, it can be a community agony.

The health gap

% of population with access to modern health services in Sierra Leone

Urban: 90%

Rural: 20%

common here and in surrounding communities. As a result, many villagers, fearing for their eyesight, have moved to new areas, away from the flies. A lot of the younger people have gone even further afield, in search of the excitement offered by bigger communities and bright lights, such as the bauxite mining town of Mokanji.

A huge international effort to control and eradicate onchocerciasis in West Africa was launched in 1974. Joseph Galia, who is the link person in Gogoima for the campaign, says larvicides have been sprayed from aircraft onto fly breeding sites and that an effective medicine, ivermectin, is now widely distributed and has provided some relief from the scourge.

Daoudda says the team has visited him several times, doing eye tests and skin-snips. As well as his blindness, he constantly scratches in a losing battle to ease his itchy skin which is discoloured and covered by small lumps.

"I have been in this village since I was a little boy when my parents moved here from another village," he recalls. "When I was mature enough, I choose fishing as a job and have done it ever since."

He sometimes ventures onto the river again, alone in his boat, to take another chance at fishing. "I used to fish and when I brought in my catch I would sell it to buy other food for my family," he says. "Now, I go fishing only so I can have something to eat and don't have to beg."

In some ways, Daoudda seems to have accepted his fate. But he longs for his days of sight, when he did not have to be led by his son from his old house on the outskirts of the village to seek handouts in the market.