

Terminal exams for primary students Hampering rather than enabling learning

THE guardians of students in different schools, at a human chain in the capital, have demanded that primary terminal examinations be abolished so that undue pressure on students is reduced. The parents rightly point out that students have to sit for as many as four public exams before they finish Class-XII, which means that they are caught in a perpetual cycle of exam preparation, at the cost of learning in a holistic manner. The constant pressure and stress hamper students' psychological and physical development and make them wary of learning itself; and by awarding only a small proportion of students, it dents the self-confidence of the vast majority who, despite their perseverance and hard work, do not excel in the exams.

What, we wonder, is the point of these exams at such an early stage of their life, when they may not even be able to comprehend the gravity of a comprehensive exam and compete accordingly? As researchers and educationists have noted, the tests do not really measure the students' skills and competencies, but their abilities to memorise and regurgitate certain segments of the textbook. Unfortunately, schools spend more time and energy on preparing students to answer the exam papers than on ensuring basic proficiency in reading, writing and mathematics. Worse still is the fact that students must go to private coaching centres if they are to succeed, with teachers putting little effort in teaching students during school hours as they want them to attend after-school tuition -- in violation of the set of regulations for teachers formulated in 2012 to curb unauthorised coaching.

We urge the authorities to reconsider this practice of terminal exams which seem to be hampering, rather than enabling, learning. They should engage different stakeholders, including guardians, students and educationists, to reevaluate if these exams are producing the desired results. Meanwhile, the regulations for teachers must be implemented to rein in the abhorrent practice of private coaching.

Historic sites in peril Preserve and protect them

IT is incomprehensible how the Department of Archeology can leave several historic structures on the verge of ruins in Chittagong. According to research conducted by a former official of the Chittagong University Museum, at least 36 structures built during the Sultani, Mughal and British colonial periods in the port city are on the brink of destruction due to indifference of the authorities concerned.

Not only have the authorities not taken any measures to preserve these heritage sites, they have allowed renovation projects that, in many cases, disrupt the integrity of the original architecture. For instance, the construction of a three-story extension to Hammadia Mosque, a Sultani-era structure in Sitakunda, obstructs the view of the beautiful antiquity from three sides. The entrance of the five-century-old mosque has been badly damaged while motifs have been covered with tiles in some parts of the walls inside the building.

The government must be aware of what we are losing here. These treasures are a vital link to our cultural, educational, aesthetic, inspirational, and economic legacies - all of the things that literally make us who we are. Losing them not by natural or man-made disasters but by simple neglect is unacceptable.

The Antiquities Act 1968 (amended in 1976) which prohibits damage or modification to any historic site should be strictly enforced. And the Ministry of Cultural Affairs should issue a directive to the Department of Archeology to address this matter with due diligence.

COMMENTS

"Shela ban is permanent"
(March 25, 2016)

Anonymous

It should have been done long ago.

Jannat

Please do everything to preserve this mangrove forest.

Helping farmers in the lean season

BJORN LOMBORG

IN northern rural Bangladesh, the autumn lean season is the most difficult time of year, especially in Rangpur, where close to half of the 15.8 million residents live below the poverty line.

The landless poor in Rangpur primarily work as day labourers on neighbouring farms. But in September, while waiting for crops to mature in the fields, there is no farm work to be done. Wages fall, and at the same time, food becomes scarce because harvest is still months away, so the price of rice goes up.

The double blow of low wages and high food prices means that households are forced to miss meals and also reduce the diversity and quality of their diets. This is especially harmful for pregnant women and young children, because it can lead to poor physical and cognitive development in the long run.

What's the best way to help rural farmers during the lean season? That's one of the many questions that Bangladesh Priorities will help answer. The Copenhagen Consensus Center project, in partnership with BRAC, is working with teams of economists to study which solutions across a wide range of issues can help Bangladesh prosper the most at the least cost.

Fortunately, there is a strategy that

shows promise to help the landless poor during the hungry season in northern Bangladesh. New research by Mushfiq Mobarak, a Yale University economist, and Agha Ali Akram, a postdoctoral fellow with Evidence Action, suggests that helping people from rural areas migrate to work seasonally in urban centres can help families overcome the lean season. Spending on these programmes can provide social benefits of Tk. 4 for each taka spent.

Urban centres do not face the same seasonal downturns as farming-based communities, so cities offer low-skilled employment opportunities during the lean season. Temporary urban jobs often range from pulling a rickshaw to working on a construction site.

Some already migrate to the city, but it is costly - both to pay for the travel itself, and to take the risk that you may fail to find a job and waste your money. And families on the brink of subsistence are the ones who stand to benefit most from seasonal employment.

The analysis is based on six years of research in more than 100 Bangladeshi villages, randomly assigning various strategies across the communities. In the first set of villages, participant households received a stipend of about Tk. 1,000 to pay for a round-trip bus ticket and a few meals to allow people to migrate. In other villages,

households received information about seasonal work opportunities but no money. And still other villages were randomly chosen to be controls - they received nothing, but the researchers collected the same data to compare the programme's effects.

When families received information only, few people migrated. But the benefits that came from a stipend for a simple bus ticket during lean season were significant. The economists found that spending about Tk. 2,700 per household in the project - which pays for the temporary migration and also covers other programme costs - gave each household over Tk. 10,900 in economic, health, and social benefits.

Caloric consumption went up 600 calories per day for each person in the households who received the stipend and sent a migrant - that's the difference between eating two or three meals a day. These families also spent more money on protein sources such as chicken and lentils. So not only did they eat more, they ate better and more healthily. And for certain households, seasonal migration increased income by up to 86 percent, depending on the specifics of the programme.

There were also long term benefits. Workers had chances to form lasting relationships with urban employers, which helped pave the way for

migrations in future years. And not only did the stipend programme help families who sent migrants, it also increased the likelihood that a household member would migrate at all - by 22-42 percentage points, depending on how the project was structured.

The experts continue to study what the effects would be if the programme were scaled-up. If stipends were provided to 250,000 households to send seasonal migrants, for example, rather than the few thousand households in programs to date, then the effects may be different. But the initial evidence is promising.

A stipend for a bus ticket and a few meals can do Tk. 4 of benefits for each taka spent. Other researchers have shown that graduation programmes to help the ultra-poor can do Tk. 2 of good for each taka spent, and tackling air pollution in Dhaka with cleaner brick-making kilns can do Tk. 14 of social good for every taka spent. What would you choose for Bangladesh if you could decide future spending? You can have your say at <https://copenhagen.fbapp.io/seasonallunger> and also read more about the many other exciting options for Bangladesh.

The writer is president of the Copenhagen Consensus Center, ranking the smartest solutions to the world's biggest problems by cost-benefit. He was ranked one of the world's 100 most influential people by Time magazine.

Bringing healthcare to the patient

NAHID AKHTER JAHAN

THE health, nutrition and population (HNP) sector of Bangladesh has achieved commendable success in recent years. Such successes have been manifested in the reduction of population growth rate, maternal and child mortality, considerable increase in the life expectancy and eradication of most communicable diseases.

More interestingly, this level of performance has been accomplished mainly by the public sector. The HNP sector of Bangladesh provides a test case of what a public sector can achieve, despite existing bottlenecks in health service delivery. It also proves that even in a private enterprise economy, the public sector can initiate and lead development in many welfare activities.

This is, however, certainly not to suggest that the sector has achieved all that is desired. Rather, we have to take into cognizance that we still have a long way to go. In order to achieve the required level of development, the sector has to combat a number of challenges in the near future.

The HNP sector has to reduce regional and socioeconomic disparity in provision of healthcare, eliminate shortage of crucial manpower and absenteeism of providers, ensure appropriate input-mix, and allocate resources based on need assessment. Besides, a major concern is the persistence of low use rate of maternal, neonatal and child health (MNCH) services, especially in the remote and backward regions. Apart from the fact that some difficulties are inherent in MNCH services, one of the main reasons for the sluggish growth of use of these services in Bangladesh lies in the existing method of preparing and implementing a plan for the sector.

The conventional method is based on the top-down approach of allocating resources. Since it does not take into account the actual need for services and inputs in the areas, a mismatch between need and supply frequently ensues. As a result, the supply of inputs falls short of the amount required to cater to the existing need and wastage of resources crops up.

To overcome the existing hurdles, local need-based planning has become a must for efficient and equal healthcare service provision. The role of consumers and community should be enhanced in planning and management of health services.

Decentralisation is usually defined as the process of distributing or dispersing functions, powers, human resources, and commodities away from a central location. In a country where the central authority largely controls both public and private sector activities, the possibility of establishing more locally operated and responsible institutions hold out great attraction as they can be more transparent and accountable.

Based on this idea, national and regional policymakers in many countries have introduced decentralisation strategies. Decentralisation has the potential, through enhanced local participation, to



increase access to services, good governance, efficiency of resource use, and improve quality of care (Saltmen et al. 2007).

The HNP sector programme of Bangladesh addressed the issue of decentralisation and local level planning (LLP) in the Health Population & Nutrition Sector Strategic Plan (2011-2016) of Ministry of Health and Family Welfare.

The government of Bangladesh has already started piloting decentralised planning in the health sector in some selected upazilas (sub-districts) through the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). In the cases of these LLP models, only the plan was prepared but it was not properly implemented and could not obtain the benefits of LLP.

Besides, the government has been implementing district evidence-based planning (DEPB) in all upazilas of 25 districts, using financial and technical assistance from UNICEF. The DEPB appears as a more comprehensive method, embodying the identification of bottlenecks and need assessment in plan preparation, budget allocation and supply of inputs, and capacity building.

Recently, the baseline survey of a study on impacts of DEPB has been carried out by the Institute of Health Economics, University of Dhaka with the support of UNICEF in close collaboration with DGHS and Health Economics Unit of MoHFW; the end-line survey on it will be conducted shortly.

In addition to the baseline survey, the study team has been constantly monitoring the progress of the implementation of DEPB. It has appeared that the implementation of the intervention is progressing along the right track and it has already demonstrated

that the intervention has been creating positive effects on use of MNCH services.

The providers and managers at the local level are greatly enthusiastic and are fully prepared to implement DEPB; the additional inputs have been mostly procured, the community and the stakeholders are now satisfied with and involved in the planning and implementation process, and accessibility has increased even in the remotest areas.

The preliminary findings, therefore, are very positive, creating the rationale for undertaking the interventions.

Based on the findings gathered so far, it can be surmised that once implemented on a larger scale and made sustainable, the sector will be able to achieve the targets about MNCH use in a short period of time.

However, some caveats are in order. In order to reap the full benefits of DEPB, some measures should be undertaken urgently. The magnitude of absenteeism of providers has to be reduced, auxiliary inputs should be in place, and Behavioural Change Communication campaigns should be beefed up.

Furthermore, the intervention has to be transformed into a budgeted activity without delay - the government should allocate funds for this activity to increase its financial sustainability. At the same time, the local authorities and community should also recognise that decentralisation can never be effectively attained until they can mobilise at least some funds locally.

The writer is Director, Institute of Health Economics, University of Dhaka and can be contacted through email najahan.ihe@gmail.com.

LETTERS TO THE EDITOR

letters@thedailystar.net

Zika virus in Bangladesh

According to the state minister for health, one case of Zika virus was found in Bangladesh in 2014. This is alarming news. The government must take all measures in this regard and ensure public safety.
A concerned person
Dhaka, Bangladesh

Stop filling up the wetlands

Recently the government has decided to set up stone crushing machines in four wetlands--Dibi Haor, Kendri Beel, Harafkata Beel and Yambeel at Jaintapur upazila in Sylhet. People living in these areas have already been facing severe water crisis. Filling up the water bodies will make the crisis worse, not to mention the adverse effects it will have on the local environment and biodiversity. The government should reconsider its decision.
Nafis Nihal Ferdaus
Anandaniketan School, Sylhet



COURTESY: SHEKH NASIR

Solve unemployment problem

There are many educated people in our country who are unemployed. Frustrated, many of them get involved in criminal activities and also become drug addicts. The government must take pragmatic steps to eradicate this problem and introduce more jobs and vocational trainings for the youths.
Md. M. H. Manik
Sylhet