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Reality Check Reflection Report

SWEDEN

Sida

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Summary

The Bangladesh Health and Education Reality Check Approach (RCA) commissioned by Sida, is an experimental intitiative. It tries to find out more about what is happening 'from the ground up' by interacting directly with ordinary people. Since 2007, the RCA has tried to provide policy makers with a clearer sense of peoples' experiences and views about how well the country's health and education sector-wide approach reform programmes (SWAPs) are working. It uses a new and innovative information gathering method in which outsiders listen to ordinary peoples' stories, observe behaviour and try to experience things for themselves, within a series of annual residential household visits. It aims to reconnect those with power (government, donors, civil society) with ordinary peoples' voices and engagement. It provides new, people-centred information that can complement and supplement the formal monitoring and research systems that already exist in the SWAPs. The aims of the RCA are both to *inform* and to *influence*.

This report is concerned with the reflection exercise undertaken during the fifth and final year of the RCA. As an experimental project, it was felt that an effort should be made to consult with all those involved in order to learn lessons. Section B of the report introduces the RCA and the aims and thinking behind it, while the next section (C) discusses the experimental methodology that was used. The third section (D) provides a synthesis of selected issues and findings from the RCA annual reports, and how these changed during the five years. The fourth section (E) examines the overall context of change in Bangladesh, and shows how this was also reflected in the reports. Section F distils the reflections and insights gained, and section G addresses the main lessons learned. A series of five Annual Reports have been successfully produced and disseminated since 2007. These are included as a DVD with this report. Lasting links have been established between the study teams and local households based on mutual trust and respect, which has yielded a wealth of richly detailed insights and stories. These reports have also been used within decision-making processes during the programmes, and during discussions about future programme design. Some civil society groups too have used the reports alongside their own studies and advocacy work. At the same time, the RCA experience raises some important and challenging questions about how one can successfully inform and influence policy makers using this type of information. First, the RCA is neither conventional research nor formal monitoring, but a 'hybrid' approach that is not always easy to communicate to those used to more formal types of data. Second, some policy makers are likely to question the 'usability' of reports that convey people's views and comments, and prefer stronger implementation points and recommendations. A third challenge is that

of institutionalising an effective mechanism that can link insights contained in the reports with wider policy processes on a regular basis.

The final section (H) contains conclusions and recommendations. The main recommendations to Sida are (i) the Bangladesh RCA should be extended; (ii) that our experience suggests that it might not need to take place every year, at least after the first two or three years (iii) more time should be devoted to promoting and publicising the RCA approach and findings, (iv) new thinking is needed on how to create a closer formal linkage between the health and education sector programmes and their monitoring and research units, and the RCA; (v) training and sensitisation events should be considered with government, donor and civil society staff to raise awareness about the value of qualitative information such as that provided by the RCA in order to complement the current emphasis on quantitative impact measurement; and (vi) infrastructure and trust created by five years of the Bangladesh RCA can be adapted and used for other purposes (for example as a sounding board for peoples' views on other topics such as the functioning of local councils).

Introduction

BACKGROUND

This report reflects on the five years of the Reality Check Approach (RCA) initiated by the Swedish Embassy in Bangladesh in 2007, supported by Sida. In view of the fact that the RCA was designed as an experimental project, it was decided from the start that a reflection process needed to be built in to the design. This would allow all those involved to have an opportunity to comment on and discuss the RCA's accomplishments, challenges and explore any lessons encountered along the way. As the main output from this process, this Reflection Report draws on relevant documents generated by the study during the five year period, on a series of reflection meetings that were held with team members and partner households in Bangladesh during January-February 2012, and on a total of 25 stakeholder reflection interviews that were conducted during this same period.[1]

The RCA is an experimental approach to collecting and using information. It hopes to create a new and potentially powerful tool for improving the connection between policies and their implementation, and the people that such policies are supposed to serve. The basic idea of the RCA is to engage with, listen to, observe and document the voices, opinions and experiences of 'people living in poverty' in relation to the policies and interventions that are carried out in their name. A key intention is to understand better whether and how these policies translate into effective change on the ground or not, and how these efforts and changes are perceived.

The RCA combines an act of 'immersion' (living with households and joining in their lives) with listening and observation. Each year, three specially-trained fieldwork teams travel to three different parts of the country (in North, South and Central locations that are kept confidential) and spend five days and four nights with selected households and their neighbours, and also interact with local formal and informal service providers. Each year the teams return to the same households and the same locations. The approach requires that outsiders become learners, and as far as possible, cast aside their assumptions. Once collected, the information is written up into an Annual Report that tries to represent peoples' voices and experiences in relation to needs and use of health and education services, with as little 'mediation' as possible.

The information collected is also analysed using a conceptual framework based on Sida's priorities on rights and poverty, and its four guiding principles of participation, non-discrimination, transparency and accountability (PNTA).

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1 The design and implementation of the RCA reflection process is discussed in more detail in section F below. The RCA team takes a view that most projects would probably benefit from such a reflection process.

The Annual Reports are then launched nationally and locally in Bangladesh at dissemination events, and distributed to civil society groups, government and donors. Events such as photographic exhibitions were held to provide further publicity. A Reference Group comprised of representatives from government, donors and civil society meets twice each year, before and after the fieldwork period. It aims to provide a linking mechanism between the RCA work and the sector reform programmes. Findings from each year's field visits are shared immediately after field work with the Reference Group. Requests from the Reference Group to look further into particular issues were relayed back into the next year's fieldwork plan.

Issues of interest or concern from the RCA could then be included in decision making within the SWAPs, or if necessary issues could be followed up in more detail within wider formal monitoring systems. The aim was therefore to create a 'feedback loop' between the RCA and the management of the wider sector reform process.

CONTEXT

Sida is a donor partner in the two multi-donor sector programmes that form part of the government's on-going reforms of the health and education sectors. The idea of doing a 'reality check' first emerged in 2007 during discussions among staff at the Swedish Embassy in Dhaka. The idea was first conceived by Helena Thorfinn, First Secretary at the Embassy, and Esse Nilsson at Sida, who was Socio-Cultural Adviser with responsibility for thinking about how to operationalize "poor peoples' perspectives" within Sida work. It was then discussed with the consultant Dee Jupp who had earlier developed an approach to understanding the views of the poor approach in Tanzania (Jupp, 2007a). The new approach fitted with the new Sida country strategy in Bangladesh that emphasised the need to work 'from below' as well as at higher levels to influence policy. It was then developed into a Sida project that was awarded to GRM Consultants.[2] The work began in April 2007 with a series of discussions with government and donors in Dhaka to explain the thinking behind it, and to explore how the RCA might contribute to the programmes.

The need was identified to collect better information about what was happening at community level during the implementation of these large scale national health and education reforms. One particular concern was that although the 2005 Development Assistance Committee (DAC) Paris Declaration on Aid Effectiveness was beginning to help donors and government better coordinate their work at the centre of the reform process, improved ways were still needed for keeping a closer eye on what was happening on the ground. Sida, as a relatively small bilateral donor in Bangladesh, therefore saw an opportunity to build on its comparative advantage within the donor consortia based its long-standing work on accountability, voice and rights. The RCA was devised as part of Sida's contribution to improve programme effectiveness through providing new types of information from peoples' perspectives at the grassroots. As one former Sida Embassy staff member

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2   The consultancy group awarded the contract was initially known as OPTO, but later became part of GRM.

remarked in the reflection interview: *'the Reality Check made us more visible, and it gave us something to bring to the table'*.

The basic idea of the RCA was to find new ways to understand how ordinary people living in poverty were experiencing changes taking place – or conversely, a lack of change – as a result of the SWAPs. It aimed to do this by having outsiders spend quality time for a period each year with households in specially-selected locations around the country, talking with people, listening, documenting and observing. The RCA then aimed to enable the various different stakeholders in health and education – such as donors, government, the Swedish Embassy in Dhaka, Sida Stockholm, civil society and the public inside and outside Bangladesh – to gain new insights that could contribute to improvements in programme design, planning and implementation. The main focus of the RCA is therefore on trying to understand people's own efforts and experiences as they go about trying to meet their health and education needs at household level. How do people assess the quality of services available, how do they try to gain access to them, and what costs do they incur? What do people find are the attitudes and behaviours of the different types of service provider, and how do these influence people's perceptions and choices? How do people choose between different types of service providers that include state, non-government and private sector providers?

HOW THE RCA IS UNDERTAKEN

Fieldwork is carried out during September/October, following a pre-field work planning meeting, and the findings are then discussed at a post-fieldwork workshop in Dhaka. These follow from detailed team meetings where the data is discussed, themes identified and issues decided on for the report. The reports are then fed into a post-fieldwork meeting for preliminary discussion before the Annual Report writing takes place, in line with an agreed structure and length.

Report writing takes place in November-January, and the aim is for the report to be finalised for launch around April. Short briefing papers are also prepared from the report, and these are translated into Bengali for the purposes of wider policy maker and media dissemination. Many of these materials are placed on a central dedicated website managed by GRM.[3]

Two university-based international advisers provide support. The Dhaka-based Reference Group composed primarily of donor and civil society representatives, established in the second year, feeds in its ideas and comments. Coordination in Dhaka is facilitated through the Swedish Embassy.

Efforts to inform and influence policy and implementation actors are carried out by the Embassy and the RCA team both through formal channels (the Reference Group, Sida's participation in the consortia and programme preparation meetings, and at Annual Report launch meetings with civil society groups) and through informal channels (such as personal contacts with policy makers among team members, web-site traffic).

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3   http://reality-check-approach.com.

THE RCA AS AN APPROACH

The reality check is best understood as an 'approach' rather than a formal methodology or a strict set of tools, methods or techniques. It is best seen as a set of guiding ideas and principles that can be built into an implementation plan based on the context and purpose with which it is planned to be used.

The principles and ideas of the RCA are discussed in detail in Chapter 3, but the approach can be summarised in terms of the four key principles that inform it:

1. **Depth:** the RCA aims to document the experiences and perceptions of poor people in detail. A variety of means are used (such as observation, participating in family activities, conversations, stories, drawings, photographs, accompanying people on visits to service providers) to provide types of detailed, fine-grained information not usually available through M&E systems or formal research. It is repeated each year, so that changes can be observed and understood over time.

2. **Respect for voice:** the basic idea of the RCA is to listen. It respects what people have to say about their situation, and attempts to document people's views in ways that allow their voices to be properly heard by those higher up in the policy system, in government, donors or NGOs.

3. **Flexibility:** team members do not need to stick to a set question format, sample or schedule, making it possible to follow up and cross-check what people say, and to respond flexibly to new and unexpected data. The field teams listen in depth, while rigour is achieved by also 'triangulating' stories and information.

4. **Simplicity:** the RCA is intended as a simple, direct and immediate type of 'pulse taking'. It aims to use a less complex, 'light touch' approach than those used in the large-scale surveys common in quantitative research or evaluation. It uses less time if compared to the long duration required by most forms of qualitative anthropological ethnographic fieldwork. The RCA simply tries to use some basic (but effective) data collection methods to document poor peoples' views as clearly as possible.

These principles make the RCA slightly different from most conventional approaches to research, information collection, and monitoring and evaluation, even while it combines elements from each. For example, the engaged listening and observation approach helps overcome the limitations of survey data based on short interviews, which often, while good on breadth may lack depth and contain many inaccuracies or oversimplifications. The idea of 'learning' is preferred to that of 'finding out', while 'conversation' is preferred to 'interview'.

While the Reality Check draws on the ethics of participatory approaches, it also tries to avoid the instrumentalism can sometimes undermine some forms of participatory evaluation work, where people are drawn or coerced into using particular techniques or formal exer-

cises. Finally, the RCA is intended to be simple, useable by others and open to replication. It seeks to be accessible and inclusive, and to avoid the exclusionary tendency of some M&E approaches that rely on professional knowledge, technical complexity and an over-emphasis on technique. The aim is to write up the RCA in a way that makes the data clear and transparent, without adding layers of analysis based on theory or heavy analysis.

The RCA is not then a formal research tool, but the intention is that it can usefully complement other forms of research study. It is not a monitoring and evaluation tool either, but it can usefully complement and supplement the existing M&E systems that operate in the SWAPs.

REACTIONS TO THE RCA

The RCA was originally designed to provide policy makers and implementers in government and donor agencies with a new annual source of people-centred information. A *direct* link between the RCA and the policy process was constructed via Sida's role in the consortia, and via the activities of the Reference Group, so that the RCA information could be used to improve the quality of programme implementation and design.

At the same time, it was intended that the RCA would also make an *indirect* contribution. The information generated by the RCA would feed into the wider pool of knowledge being generated by M&E, formal research, and advocacy studies produced by civil society organisations, all of which inform the wider landscape of information and knowledge within which policy actors work.

However, while there were many appreciative readers and vocal supporters from among some stakeholders in each sector from the start, in general the team found that it was not as easy as expected to engage policy makers in government and donors with the RCA reports. There were several, sometimes contradictory, reasons given by people as to why they found it difficult to engage with or use the reports. The first report was met in some quarters with comments of *'yes, we already know that'* or *'no, we're not interested, because this is not proper research'*. Some said the sample size (only 27 host families) was too small to reflect and generalise views across a whole country. Some said they preferred clear recommendations rather than diverse views and stories. They wanted certainty and simplicity when the RCA annual reports tended to emphasise diversity, complexity and multivocality, and required policy makers to reflect and reconsider rather than simply to take a defined course of action. Others reported that they did not have any difficulties with the RCA reports specifically, but simply did not have time to read yet another report when there were so many documents of all kinds being produced that they were required to read.[4]

To summarise, the intention was that the RCA could be used in a range of different ways: to learn in a relatively fast way what is hap-

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4   This problem with engaging policy actors reflects wider challenges in most contexts in the generally difficult relationship between information and policy making. For example, Weiss (1982: 621) writes about the disappointment that many researchers may feel when they discover that decision makers react badly to, or pay little attention to, their work. She suggests that research rarely gives policy makers a simple 'answer' to act upon, but instead 'provides a background of data, empirical generalizations, and ideas that affect the way that policy makers think about problems'. (See section G below for more discussion of this point).

pening, so that it can be confirmed or disproved; to get direct feedback from people 'on the ground' in relation to specific programme reform initiatives; to test out assumptions about how things are to see if they are in fact true; to supplement and complement other more conventional information sources that while useful, were not nuanced or up to date enough; and to provide new information that might question or challenge conventional wisdom.

Methodology

The initial RCA principles were developed into a more detailed plan of action during an Inception Workshop held in Dhaka in 2007, in the period before the first round of fieldwork. The approach was set out in a document that was produced by the RCA team at this time.[5] The methodology and approach pre-tested by the team during a field visit to Manikganj, in the presence of a Sida representative (Helena Thorfinn), before the proper work started.

The RCA is based on a 'household-centred approach' to gathering information. Households defined as family units that cohabit around a shared courtyard, and eating from the same pot. Along with observation, the main idea of the RCA was to hold sustained, detailed conversations with people within a small number of poor households, and to document these conversations. These conversations mostly take place informally in people's homes, and included different members in order to understand as wide a range of views as possible, making a special effort to include children, adolescents and older people.

The teams tried to select host households from among the poorest sections of a local community. Each team went about this selection process slightly differently, some favouring talking to local NGOs or other key informants about the households and local area, and others preferring to rely on their own observations. The definition of 'poor' was based as far as possible on contextual indicators, including occupation (unskilled/semi-skilled), ownership of productive and household assets, and type and structure of housing.[6] Where possible, host households with school age children were selected. Careful attention was also paid to securing the views of minority households, and persons with disabilities.

The RCA has been carried out by three field teams, each made up of three to five people, under the guidance of a team leader. One team worked in the North of Bangladesh, and the other two in locations in the Central and South. The general areas were selected drawing also on team members' knowledge and existing programme performance data. These were chosen not on the basis of a logic of representative sampling, but by using a purposive sample in order to try to capture a diversity of experience from around the country. The locations were kept secret in order to preserve the confidentiality of those involved (and to prevent any official interference or manipulation during the course of the five years), and are referred to here only as North, South and Central. It was felt that people would be less likely to be open with us if they knew they could be identified.

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5   *Basic Approach and Methods for the Bangladesh Reality Check*, March 2007.
6   This assessment is becoming more difficult as the country changes. One team raised the issue that credit availability for improving people's houses meant that the conventional approach to using for example the type of wall and roof as a guide to socio-economic status was less accurate than it used to be.

In each study area, three different sites were chosen – one urban, one rural and one peri-urban. Once selected, a preliminary team visit was made to each of the areas to prepare the ground for the study. Two members of each team travelled to the selected municipal towns and surrounding areas and first selected particular communities. After getting to know these communities, the teams then identified suitable host households through direct discussions with local people.

The twenty seven host households (HHHs) – nine per location – form the main focus of the RCA. In addition, in depth discussions were also carried on with a further three to five 'focal households' (FHH) by each field facilitator, bringing the total number of households involved in the study to just over one hundred. These focal households are likely to be neighbours of, or reside within close proximity to, the host household. As the RCA progressed, it was decided (partly at the request of the Reference Group, and partly because teams realised these providers also lacked a voice) to spend more time meeting and discussing issues in more depth with local service providers – in government, NGOs and both the formal and the informal private sectors.

COLLECTING INFORMATION

Rather than using formal questionnaires, at the start of the RCA each team carried a simple checklist of issues that were used to guide discussions, developed by the teams during the inception workshop. These checklists ensured that similar topics were covered in conversations at each study sites. The initial check list highlighted the following issues:

1. *Perceptions:* what do people know of available services health and education (both formal and informal options), how do they feel about them, how do they make choices? Which services do people use, and how do they feel about them (quality), and if not, why not (problems of access)? What are their views on cost?
2. *Knowledge:* how well do poor people understand how public systems work, their entitlements, and who is responsible for what? How do people deal with the 'informal' aspects of the system?
3. *Strategies:* how do people try to gain access to services? What strategies do they adopt to try to deal with the inadequacies in the system? Are these behaviours changing, and if so, how?
4. *Relationships:* how do relationships influence the way the system works, and how does this affect poorer people?
5. *Rights:* how do people understand their rights and try to operationalize them in relation to services?
6. *Information:* how do people access information about where to go for particular services (e.g. an informal village doctor versus a formal hospital)? More generally, what is the level of knowledge about particular health or education issues?

The questions and issues were regularly reviewed and updated during and after each field visit. They were also supplemented by issues that the Reference Group wanted more information on, such as special programmes or ambiguous data. Each team also made sure that it was aware of what was going on in each of the sector programmes in terms of new initiatives each year, in order to know what it should look out for.

A key principle was to draw on 'participatory' approaches that seek to avoid one-sided 'extractive' forms of research engagement in which outside researchers enter communities, set questions and then carry away data that they need. The emphasis as far as possible was on creating two-way conversations, sharing ideas, listening and observing. The assumption was that such conversations have advantages over interviews and some other participatory approaches, since they can be made to be more two-way, relaxed and informal. They can be conducted while people continue with their chores and other activities. It was also found that a high level of continuity was created both because the teams revisit each year, and because teams were able to form positive trusting relationships.

Teams were encouraged to experiment with different information gathering methods depending on circumstances and opportunity. These included informal discussions and debates, to stimulate discussion and compare points of view; participant observation, such as attending a hospital with a patient, a parent teacher association, or a mosque meeting; sitting in the back of classrooms, encouraging children to draw pictures, act out dramas, conduct a 'mini-survey' among their friends on an issue such as school attendance, or an informal debate; simple 'ranking' and mapping exercises carried out by people themselves; and storytelling and reminiscence, in a group setting, or individually with particular persons, such as an elderly person or a community-based 'traditional birth attendant'. Cameras were provided for people to take photographs to convey relevant experiences or views, and some teams experimented with short video clips.[7] In the course of the work, facilitators helped with household tasks, played with children, and walked around with people.

The RCA aimed to be as responsive as possible, so that useful points raised during one conversation could be later followed up during the discussions or interviews with neighbours, relatives, and officials. Conversations with different members of the same household allowed teams to better understand different opinions, particularly in relation to gender and generation. Although the main priority was to learn from household members, brief conversations are also held with selected front line service providers such as teachers, sub-district officials and pharmacists. These were also conducted with members of relevant local organisations – where these existed – such as school committees and PTAs.

ACCESS AND ETHICS

The negotiation of the teams' access to the field sites placed great emphasis on the principles of the RCA as people-led, respectful of people's situation, and strictly confidential. The exact locations of the three study sites were kept confidential as a core principle of the study. The following introductory explanation was agreed as to why the teams were wishing to spend time in the community:

> We are development workers, students and researchers but our work often precludes us spending time with communities. We want to stay with you and live the life that you live as much as possible, so that we

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7   See for example Nasrin's video http://reality-check-approach.com/blog/4-bangladesh-/26-video.

can better understand your perspectives. Our own working lives (in offices and in meetings) tend to preclude us from visiting local communities and spending time talking with, and learning from, people. This experience will help us to enrich our knowledge and hopefully influence others. We therefore see ourselves primarily as learners.

The teams explained to the household members, in order to help build 'informed consent', that the teams are independent of government and donors, though they report to them;[8] that the RCA is not a conventional evaluation, survey or study; that an informant's involvement is purely voluntary; that no material benefits will accrue from involvement (other than small gift or courtesy payment at the end of the stay) and that confidentiality will be assured.[9]

Rapport building is critical to any qualitative study, but is especially important for the RCA in view of its longitudinal nature. In Bangladesh, it was the job of the advance team to ensure that during selection of locations, people's expectations were handled carefully and sensitively. The advance team also ensured that, as far as possible, no special arrangements were made to accommodate the teams.[10] The aim was to try to bring the field teams as close to ordinary life as possible in order to understand and empathise with local perspectives. At all times facilitators tried to keep disruption of normal activities, and in particular economic activities, to a minimum. Host households were generally compensated at the end of the facilitator's stay with a 'gift bag' containing essential food items, exercise books and pencils as well as small goods items such as torches, mosquito net. A set of photographs that they have taken of themselves and their house is sent to them. Some video clips were also shared with people.

WRITING UP

Information was recorded in several different forms (including written notes, field diaries, photos, drawings, video clips). Field notes were kept in both English and Bengali, depending on the preferences of individual team members. Detailed notes on the host and focal households, including familial relationships and socio-economic circumstances, are recorded and updated from year to year. Each year, these were collated by the Team Leader in preparation for writing three Field Reports one from each study area. After discussion in post-fieldwork workshops, these materials then formed the basis for the writing of a single Annual

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8   This was a difficult potentially contradictory issue that each team had to negotiate and discuss. Although they said they were independent of donors, they did also explain to people that they were contracted by Sida to do the study but that they were free to say what they wanted, and to reflect all types of views.

9   A large number of photographs were generated by the RCA. As far as possible, verbal permissions were sought from people if their photographs were to be used in RCA publications. In order to preserve anonymity, no photographs were used of HHHs in the reports.

10   This was not always straightforward, of course, given peoples' wish to be hospitable. One team member commented: *'It was quite clear that the HH where I stayed in the rural area had been selected with the view that I should be comfortable … once selected, it then got awkward to change. One should not completely brush aside the difficulty of combining staying overnight, and selecting the poorest household. One team member was exhausted, scared, and got ill from sleeping on the floor …'*

Report, mainly drafted by the Team Leader but then commented on further by both the team members and the advisers.[11]

INNOVATION

The RCA was an attempt to try to do something new and different, making it both exciting for those involved but also sometimes difficult to get across to other stakeholders more familiar with conventional research and evaluation.

For example, at times, the teams found themselves explaining to government, civil society and donors what the RCA *was not*, rather than what it was. For example, the reports make clear that the RCA was not intended to provide statistical, representative or consensus views. It focused primarily on the 'how' and 'why' questions, rather than the 'what', 'when' and 'how many' questions. The RCA prioritises rigour and depth, seeking to provide a detailed analysis of people's own experiences and perceptions. It deliberately aims to listen to many different voices and perspectives as possible, and it tries to embrace the importance of context-specific difference.

The RCA is not aiming to provide representativeness. Representativeness is linked to a specific, extensive and often costly sampling methodology that the RCA chose not to follow. However, this does not mean that the RCA data is not generalizable. Generalizability may be possible from even a relatively small number of case studies, provided that data is collected and analysed in a rigorous way. The RCA aimed to achieve this rigour in two ways – first, by in-depth probing and cross-checking, and second through being longitudinal and having its teams return to the same families year after year. In this way, the RCA seeks to challenge the dominant and at times shallow ways in which some development personnel try to assert and interpret what is credible and generalizable.

The RCA therefore aims to be 'differently rigorous' in relation to the more formalistic approaches many development stakeholders are familiar with. With an approach that seeks to be innovative, the RCA has needed to ensure and demonstrate appropriate rigour, since many of those we are seeking to inform and influence will be unfamiliar with the principles adopted. There are six important elements:

1. *Longitudinal:* the RCA takes place annually over five years, tracking change and people's perception of change, and is repeated each year, in the same locations, at approximately the same time and, as far as possible, with the same households. Multiple opportunities to talk and observe add greater depth.
2. *In-depth:* the RCA explores the range and detail of experiences, with teams 'immersed' in local realities, spending several days and nights interacting with people which, in turn, fosters trust and informality. The quality of interaction creates depth and increases rigour.
3. *Cross-sectoral:* the RCA focuses on the ground-level experience of families across both health and education sectors, and recognises peoples' complex trade-offs between health and education

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11 In later years, the field diaries were dispensed with because they felt unnecessary and time-consuming to write. Workshops and draft sections for the Annual Report were instead based on field diaries and other materials.

needs. By analysing both sectors together, interlinked issues such as nutrition and health education can be better understood.

4. *Inclusive:* the RCA aims to listen to multiple voices, and particularly to marginalised voices that are often ignored by many other approaches. Informal conversations are also used to include 'small voices' such as elderly, adolescents, ethnic and religious minorities.

5. *Focused on poor households:* this household focus tries to gain insights into household dynamics and enable a better understanding of how information is shared, decisions are made and agency is manifested.[12]

6. *Participant observation led:* the idea is to understand the context by attempting – in a modest, small way – to live other people's reality. It aims to experience community dynamics both in the day and in the night, to observe peoples' coping strategies, understand their perceptions and interpretations of the services available, to understand any differences between saying, knowing and doing.

The RCA differs in important respects from most other forms of research study or monitoring exercise. It is a hybrid approach that draws on various other sources including qualitative ethnographic research, participant observation, monitoring and evaluation, organisational learning and reflection, and participatory methods. It shares some similarities with aspects of these other approaches, but it is also different in important ways.

As we have seen, the RCA shares some characteristics with ethnographic studies done by anthropologists. Field teams are expected to live for a short period with the households, engage in some participant observation, listen to what people have to say, try to read peoples' faces and expressions, and learn to understand and speak their language. Like anthropologists, the RCA field teams aim to collect in depth data from a relatively small number of people. One of the key anthropological studies on poverty, that was influential among policy makers in its day, was Oscar Lewis' (1961) book *The Children of Sanchez: An Autobiography of a Mexican Family*, which was entirely based on the life histories of people within just one household.[13] The RCA teams are mostly made up of local Bangladeshis with a head start over outsiders in understanding local realities, and with good language skills. However, while an academic anthropologist might spend months or years in a community, the RCA is intended to be a much 'lighter touch', less intensive version of ethnography with field workers spend only 4–5 days with their households each year.

There are also parallels with people-centred research that have occasionally been used in the development policy world, such as the World Bank's *Voices of the Poor* study (Narayan 1999), and *Views of the Poor* (Jupp et al 2004). More recently, the *Portfolios of the Poor* (Collins et al,

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12 Perhaps inevitably, given the wide brief for the RCA, some dimensions remained less explored than others. For example, intra-household dynamics was an issue that some felt was not covered very extensively in the reports. Nor were minority and disability explored as much as they might have been.

13 This particular book was mentioned enthusiastically by one Sida staff member, as a useful reference point for what the RCA was doing and what it might be able to achieve.

2009) approach in which people keep financial diaries to reveal more of the realities of their livelihoods, also shares some common principle with the RCA. The RCA teams also noted the limited impacts that large-scale exercises of this kind have so far had in changing mainstream agency thinking and practice.

The RCA is closer to 'participatory' traditions of development work such as participatory learning and action (PLA). Indeed several members of the RCA field teams have backgrounds in this tradition, such as Robert Chambers (and others') ideas about the theory and practice of participatory learning and action. For example, the RCA tries to challenge and 'reverse' conventional power relations between outside researchers and research 'subjects' (Chambers 2005, 2012). In the RCA, the idea is for local 'people who are living in poverty' to drive the conversations and discussions rather than the study teams. It also draws on various participatory tools available, such as ranking exercises, storytelling, reminiscence, and drawing.

The idea of 'immersions' has also informed the development of the Reality Check work (Jupp et al 2007b). An immersion is where a (usually higher status) visitor becomes immersed in the daily life of a community and tries to leave behind their normal baggage of work, status, assumptions and position in order to look at life from a different perspective. The immersions concept has also emerged from the participation movement.

The RCA also draws on the tradition of 'appreciative enquiry' approach to organisational learning. This is an approach to asking questions that emphasises the positive aspects of a person or a situation, in order to try to foster constructive relationships, rather than focusing only on problems. Proponents of the appreciative enquiry tradition argue that working in this way enhances capacities for partnership and change. For example Michael (2005: 222) states that appreciative enquiry is in part about 'establishing a dynamic in which people can speak freely about their experiences'.

Finally, the RCA can also be seen as a form of 'listening study'. The listening study approach has been used in various contexts, such as drug trials or environmental disputes.[14] It is a way of allowing people, particularly professionals or activists who often have firm views or preconceptions, to take a step back and try to listen more effectively to other peoples' views and perspectives, in all their diversity and complexity. In addressing problems of poverty and exclusion, a listening approach is long overdue. Chambers (2005: 216) writes

> It has been becoming more accepted in development that the poor, weak and marginalized should analyse and express what matters to them … The challenge is to make space for them to do this, to amplify their voices, to listen, hear, understand and then act.

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14 For example, Corner et al (2006) *Listening to the views of people affected by cancer about cancer research*, London: Macmillan Cancer Support.

Synthesis of all years' findings

The findings from five reports cannot be easily summarised in a single chapter, since the material inevitably ranges over a wide subject matter. For the purposes of this section, we therefore first select three general themes each from the health and education sectors, and conclude with three themes from the observations on wider context.

Each section explores the way each theme emerged during the RCA and how it evolved during the five years. In education, we examine the people's views on and experiences of the causes of primary school dropouts, the impact of teacher training, and the introduction of a new national level terminal exam. In health, we consider people's experiences of and views on dysfunctional public services, the relative neglect of public health issues, and the effects of changing incentives for traditional and skilled birth attendants. The three general themes are poor peoples' strategizing and agency, comments on their capacity to operationalize rights and participation, and finally the rapid pace of social transformation in the communities observed during the study.

SCHOOL DROPOUT ISSUES

When the RCA began, we were aware that conventional wisdom held that a key barrier to children staying on at school was poverty. In the first year, one quite surprising finding was that rather than parents restricting children's attendance at school due to economic considerations, school dropout was more often the result of children's own low motivation. Parents in poor households were very keen for their children to get an education because they saw it as essential for a way out of poverty. Boys in particular often reported seeing little benefit in attending school.[15] By the second year, more information was being provided to us on the complex issue of school dropout rates.

Although families strongly valued education (with the possible exception of the North rural area) some parents worried about their capacity to support their children's learning when they themselves lacked an education. Private coaching was considered essential for children if they were to pass school exams. Most private coaches are high school or college students who charge a fee. People told us that they often preferred NGO and private schools over Government schools because classes were smaller, teachers are more caring and there is greater use of games and songs in teaching. Some cases of drop out from government schools were therefore the result of transfers to other schools as parents adopt careful strategies to make use of the best edu-

15 Such findings about the failure to meet boys' needs is increasingly common, as the World Bank (2008b) report talks of the 'boys left behind' trend in primary education, and more recently Andrea Cornwall's argument to 'Boys and men must be included in the conversation on equality' (The Guardian Poverty Matters Development blog, March 21, 2012).

cational opportunities. We also found cases of double enrolment in urban areas in both government and NGO non-formal schools. There was also evidence, particularly in the Central study area, of the emergence of new philanthropic educational institutions. These may be home-based or private family – run schools and are particularly good at supporting slow learners and children with disabilities.

Again in year three, we found that the reasons given for the high incidence of school dropout differed widely. Teachers were still arguing that economic or social pressures often lead poor households to withdraw their children from school, but accounts given by parents and children suggested that the failure of schools to engage children remained a more important factor. We continued to find that NGO schools were more attractive to children due to the increased level of play used in the teaching style in contrast to traditional, formalistic rote learning styles used in government primary schools. However, both public and private teachers criticised these schools as de-emphasising 'serious' learning.

The teams tried to make the message about the complexity of drop out a key finding, even though it went against the grain. Despite a press release issued at the launch of the year three report, the exact opposite message – 'the RCA confirms that poverty causes dropouts' – was printed in the press after the launch![16] As the five years went by, other studies confirmed that the problem of drop out was about issues such as education quality, the self-confidence and motivations of boys, and not just an outcome of household poverty.[17] In year five, it was found that another problem also contributed to drop out, exacerbated by the new terminal exam, which was that children are increasingly 'held back' in primary school and become old for class and therefore uncomfortable, and this makes them leave.

TEACHER TRAINING

Compulsory Certificate in Education training for all primary school teachers was a central component of PEDP-II. In year two, we began learning of widespread systemic problems. It was observed that training had left schools with temporary staff shortages. According to some teachers, the training was also too long and theoretical and failed to provide practical suggestions for dealing with the kinds of problems they face e.g. overcrowded classrooms, covering for absent teachers and short class periods. After training, young teachers said they found it difficult to implement changes in the classroom without the endorsement of older teachers. They complained that short lesson periods and moving between classes prohibits the use of interactive resource materials. Children often preferred younger teachers, who showed them more affection and helped them to understand. The interactive techniques using song, dance and games used by BRAC, some other NGO schools and some private schools were regarded as the best way to learn by children and guardians alike. BRAC primary school teachers received only

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16   http://www.thedailystar.net/newDesign/news-details.php?nid=135,982.

17   The low *quality* of primary education – despite expanded infrastructure and improvements in enrolment rates – is similarly a matter for concern in India (see Kevin Watkins, 'India's education malaise has all the hallmarks of a development disaster', February 22, 2012, *The Guardian*, Poverty Matters Development blog).

seven days training per year but, unlike their Government counterparts, they stayed working exclusively with one class of children over four consecutive years.

In Year 3, it was observed that increasing investment in the training of teachers was still bringing mixed results. Some teachers were dissatisfied with aspects of the training, but some felt it gave them more capacity to manage their relationships with their superiors. Long absences from school for training continued to create staffing problems. A few school children – though not very many – said that they noticed better teaching and teacher attitudes as a result of the training. An important, though not new, problem that emerged this year was the use of teachers' time for non-teaching work requested by the authorities, such as census and polling.

In year four, we learned that while the recent investment in teacher training is welcomed in principle the curriculum lacks relevance to students' daily lives, and therefore fails to give teachers the skills to engage and interest students. The new 'joyful learning' concept promoted by the new Awami League government was poorly understood and rarely implemented. Coupled with the new terminal exam introduced in 2009 (see below), the quality of education risked being harmed by an excessive focus on performance at the expense of wider educational goals. In year five, teachers were reporting that there was no time for joyful learning when the priority was to cram for the terminal exam.

TERMINAL EXAM

The wide range of primary education providers has long been in need of better regulation and coordination. In year three, there were high hopes for the introduction of a new Class 5 public 'terminal examination'. It was initially found to have been a significant positive change, since it offered a more objective means for government, private and non-governmental schools to prepare and assess pupils prior to moving on the secondary education. Some students told us they felt that it had also made government school teachers 'more serious' about the way they taught, and the teams observed that children were doing more homework to prepare as much as possible for the new exam. The exam also was supposed to provide better protection from inconsistent or corrupt activities practised in the past.

In year four, a clearer picture was being build up, but it was very mixed. The new primary school terminal examination clearly provided a standardised and more transparent test for primary school leavers. However, it now appeared to narrow the content of teaching. It generated excessive emphasis on memorization, and created new perverse incentives for schools not to re-admit students who had failed. However, in year five, three years since the introduction of the Class 5 terminal exam, people told us that primary schools continue to be driven mainly by quantitative targets, and teachers felt under pressure to achieve 100 % pass rates. The result is now a system that mainly demands memorisation skills from students, and schools are creating a range of strategies to ensure this, such as teaching from books of teaching notes that are narrowly exam-focused.

In the recommendations that the RCA introduced in its fourth year – in response to requests from users – it was stated that the legiti-

macy of the terminal exam and the changes associated with it was questionable if the government is really committed to enhancing the quality of education. There was growing concern among parents and some teachers that the government's increasingly political imperative to secure improvements is paradoxically contributing to declining standards. Students find it difficult to apply their learning (which has become narrower), and they complain of boredom because they are increasingly finding that they are made to memorise standard answers in order to pass the exam.

QUALITY OF HEALTH FACILITIES

With the expansion of large scale investments in new public health facilities and services, much of the listening undertaken by the RCA teams centred on peoples' experiences as users, or of course as 'non-users' since one of the values of the RCA was to learn more about what people actually do rather than what outsiders think that they do. People reported that things were working out differently on the ground than appeared from programme documents. In the first year, we were struck by the fact that on the whole people tended to prefer local private health providers to formal government health facilities, such as district public hospitals and Upazila Health Centres (or to some extent NGO-run clinics). This was because they worked out cheaper (public facilities though free in theory, carried hidden costs), and partly because they found them more accessible because they were open longer. People also felt they were more likely to be treated in disrespectful ways by public sector health professionals. We found that government outreach services were not free to poorest people in practice, and were rarely accessed. While Government listed 41 basic free medicines to be dispensed by Government outlets, this arrangement was functioning poorly due to supply problems, but was improving under the Caretaker Government. However, the range of free medicines was limited, and does not cover common conditions such as diabetes and heart disease. It was striking how powerless people who are poor felt to complain about public services.

In year two, it was found that some small improvements in public health facilities had taken place in terms of the cleanliness, management and provision of free medicines (except in the North). People were mostly attributing such improvements to the efforts of the Caretaker Government. However, Upazila Health Complexes remained poorly maintained and short-staffed. Despite an increase in notices provided in Government health facilities and the efforts of the Caretaker Government to monitor facilities and suppress *dalal* (broker) activities, people remained vulnerable to informal intermediaries who levy charges for supposedly free services. People continued to be unwilling to complaints about health service provision, fearing it might jeopardise access or treatment. The free basic medicines being issued by the government were cheaply available in the market, making this a questionable use of public resources. Another problem was the overuse of antibiotics (often available in high strength), with courses rarely completed, and poorer people unable to afford good food needed to accompany their use. People also complained that the oral contraceptive pill provided by Government was too high a strength. Women instead preferred to use those

easily obtained in the market, since these had fewer side effects and were easier to collect.

Informants' experiences and stories in year three also confirmed the declining capacity and utilisation of public health services and the increasing use of private providers. Staff shortages, malfunctioning of essential equipment and the resumption of levying of unauthorized charges by medical personnel and by informal intermediaries or 'brokers' continue to undermine the effectiveness of many government facilities. Where we heard more positive stories, such as in better cleanliness in some facilities (as in the South district), and in improvements in hospital food, this was often the result of positive leadership by newly appointed directors. Households saw both Upazila Health Complexes (UHCs) and family planning services as unreliable, and ultimately as less affordable than private providers. The newly elected Awami League government had attempted to re-open the non-functioning Community Clinic system (first established by an earlier Awami League government). However, these clinics were found to have few facilities or resources, and mainly used by people as a collection point for free drugs. We also continued to find that people felt unable to complain about the poor services they received from government health facilities.

In the fourth year, people living in poverty continued to talk about how they were usually unable to afford the health care services that were made available to them, either by private, non-governmental or public providers. Moving towards making more recommendations this year, we suggested there was good potential to put growing emphasis on providing simpler, more affordable basic alternatives. We also observed, and people reported, that professional cultures of medical care remained rigid, exclusionary and status conscious. For example, people who live in poverty say they are not treated with respect by professionals who look down on them. People who feel they are trained to do one job, are unwilling to be flexible and help out with another when required to do so. Yet in the few cases where the 'right' person is in post, we observe that it is definitely possible to shift attitudes and build a culture of effectiveness in public sector facilities. Our observations show that many of the mid-level government health facilities (UPHs, FWCs, MCWC) function poorly and are unpopular with our host and focal households. Doctors tend to over-prescribe medicines and they over-use costly diagnostic tests, such as ultrasound. Despite being heavily subsidised, they seemed to offer people few useful services, and they are rarely our study participants' providers of choice. People told us, and our observations confirmed, that while Community Clinics rarely functioned well they did have the potential to meet peoples' needs better.

In year five, conversations with people centred on a continuing and worsening mismatch of resources to needs across various areas of the health system. While there was some useful new investment, we found some of it taking place in areas where there was little demand, while other pressing needs such as specialised trauma centres to deal with increasing numbers of injuries from road accidents remain unmet. Personnel seemed to be posted to locations where there was no equipment, such as an ambulance driver without a vehicle, or a radiographer without basic equipment. People told us about medicines and in-patient facilities being provided to the non-ill, and treatment unduly influenced

by opportunities to make personal gain. Although some improvements in government hospital services particularly in the north study area, have encouraged some to avail them, primarily they are the choice for emergencies (particularly cases which may involve litigation), for collecting free medicines or for the provision clinic-type services to the immediate local population. People still preferred to use private pharmacies and local doctors whom they feel can meet their needs better, and seem to use less the *kobiraj* (ayurvedic doctor) and other traditional providers. But people complain that healthcare providers of all kinds tend to respond more to profit-making motives than to a proper service ethos. As a result of a health service increasingly under pressure to deliver quantitative targets, there were also concerns about too much acceptance among officials of theft and corruption (known locally as 'system loss').

The drive to make the Community Clinics operational became more evident in the fifth year, with improved supply of medicines and repairs to infrastructure. However, as noted last year, these services were not well publicised, nor necessarily geared to the needs of the population. Many continue to be inefficiently managed, with unqualified staff making diagnoses, and dispensing medicines such as antibiotics too freely. Family planning advice and services still tend to exclude males and unmarried persons despite growing demand, making it difficult for people to make informed choices.

PUBLIC HEALTH AND INCREASING SALT INTAKE

By year 3, it was becoming more and more clear that there was a serious gap in public provision in the form of any subsidized treatment for non-communicable diseases such as high blood pressure, cancers, diabetes and stress. People told us each of these conditions is a common problem for people living in poverty. Yet they tend to be regarded by the medical establishment as affecting 'better-off' people.

A higher incidence of TB among our families and their neighbours was observed compared with year two, particularly in the Central study area. Our teams observed that testing and direct observation treatment (DOTS) is not properly administered according the government's stated programme objectives. The availability of health outreach services was found to vary considerably between study areas. In the North study area there was a scarcity of any kind of health extension services. In other study areas, health workers felt there was duplication of efforts at community level, and that efforts at awareness raising on immunization and nutrition were no longer required. Getting better information about alternative family planning methods, particularly long-term methods in keeping with religious teachings, and in the privacy of their own homes, was a stated need of both women and men. People also reported needing advice in interpreting prescriptions and diagnostic tests, and understanding 'at risk' pregnant mothers and the health needs of men and adolescents.

In year three we became aware of several new issues around health, food and hygiene. We were particularly struck by the public health issue of increasing levels of salt consumption with food, perhaps

because of the declining affordability of spices. The 2009 report stated 'Whenever food is served, as much as a tablespoonful of salt is placed on the side of the each person's dish', and noted concerns about links with increased hypertension and other public health concerns. Field teams also noticed increased incidences of public spitting, even by health agency staff as they were going about their work, and also noted the lack of general first aid knowledge found in the community or among health providers.

In year four, as the rate of inflation increased and food prices were increasing, pressures of economic hardship and a lack of basic public health messages meant that we observed that poorer people were increasingly falling back on unhealthy survival strategies, such as reduced nutritional content in meals, and an increased use of cheaper food seasonings such as salt and chillies which have negative health implications.

TRADITIONAL BIRTH ATTENDANTS

From the first year, people told us a great deal about their views on traditional birth attendants (TBAs) and women talked about experiences with childbirth and maternal health. In general, policy efforts within health reforms have been to side-line community-based TBAs in favour of giving training to a new class of ,skilled birth attendants' whom it is hoped can provide higher standards of care and charge a fee in a more commercial setting. However, from year one, people told us how much they preferred the TBAs, whom they knew in their communities and held in high levels of trust. They also preferred home births and distrusted the impersonal care offered in hospitals. In year three, we observed that the work of TBAs – which we often found to be quite positive – was sometimes subject to systematic reputational ,smearing' by the spreading of rumours by formal sector medical staff who spoke disparagingly about their competence.

People told us in year four that TBAs continued to do a reasonable job with limited skills and resources, drawing on strong local community knowledge and high levels of social trust. Some were increasingly using mobile phones and personal connections with medical professionals to get advice and ensure more timely referrals. People continue to be less positive about the ,skilled birth attendant' (SBA) training programme, since this tends to create practitioners who are less networked into the local community, who sometimes place commercial over social considerations in their work, and who may sometimes actually increase risk to mothers and children by working beyond the level of their skill capacities (as both this, and earlier Reality Check reports, have found).

RIGHTS AND PARTICIPATION

One of the main priorities for Sida is the rights-based approach (see the PTNA framework) and each year the teams paid particular attention to people's comments and experiences in relation to the challenge of moving – as Andrea Cornwall and John Gaventa (2001) put it – from ,users and choosers', to ,makers and shapers' of services. While we found that people put considerable effort and energy into strategizing and making choices in relation to the limited options they face, we found less evi-

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dence that people who are poor are yet able to complain, get involved or organise to try to improve public services in education or health. Indeed, the RCA suggests that there are serious difficulties achieving a good ‚fit' between such a framework of rights and social justice developed outside by donors (sometimes in a somewhat technical way) and local understandings and realities of these issues in terms of peoples' everyday politics.

Inside some hospitals, there are citizen charters put up on the walls informing people of their rights, but people told us that these were neither used nor understood. During the first year, people reported, and we observed, that unofficial fees (‚speed money') were commonly charged by intermediaries at public health facilities, but that this problem was declining slightly under the clean up efforts of the Caretaker Government. In only one clinic did we find that there was a framework for local citizen accountability and mostly it was found there were no functioning watchdog groups, or complaint procedures. As with health, accountability systems in education were also poor or non-existent, making it very difficult for parents and children to achieve any influence over quality of services.

In year two, we spent more time trying to understand the high level of variation we had observed in schools and hospitals. There were occasional cases of far better than average performance, and we found that these were often the result of top down, rather than bottom up, processes. A single motivated senior staff member could drive change within the system, even though there was little accountability pressure from below. For example, enhanced quality, defined as motivated and caring teachers, and active use of teaching resources, was mainly attributed to strong leadership from a Head Teacher and supportive Upazila Education Offices.

In theory, there are many committees at schools such as school management committees, guardian committees, and SLIP committees. But we learned during year two that the role and membership is unclear to people who are poor. There were a few cases of interested and motivated school management committees, but this was unusual. Very little interaction was observed between school staff and parents, although many parents and students very much appreciate the few teachers who make home visits. Parents, who are often uneducated themselves, also told us that they felt awkward about contacting a school and ask a question or make a complaint. They fear it might negatively affect their children's treatment.

The teams continued to find huge variation in quality of Government schools even with exactly the same physical resources. In year three, we were asked by the Reference Group to follow up more closely on whether the school level implementation plans (SLIP) were being deployed. Under PEDP II, this was designed to improve school facilities and provide new resource materials based on local level school planning. Despite some concerns about the lack of local consultation and delays in construction, these initiatives were proving popular in the schools where they were being carried out. The focus on local decision--making and local implementation of SLIP, in the cases where it has been made operational, was particularly appreciated.

However, even by year five there was little evidence that people were becoming more comfortable with asserting their rights as citizens to

secure better services. One reason is that people continue to avoid complaining about health and education because they fear that there may be negative consequences, such as being blamed and deprived of services. Others feel that poor people are not listened to anyway. The problem goes well beyond only people who are poor. Many local level service providers themselves also report that they feel unable to influence decision-making in their service fields for largely similar reasons. Throughout the study, we talked more and more to service providers themselves. We found that the people who are most likely to speak out are those about to be retire, or leave. Whilst both people living in poverty and local level service providers accept their powerlessness, they also feel have much to contribute to shape future policy. Many have welcomed the opportunity that the Reality Check Approach has given to express their opinions openly.

STRATEGIZING AND CHOICE MAKING

From the start of the RCA, we were struck by the way people who are poor went about trying to make things work for them in the face of great difficulty. For example, in education, people try to make careful decisions to ensure the best possible education for their children. This includes keeping family size small (except in the North study area), transferring children between schools, helping the brightest children in the family with potential and transferring resources from those who do not display potential and supplementing schooling with commercial or family provided coaching. By year two, we were noticing more and more that attracting and retaining boys in school was getting more difficult. Parents complained about how difficult it is to control their boys and despite their wishes for them to be educated, boys themselves opt out. In areas where job prospects are limited (particularly rural areas) or where relatively well-paid jobs are available which do not require education (e.g. construction work in large cities and overseas, some factory work, transport industry) boys often simply do not see the value of education.

In relation to health, people were also active choice makers. They preferred 'one stop' private providers rather than public facilities (where informal charges applied) where they felt they received better value for money. In year two, one example of this was a continuing trend towards self-referral to private Diagnostic Centres, where people felt there was more modern technology, and tangible proof of the efficacy of the service. They also voiced concerns about the increased commercialisation of health services. Examples included SBAs offering services beyond their competence, pharmacists prescribing higher than needed doses of antibiotics, a 'doctor' offering surgical procedures from his home with fatal consequences, and poor adherence to basic safety precautions in Diagnostic Centres. Stories about traditional healers, *polli* doctors and traditional birth attendants, on the other hand, were more positive than one might have been expected. They charge very little, if anything, for their services and people felt that the quality of their service is confirmed by results.

These trends continued in year three. People saw most medical professionals as remote, unaccountable figures of authority. Private for-profit diagnostic centres continue to be preferred by people living in poverty, because they offered a better quality and more responsive service, despite the higher prices they charge. NGO health services may be good quality, but we found these often to be accessed by the better-off rather than the poorest households. People failed by formal providers ended up going to traditional healers, whose services are of variable quality but whose charges are negligible.

We continue to find that low income households remain very positive about the importance of sending their children to school, and that most still seek to do so. Reports in year three, that the expansion of private and NGO pre-schools, which purposely keep fees low to cater to the lower economic segments of society, is testament to this huge demand for education. The growth of new private providers, often local philanthropic enterprises motivated as much by ideas of 'giving back to the community' as by profit, is now beginning to open up increased choice for parents.

Earlier optimism about the potential for growing levels of participation by poor people was not borne out. By year three, it was clear that most of the planned SLIP committees were not functioning very well, either due to a lack of awareness about the scheme, or a failure to build participation, or because they had become politicised. Where an effective school Principal was in post, we did occasionally observe some positive outcomes. One less positive outcome reported was that knowledge of the programme sometimes discouraged and displaced local philanthropic contributions. Parents remained uninterested or unmotivated to participate in PTAs (which have been largely non-functioning since their introduction as long ago as the early 1980s) and they are normally unwilling to question the authority of teachers. Meanwhile teachers, for their part, generally feel similarly disempowered in relation to the on-going government education policy and reforms. Some told us that they felt they could contribute some useful ideas from their experience but that they have neither the confidence nor the opportunity to do so.

We continued to find in year four that parents were encouraging their children to stay in education, and used complex strategies for doing so. For example, some children attended several different primary level schools in succession, and repeated certain years. But education costs have risen steadily in recent years, with informal school costs and additional costs of coaching becoming more commonplace. People voiced strong views in relation to stipends, which they did not like since they were often misallocated and were considered meagre, and far preferred school-based feeding programmes.

It was particularly worrying however to find in year five that, for the first time in the five year study, some parents beginning to feel less positive about education. This seemed to arise from a combination of factors: a frustration with 'failing' children, a realisation that the terminal exam is creating too much pressure for some children, and for some parents a disillusionment with the idea that education leads to enhanced job prospects. Some families are becoming more tolerant of children dropping out, especially where they may have spent many years in primary education without progressing beyond class 3 or 4.

Two final issues need mentioning here. Despite the impressive ways in which people strategize, there is a need to regulate mixed provision (i.e. government, non-government, private, informal) more effectively if people are to manage their choices effectively. At the same time, the importance of peoples' social connections is not to be underestimated. These connections may be positive, and may bring access to services (such as the 'hello power' that one person memorably described was needed to access hospital services effectively). But they may also be burdensome, since they allow others also to make reciprocal claims (such as the local political activist who arranges an appointment in a medical emergency, but then expect the favour to be returned in the form of political support or financial contribution). The importance of social connections, and their ambiguous power, came across very strongly during all five years.

PACE OF CHANGE, CONSUMERISM AND PHONES

Although the reports had always tried to put peoples' voices in the context of wider change, over the years the annual reports became more observational.[18] Some teams began commenting on the patterns of social change they were observing in the study areas. Two issues became apparent. The first was the increasing commercialisation of local communities in terms of new technology, media pressure and processed food availability. The second was the increasing public discourse of anxiety about social change and, in some cases, social breakdown.

People told us about social issues, particularly in relation to youth. The teams observed changing forms of youth street life, with more young people spending time with loitering with friends, and trying to find casual work to pay for recreational activities like TV, videos, cinema and smoking. In year two, growing access to TV was found to be tempting some children to stay home from school after tiffin break, and distracting them from doing their homework. It also seemed to lead to sleep deprivation, as households often kept TVs on late into the evening in their one room homes.[19]

Young people were also seen to be gaining greater access to mobile phones. Text messaging had always been popular, but now there were the extra features of internet, access to photographs, and to films. Some people suggested that new knowledge of the outside world was leading to negative forms of social change, including more immoral behaviour, citing concerns about love affairs and pre- or extra-marital sex. Some viewed pornography on phones, and others tried to blackmail young people claiming they had taken photos of people behaving improperly. Year three also balanced this with more positive stories of technological change. The increased use of mobile phones greatly improves the

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18 One reason for this was perhaps the difficulty teams found in conveying peoples' voices effectively in the reports. It was sometimes easier to bring in more observational data in order to create coherence.

19 The teams reported that more and more consumer electronic items such as televisions and phones are found even among poor households in Bangladesh these days. The increase was noticeable during the five years of the study. The presence of TVs in some of the households where teams stayed should not be taken as evidence that the households involved in the RCA were not poor. Instead, in keeping with the country's annual economic growth rate of around 6 %, poorer people are gaining increased access to such products.

accessibility and effectiveness of traditional birth attendants (TBAs) and enables other local health providers to make referrals. New health line services set up by social businesses such as Grameen Phone may also have potential, but people seemed to be using them only infrequently on account of the perceived high cost and difficulty of use of such services.

By year four, we were being told more and more of increased demands on parents by children for 'tiffin money' within a growing consumer culture, heralding the rise of what is sometimes called 'pester power'. Overall, by year five we had witnessed an increase in commercialisation within our communities. What is particularly interesting is that incomes have generally kept pace with inflation, but the decline in quality of diets is because more seems to be being spent on non-traditional items such as processed snack foods, cosmetics, and cigarettes. There is also more spending on consumer electronics items such as mobiles phones, TVs and motorbikes, nearly always using credit. Many people also complained about the repayment pressures from micro-credit services provided by NGOs, and there may be a relationship between this indebtedness and increased expenditure on new consumer items.

Overall context of change over five years

At the level of national policy, as we have seen, the RCA was designed in the context of two large sector wide programmes (SWAPs) – the Health Nutrition and Population Sector Programme (HNPSP) (2003–2011) and the Second Primary Education Development Program (PEDP-II) (2003–2011). The RCA aimed to provide information that was helpful to those in government and among the donors that could be fed into the management of these programmes. It also aimed to provide information that could be used to inform the design of the new programmes that would succeed these SWAPs from 2012 onwards. For example, the new health sector programme is the Health, Population and Nutrition Sector Development Programme (HPNSDP) that will run from 2011–16. The new primary education successor programme is the Third Primary Education Development Program (PEDP-III) and will run for the same period.

The material contained in the RCA reports highlights the fact that enormous and ongoing challenges remain in both the health and the education sectors. This of course is not news. The World Bank (2008a) reports *'malnutrition rates in Bangladesh are among the highest in the world. In 2004, 43 percent of kids were -2SD stunted, and 48 percent of kids were -2SD underweight'. The 'quality of maternal and child health services is an important challenge to safe motherhood. Even when women avoid unqualified health practitioners and seek care from trained personnel, the quality of care can be poor'.* In education, the World Bank (2008b) states that *'the spectacular growth in female secondary education has placed boys at a disadvantage, or what we term … the "boys left behind" phenomenon'.* The same report also said *'educational quality is an issue that the GoB is grappling with as one of the next generation issues in educational reform. Almost every focus group in our study talked of better quality education and linked this to quality of teachers'.* The RCA helps us to understand these better, and puts a human face on statistics such as these.

At the same time, each year, the RCA teams make an effort to learn about wider contextual changes in their areas as well as the details of individual households. This means that the RCA reports contain a potentially useful snapshot of patterns of social and economic changes in Bangladesh, especially if these can be read in sequence. This rest of this section briefly draws attention to some of the main aspects of this wider change.

First, each reports contains brief discussion of the political context. The RCA project coincided with a turbulent period in the wider policy context in Bangladesh. In January 2007, after the level of unruliness in preparation for new elections had increased to what were widely seen as unsustainable levels, a new unelected government took power. This became widely known as the military-backed Caretaker Government.[20] Some people saw this as in effect a 'soft' military coup that had been prompted by a growing sense of disillusionment with the inability of the two main political parties to move beyond the dysfunctional democratic system that had long been characterised by political confrontation, deteriorating law and order, and high levels of corruption.

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20   The description 'military-backed Caretaker Government' was used to distinguish this period from the regular three month neutral Caretaker Government arrangements designed to oversee elections, as set out in the Thirteenth Constitutional Amendment enacted in 1996 (Lewis 2011).

The government promised to stabilise the disorder, tackle corruption and hold new elections once new arrangements for this had been put in place. The military-backed Caretaker Government held on to power for 18 months before holding new elections, which then returned an Awami League government with a large majority in December 2008. The first RCA annual report had found people who were in general pleased with the improvements in law and order that followed this takeover. By the time of the second report, people were appreciative about the ongoing efforts to reduce crime and corruption, but unhappy about the government's failure to control rising food prices. Some people began telling us that if an elected government was returned, this might lead to a resurgence of the old patterns of crime and disorder, but some also told us that an Awami League government might be good because it would reduce prices through the use of food subsidies. In the North, there were some surprising unintended outcomes from the attempt to curb corruption and tax evasion. A slowdown in construction, brought about by fears by local contractors that this might lead for demands for payment of taxes, was found to be reducing opportunities among our poorer host households and their neighbours for short-term contract labouring opportunities.

Second, the reports reflect the changing economic context experienced by the households that are visited. Early reports observed people who were facing increasing hardships. A severe natural disaster hit Bangladesh in November 2007 in the form of cyclone Sidr, which was the worst since 1991. There was also heavy flooding in July and September 2008. The avian flu emergency also occurred in early 2008, leading to the deaths of more than a million birds, negatively affecting prices and poor peoples' livelihoods. There was also severe turbulence in the economy, with the global food crisis in 2008 that led to increased food prices and higher levels of inflation. In the South, the second report talked of people finding rice prices having doubled from the previous 2007 visit time. By the fourth report, the economic picture was a little brighter. There were continuing high growth rates, strong harvests and a remittances sector that was holding firm despite the global recession. However, an inflation rate that was now running at 7.3 %, and increases in food prices in particular remained a concern for our households. Many people associated the Awami League government with a return to earlier local level instability and violence, and by year five some were reluctant to discuss politics because they felt that political tensions were becoming more polarised.

Finally, a set of wider changes were observed in relation to increased use of technologies such as mobile phones, changing social norms particularly in relation to the behaviour of youth, and more commercialised consumption pressures particularly on children in relation to processed food and snacks.

Reflections on the value of the RCA

In order to reflect on the use and usefulness of the RCA in Bangladesh, the team conducted a set of year five exercises that were designed to generate information and stimulate discussion.[21] These included holding semi-structured interviews with selected users of RCA findings and reports, a reflection workshop with the field teams, discussions with host households, and a series of consultation events with local service providers. In addition, data from the RCA website was analysed, and an online survey was conducted with some of the people who had left their contact details when visiting the RCA website to download reports. This chapter therefore reports on this process of reflection, and considers the feedback that emerged. The chapter that follows this one then discusses the lessons learned from this process.

STAKEHOLDER REFLECTION INTERVIEWS

A total of 25 semi-structured interviews were carried out with members of the government, civil society and donor community in early 2012. Interviews were designed to receive feedback on the RCA process and to understand how far these stakeholders had been able to make use of the materials and information that was generated. They were based on five prompt questions: (i) when did you become aware of the RC?; (ii) what do you think of the content and quality of the reports and other products?; (iii) what use have you made of the reports in your work?; (iv) what lessons can we carry forward from the work?; and (v) what are the obstacles faced in taking these lessons forward? Interviews were conducted in Dhaka. Some were carried out later by phone.[22]

Of the 25 interviews, nine were held with current or former Sida staff, five with other donors involved in the SWAPs, six with senior public sector managers working in the health and education programmes, two with foreign consultants attached to the programmes, and three were from Bangladeshi civil society organisations (See Annex 3). Some people we interviewed were generally supportive of the RCA, while others were quite critical. Positive and less positive responses did not correlate very closely with the category of person interviewed – some in

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21 The rationale for undertaking a reflection process was set out in the original terms of reference for the RCA. The four objectives that were agreed between the team and Sida were (i) to gather and present information on the use and usefulness of the RCA; (ii) to receive feedback from families and service providers on the approach; (iii) to provide feedback to families and service providers on what has been presented to policy makers, and (iv) to show appreciation and gratitude to the households and communities involved.

22 A full list of those interviewed is provided in Annex 3. Interviews were mainly carried out by David Lewis, with the assistance of Joost Verwilghen and Christian Carlbaum.

the donor community are very supportive of the RCA, others are not; and we found the same is true within government. In general, we found Embassy staff were less positive. They emphasised what they saw as problems with the form and content of the RCA reports and materials which made it difficult for them to use these materials in policy dialogue. One person at the Embassy told us that perhaps they could have done more to highlight some of the results, but that in their view *'none of the findings have been interesting enough'*.

The majority of those we interviewed were reasonably familiar with the RCA and had strong views on it. But we were also surprised that a few of the people we chose to interview on the basis of their long-standing involvement in health and education seemed actually to know very little about the RCA, despite it being in its fifth year.

In summary, stakeholder interviewees who had mainly positive things to say about the RCA commenting that the RCA:

(i)   leads researchers to engage in depth with people living in poverty and learn from them;

(ii)   gives a 'bottom up' view of how policies are implemented;

(iii)   *'puts a human face on the facts and figures'* being discussed at high level meetings;

(iv)   provides time series data that allows us to take a longer term view of changes;

(v)   usefully confirms and reinforces findings coming from other sources;

(vi)   sometimes throws new light on important or unknown issues;

(vii) provide useful for policy discussions, the design of new programmes and for campaigning work.

Interviewees who were more critical of the RCA also made the following points:

(i)   the type of data provided in the RCA reports was not of a type that policy makers found 'reliable', since it was not quantitative and the method itself lacked rigour;

(ii)   the information was provided in a form that was not easily 'useable' by donors in discussions with decision makers – rather than representing complexity, clearer action points and recommendations were needed;

(iii)   the content of the reports was too broad: more effort should be made to link RCA findings with the 'current priorities' of the SWAPs instead of with more general issues of health and education;

(iv)   some points made in the reports were believed to lack proper 'substantiation';

(v)   the style of writing in the reports was sometimes inappropriate, being too direct for some policy makers

(vi)   the large volume of reports being issued in Bangladesh makes it difficult for people to notice the RCA, particularly given the workload of busy officials;

Finally, there were some respondents who generally liked the RCA idea, and recognised the value of the material that was contained in the reports, but they were critical of the dissemination process that has

been undertaken by the RCA team and by Sida, which they saw as inadequate:

(i)   not enough had been done to promote and disseminate the RCA, and so it was not widely enough known;

(ii)   more effort should be made to work with the media to publicise the RCA findings;

(iii)   more of the content of each of the reports needed to be translated into Bangla to achieve more 'reach';

(iv)   the RCA process was seen primarily as a Sida project and did not have wide enough 'ownership' within either the government, donors, programmes or civil society to ensure wider circulation and use.

In general, the interviews confirmed our view that while the RCA project has been methodologically innovative and is widely seen as having been quite successful in collecting information from the grassroots, it has been much more difficult than was anticipated – for the reasons listed above, and discussed in more detail in the sections that follow – to disseminate this information, gain the attention of relevant policy makers and development partners, and ultimately to influence the health and education sector reform processes as much as was expected.

CONTENT

Among those who liked the general approach of the RCA, there was strong support for the way it kept those involved in administering the SWAPs better informed. For example, one health programme official was confident that *'the greatest strength of the RCA reports is that they bring the voices of the grassroots people'*. A donor staff member liked the way the RCA digs behind the surface: *'when we talk to teachers, they say they are very happy with the teacher training and that they use it … [but] the RCA tells us that this is not necessarily what is happening'*. One key government person in the primary education programme stressed that this was for him a reality check in the full sense of the term. He told us that it would be a real problem if the RCA did not continue: *'how else would I get the real picture?'*

In the Ministry of Health, we were told that the type of information produced by the RCA is not easily available from any other source:

> *The existing monitoring system concentrates mainly on gathering information on financial monitoring and budgetary information and other performance indicators, and the type of information contained in the Reality Check reports is not currently therefore available to us …*

One of the people we interviewed from civil society particularly valued the fact that the RCA is based on regular visits to collect information about what is happening:

> *Staying with the families and going back each year makes it a unique study, because most of the research that is done here is 'one shot' … So it gives me a feeling that this information from the RC is more reliable than the information sources normally used … and it is about real people, real lives … I really like that.*

USEFULNESS

We found strong evidence that the RCA reports are being used in some very tangible ways. For example, the Annual Programme Reviews in the SWAPs have begun to make reference to material from the RCA annual reports. One of the former directors of PEDP-II told us:

> *When we designed the successor to PEDP-II we used the reports … We did our own studies and field visits, but then we could say the Sida report talks about the same thing. When we did the informal evaluation of the Year 5 Terminal Exam, and discussed the preparation of PEDP-III, we referred to the RCA reports.*

The reports have also been used by development donors in their other work. For example, it was used by Sida to develop its Action Plan on gender-based violence in Bangladesh, and cited in the European Union's Action Plan on Gender. It has also been referred to in events organised by the Shasthya Andolon in their campaign for a people's healthcare system.[23]

The RCA has gained an international reputation too. It has been influential in that its ideas have been incorporated into similar initiatives in other countries, where its value has been recognised by donors such as the World Bank (which began issuing RCA reports to all visiting consultants in health) and the Department for International Development (DFID), JICA and AusAID[24], each of whom have shown interest in commissioning wider replication. The RCA has also influenced important international research projects as well, such as the Institute for Development Studies (IDS)/World Bank 'Living Through Crises' work.[25] The methodological guidelines for an ongoing research project on 'Life In a Time of Food Price Volatility' being undertaken by Oxfam, GROW and IDS cite the Bangladesh Reality Check as having 'originally inspired' the methodology, and another IDS research project on the economic crisis funded by DFID ('Lessons from the Q2 research on the economic crisis') cites the Bangladesh Reality Check as a key methodological resource.

Finally, a former Embassy staff member said that the RCA had definitely met the original objective of providing Sida with a distinctive role and niche in the SWAP consortia following the 2005 Paris Aid Effectiveness agenda: *'the reality check was useful as a way for Sida to be special and to be seen'*. It also fitted well with Sida's traditional emphasis on democracy and local level action and voice.

OBSTACLES

Informants also provided feedback on the obstacles they faced in using the RCA materials.

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23   *Towards Peoples Health Care System, Contributing to National Health Policy*, report on meeting organised by Shasthya Andolon, hosted by UBINIG, Dhaka, 2009.

24   http://reality-check-approach.com/reality-checks/indonesia.

25   One of the initiators of this project at IDS, Dr Naomi Hossain, has taken a keen interest in the RCA from the start, and recently acknowledged the RCA *'our work on the crisis took off from the Reality Checks methodology'* (personal email, March 26, 2012). This work was published in 2012 as 'Living Through Crises: How the Food, Fuel and Financial Shocks Affect the Poor', edited by Rasmus Heltberg, Naomi Hossain and Anna Reva in the New Frontiers in Social Policy series of the World Bank.

The first was the struggle to achieve visibility. For the first few years in particular it was very difficult to get the Annual Reports noticed above the cacophony of other reports. There is a very crowded market-place of initiatives and studies in Bangladesh. One Embassy staff member saw the reports as too long and overloaded, a view shared by many: *'there are so many studies, people are overloaded … what we really wanted was a brief report'*. Some readers wanted the reports to be better referenced to other studies. Only by the fourth year did we feel that the RCA was beginning to attract more attention among donors, government and civil society. This may have been because the RCA reports were becoming more familiar, with the launches increasingly seen as annual events, and partly because the basic idea and messages of the RCA itself was becoming more widely known. Some interviewees also mentioned the problem of the high turnover of international staff within the programmes, requiring a regular effort to reintroduce RCA ideas every few years to new arrivals.

Another was the challenge of securing 'buy in' for the type of data contained in the reports. A recurring problem voiced by many of our informants was the status of the information contained in the reports. Some policy makers criticised it as merely 'anecdotal', and therefore 'too difficult to use'.[26] One donor staff member commented that we had confused people by saying that the RCA was neither a form of conventional research, but that nor was it the same as monitoring and evaluation either. Many found it challenging to manage reactions by policy makers who were faced with this unfamiliar form of information. The RCA team therefore had to work hard to convince its audience that while its data was different to the norm, it remains valid and potentially useful.

A third was presentation. Some respondents were unhappy with the style, length and format of the reports. One described the presentation of the RCA report as *'unreadable, not accessible'*. She was also critical of what she suggested was sometimes a rather confrontational style and language found in parts of the reports. She felt this could, and occasionally did, alienate government officials, since it did not recognise the importance of engaging officials with more diplomatic forms of language. Another donor person said the reports suffered from an unhelpful *'sensationalism'* that sometimes harmed the case that was being made. In general, Embassy staff were critical of the form and content of the RCA reports, which they told us they had found difficult to use in their efforts to hold policy dialogue and influence policy.

A persistent response from people deeply engaged with health and education was that much of the information contained in the RCA was already familiar to them. One donor commented that the RCA's real value was for those who were out of touch with field realities: *'the further from reality people were, the more interesting people seemed to find the reports'*. This response is worth noting for two reasons. One is that the teams found as time went by in the RCA that people in official positions often do not like to admit that they do not know, and informal interactions with such people indicated that they may admit this in private, 'safe' spaces

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26 This is reminiscent of the finding in Jupp, Ali and Barahona's (2010) Sida Evaluation Study entitled *Measuring Empowerment?* Ask Them, where it was found that *'Donors were, on the whole, not comfortable with stepping out of their comfort zone with its reverence for external, survey- driven evaluation…'*

but will be unwilling to do so in public forums. A second is that it is important to reinforce existing knowledge. As Carol Weiss' (1982) has noted in her study of the relationship between research and policy influence, it always valuable to support and reinforce what is already known, because it helps to build a case and may increase the chance of appropriate action being taken.

The obstacles to successful influencing were also raised in the interviews. It was widely suggested that while the RCA material was often interesting, not enough effort was made to *'raise it to the policy level and get the government to recognise it'*. Many people said that there had not been enough overall promotion and dissemination of the RCA either by the team, or by Sida itself. What was missing, they said, were ways to maintain momentum and pressure once the report had been launched and disseminated, and some suggested that it would be useful to prioritise just a few issues each year for pursuing with policy makers using a continuous *'drip drip'* approach to maintain pressure for change.

Some interviewees felt that the Reference Group did not work as well as it should. It lacked energy, and its members were sometimes undermined by pressures of other work:

> *The problem with the Reference Group is that most of us are so busy. I think we could not really devote the time that was needed, I confess that …*

A further obstacle raised centred on changes within the wider context of aid, and the fact that these were leading development professionals in a more technical direction, and away from more humanistic approaches to development cooperation. One person interviewed from the donors highlighted what she saw as the problem of an increasing emphasis on *results* and *impact* within the development community at the expense of understanding the complexity of change processes. While recognising that this was not of course a bad thing in itself, she nevertheless saw this trend as creating tensions between 'knowledge' and 'results', leading to less interest in knowledge itself among many development professionals.

HOUSEHOLD LEVEL REFLECTION

The RCA team leader visited all the families in the north and south areas, and two of the team members (one from south and one from north) visited the central families in February 2012. Through relaxed conversations over about an hour in each family, they explored the feelings they had in the first year and how these evolved, their understanding of the purpose of the study, the approach the team members used, and their overall behaviour. They also explored their perceptions of the value of the study. Teams talked to the host households about how they felt about the RCA work. A list of themes was given to each team to discuss with the host households, such as *'what did you think and feel when five years ago outsiders said they wanted to live with you?'* and *'how would you best describe the interaction?'*

Nurjahan Begum (Koli) from the South team wrote up some of the results of the reflection process in February 2012.[27] The families reported how strange it was for these outsiders to come to them each year, but how during the five year process they built up a good relationship: *'it took time for us to trust them initially'*. Trust was built up over time, because unlike other outsiders, they returned: *'firstly we did not believe that they would come back. But at the end of the first visit, there was a relationship that we shared with each other and we thought she could not lie to us'*. People did not specifically mention that they had been empowered by the interactions, but they appreciated the fact that they might be able to pass on their views to those in power. One person remarked: *'They will report to the higher people and that will bring a good result for Bangladesh'*. On the subject of remuneration for the stays, it was broadly felt by households that gifts were preferable to cash, a point that reflected the trust and affection built up between many of the team members and the households: *'Gifts are better than money. Money is for spending but the gifts are useful … Whenever we see the gifts, we remember them'*.

A key comment made by all the host households when asked what it was like to host the team members was both surprise and pleasure in the fact that the team members ate simply and whatever they would normally eat. This clearly, in their minds, distinguished the team from being afforded guest status. The families could explain that the team members had asked for everything to be as it normally would be. Nevertheless offers to help with chores were rarely accepted (unlike in other countries) because *'they were staying for such a short time and we would not expect them to help'*. Trying out new activities such as basket making, cow milking or pitta making was a different matter and was readily embraced. Team members did not generally make demands, although two families noted that they had asked for electric connections for their mobile phones. In a third of host households, the team members shared beds with the family and in no case did they displace normal sleeping arrangements.

Most of the families described the team members as *'uncle'*, *'brother'* or *'elder sister'* although in two cases they described them as *'sir'*. They said they felt at ease and afforded them exceptional trust from the outset *('because he was so polite and gentle'*, *'because she was friendly, smiling and loved the children')*. In three cases, neighbours had initially raised suspi-

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27   Report on Host Household Reflection Process, Central Location, February 2012.

cions about the team's intentions particularly spreading rumours that they may be kidnappers. The HHH told us that they paid little heed to these rumours and made their own decisions to host based on their own intuition. Most HHH knew much about the personal lives of the team members suggesting that informal two way interaction had been achieved. Exception to this was three families who knew less. Two of these were urban families and may reflect the fact that overnight stays were not possible in these families because of lack of space. There was no difference in willingness to host between those who were contacted directly and those who were contacted with the help of a local intermediary.[28]

Families were not very clear about the purpose of the study. They knew it was a five year study and they assumed it *'would bring some benefits'*. Some indicated that they thought their village might benefit from a future project but more suggested that the study was to benefit people like them rather than the village directly. They said they did not ask why they were there, but accepted that it must be a valuable exercise. They talked about the long and detailed discussions they had had and mostly felt these were informal and relaxed, although two families described these as *'interviews'* rather than conversations. Some said they felt easier to talk together with the team members than with their own relatives and that they were astonished to find how open they were (e.g. *'when she first came I was thinking I should hide things from her, but I was surprised to find I could not. I asked her how she managed to find out so much and feel she must have some special skills as everyone (children, elderly) talked so openly'* (host father, north). In nearly all cases, families particularly appreciated how team members spent time with children: *'even though the children were dirty and had running noses, he never seemed to mind. He was always sitting with them, they sat on his lap and they played. They even helped with a survey of children not in school and loved that'*.

The families wished the study could continue and all wanted to see their team members again. When the study purpose to bring their voices to policy makers was explained they were unanimously positive. They told us that nobody listens to them or takes the trouble to ask their opinions. Most said that they never attend village or union level meetings, and those who do indicated that they don't speak out because *'it is the elite who are supposed to talk'*. Whether these households were empowered by the RCA experience is difficult to say. It was not the intention of the RCA to try to change the realities of the lives of people who are poor, but to try to understand and document them. It is hoped that the visits helped people feel that their lives mattered to outsiders, but no more than that could be claimed.[29]

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28 The latter was felt by team members to be problematic in retrospect, because it influenced the relationship (e.g. an NGO connection in one location was difficult to escape, and in another there were political connections where an intermediary who was an aspiring local leader had arranged a host household who were his supporters.

29 *'[D]id the families get empowered? Not really, other than through us recognising that their everyday problems are worth talking about. We put their mundane lives on our agenda – that in itself may have had a feel-good effect, but not an empowering effect in the sense that it made them go out and act and think differently. It was on purpose that we did not initiate discussions about 'how can you solve this problem?', direct them to people or places where they could put complaints or seek advice. You could perhaps say that the method worked to address/adjust power-imbalances between researcher and researched, but not to empower the individuals we met as such.'* (RCA Team member)

REFLECTIONS WITH LOCAL SERVICE PROVIDERS

In February, three workshops were held with some of the local formal and informal service providers in education and health with whom teams had interacted during the RCA. These workshops were followed by dinner as a way of thanking them for their open discussions over the years. Thirteen participants attended in the south, eight in the north and ten in the central area and represented rural, peri urban and urban areas.

The key findings from the five years were discussed using power-point presentations. Participants were asked to deliberate on these in small groups. They all felt that the RCA findings reflected their experience and were not defensive about the criticisms raised. They talked about how difficult they found it to give their opinions about problems with services. They said there was no space available for them to voice their views and they feared repercussions if they were perceived as complainers, saying *'we have many complaints and suggestions but nobody ever listens'*. The programmes such as PEDP-II *'tell us what to do but never ask us what should be done'*.

Participants felt that the RCA was innovative and valuable because within it *'the real picture emerges'*. They remarked on how easy it had been to interact with team members over the years, and appreciated what they saw as the realness of information created by living with families and observing in contrast to other inaccurate data they had seen, or political statements. They felt it was unique for *people of status* to spend this amount of time with poor people.

These final workshops were regarded as a good way of completing the exercise. Participants enjoyed sharing with others in their discipline, talking openly and understanding more about the RCA. Many said that they had not attended anything like this before, and felt honoured to be asked to participate. They appreciated the comfortable, non-threatening space to share ideas. They liked the fact that they did not use designations to introduce themselves which resulted in *ideas* being valued in the workshop discussions, rather than status.

TEAM LEVEL REFLECTIONS

An enormous amount of hard work went in to carrying out the RCA field work, particularly during the intensive household level visits during which the teams lived with the families and shared their world. This was difficult, demanding and highly challenging work.

The field teams conducted a two day workshop to reflect on the five years of work. A detailed review of the lessons learned over the past five years was undertaken and a number of learning points identified, including:

(i)   The need to communicate the RCA methodology more clearly to policy makers to avoid confusion;

(ii) The need to include some field diary extracts in the annual report to convey more of the reality of what the field teams do;

(iii) Standardising interactions with host households, such as not having team members residing too close to one another, and

giving parting thank you gifts to the host households based on
need rather than offering cash;

(iv) More effort to work 'one on one' with policy makers too, in
addition to formal dissemination meetings;

(v) The idea of reprinting the complete series of five years of the
Annual Reports, and reissuing them as a set, in order to dis-
tribute and drive home the RCA messages more fully, and
showing more of how the findings and context changed over
time;

(vi) Working harder to feed the RCA findings towards non- health
or education sector people more broadly within civil society.

THE WEB-SITE SURVEY

Through tracking users of the RCA web site that was set up in October
2010, we were also able to generate some feedback from those who had
shown an interest in the RCA more widely in Bangladesh and else-
where. This source of feedback was particularly useful because it sug-
gested (along with the evidence of RCA replication efforts elsewhere)
that the RCA had attracted attention with an international audience.
Almost 3,000 people had visited the web-site by March 2012, and more
than 160 publications (including annual reports, policy briefs and sum-
maries) have been downloaded.

There were 20 responses to our small survey administered to those
who had downloaded reports and left email addresses. Respondents
were asked to give a score to the reports they downloaded, ranging
from 'very interesting' to 'not interesting at all'. Most respondents
thought that the reports were either 'very interesting' or 'interesting',
resulting in an average score for all reports of 4.61 (whereby scores
ranged from 1 – not interesting at all to 5 - very interesting). When
asked whether the publications downloaded from the site were useful to
them, respondents gave an average score of 4.49 (whereby scores ranged
from 1 – not useful at all to 5 – very useful), with most saying they were
'very useful' or 'useful'. When asked about the contexts in which the
reports had been useful, 12 responded that they were useful for policy
and planning, 12 that they had been useful methodologically, and 9
that they had been useful for research.[30]

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30 See the report *Reflection process – RCA web site downloads and statistics and online survey*, prepared
by Joost Verwilghen (March 2012) for more details.

Lessons learned

Both the informing and influencing objectives of the RCA have at times proved quite challenging, and the team has learned much along the way. This chapter draws out lessons from the reflection exercises that have been undertaken, and draws on other discussions that have taken place during the past five years amongst the RCA team and with Sida staff.

LESSONS LEARNED ABOUT THE APPROACH

As an experimental approach, the RCA teams have often been 'learning by doing' and adapting and modifying the original design during the years that followed. We have also responded to suggestions and requests from Sida and the Reference Groups. Also, each of the three teams while sticking to the broad methodology outlined at the start, also made some local modifications in line with their experience. For example, teams differed in how they chose to compensate host households, whether with a cash payment for accommodation or by presenting gift packs at the end of the stay. In the third year, it was felt that more interaction with adolescents was needed and existing team members were unable to bridge the gap. The idea to include some additional student team members – known as 'young professionals' – was tried out. Some masters level anthropology students were engaged specifically to discuss issues with adolescents and learn more about their opinions, experiences and preferences.

Keeping the same field teams is very important if the quality of the work is to be maintained and long term relationships and trust is to be built up between the teams and the households they visit. Due to the unconventional nature of the RCA, it has been found that when recruiting people for these teams, a good understanding of community dynamics based on having some working experience at local community level was very valuable, and open-mindedness and enthusiasm is probably more important than formal qualifications.

The Reality Check builds on a longer tradition of work that prioritises ordinary people's words and actions. We hope that the experience of the RCA has taken forward understanding of how such approaches might enrich development policy and implementation. At the same time, as our knowledge and experience grew, the RCA began to change in interesting ways. Some teams began discussing whether the moral judgments of team members was influencing their reporting (for example on changing youth behaviour and morality), and as the reports went on, there seemed to be more observation in evidence and less of people's direct voices.

More could also perhaps have been made of the ways that the same people's views might have changed over time, as we wrote more about change itself, rather than how people experience change and change themselves. When researchers undertake longitudinal work that aims to 'follow change', it can become difficult to separate actual change from change in the way that researchers themselves see things. For example, how far did social norms actually change during the five year period, and how far did the teams' longitudinal presence simply allow them to better see things that had been there all along.

Another difficult issue was the relationship between listening and recording voices on the one hand, and making observations and writing these up (with the additional layer of mediation and judgment that this implied) on the other. Earlier reports perhaps featured more examples of peoples' own voices and less observational material than some of the later reports. Some team members found this to be problematic, since listening requires an ethical stance that seeks to resist judgment, while observation inevitably tends to bring in more of the observer's own subjectivity. In part, this change can also be explained by the call from Sida and other stakeholders to provide a more fully developed set of conclusions and recommendations in each annual report in later years.

Since the RCA started in Bangladesh, the team has been very pleased to find that the approach has gone on to be adapted for use in different contexts, such as Nepal, Indonesia, Mali and Mozambique, and different sectors beyond health and education including livelihoods and livestock.[31] It is starting to be seen within the wider world of development agencies as a simple but rigorous way of reconnecting policies with people. We hope that a wider Reality Check movement is emerging that can contribute further to improving aid effectiveness and results.

Not all RCA-type initiatives will necessarily reproduce all of the six distinctive RCA elements that were mentioned in the previous section. Resource constraints may, for example, mean that some studies may be 'one offs' only rather than longer-term studies, but these can still make a useful contribution. However, it is also suggested here that the main principles and ideas derived from the Bangladesh case set out in this report should each ideally be given careful consideration within replication efforts if a proper RCA is to be undertaken.

LESSONS LEARNED ABOUT MANAGING INFORMATION/ KNOWLEDGE

Judging what goes in the annual reports, and what does not, is always controversial. This is because each study location generates far more material than can be included in a short report. The annual reports grew in size, and by the third year they were getting too long and

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31 A version of the Reality Check undertaken in Nicaragua reportedly failed to follow the basic values and principles set out within the Sida Bangladesh RCA project. There is a danger that 'reality check' merely becomes a 'development buzzword' (Cornwall and Brock 2005) that is gradually emptied of its original and perhaps more radical meaning.

detailed for policy makers to read, let alone engage with. This problem was addressed in several ways. First, we began to write additional short briefing papers, and some were also translated. Second, we ensured that the longer, more detailed field reports were also circulated to those who wanted them. Third, we simply worked harder to edit down the annual report to a more reasonable length during the fourth year, while still trying to retain depth and detail.

The RCA data proved extensive and as the work progressed the field teams found that suitable systems were needed to manage it. In particular, the need to have a system in place that ensures that all team members take effective notes and then archive the material so that so it is accessible to the whole team, proved challenging. This was especially important in case of staff turnover, and to ensure its further use by the same team in the future. The need for more clarification and formalisation of information systems is a key lesson that has been learned.[32]

Several lessons were learned as the fieldwork progressed. The recording of information in the field continues to be challenging. For example, taking notes during conversation was sometimes found to inhibit exchange and the free flow of communication. Instead, some facilitators found it more useful just to add notes to diagrams, maps, and drawings and then update formal notes after field sessions. Filming short clips in the classroom or household can be effective, but it may also cause disruption and change peoples' behaviour. It is particularly difficult to document the diversity of opinions, experiences and suggestions that we encounter while still providing consistent, comparable and coherent information. A second issue, related to this, is the challenge of writing up the material in a way which is accessible, meaningful and credible, and which effectively connects people at the grassroots with policy makers. This has also proved difficult. There is clearly a trade-off that must be continuously managed, between standardisation of systems to make analysing and managing the data easier and keeping each field team on the same track, and being as flexible and open as possible.

As the RCA process continued, various 'course corrections' were attempted. For example, the original idea to present relatively 'unmediated' voices in the reports was changed and the teams tried to present some policy implications drawn from the work. An effort was also made to make a link with the Annual Monitoring Reports that were slowly being developed in the SWAPs during the course of the RCA. Different types of RCA product were experimented with, such as short one page briefing papers, and the translation of these one page papers into Bangla language to try to reach more people and deal with policy maker demands for more usable information. The dissemination process was also gradually widened.[33] Some district level dissemination events were held. A mobile traveling exhibition was undertaken,

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32 One team reported that it took them some time to get around to collating basic information on host households, and that it was frustrating to search through transcripts with sometimes vague references to issues such as income.

33 For example, an article on the RCA was placed on *The Guardian* Poverty Matters Development blog, 'Closing the gap between development policymakers and people', March 10, 2011, which attracted some international attention (http://www.guardian.co.uk/global-development/poverty-matters/2011/mar/10/closing-gap-policymakers-people-bangla-desh).

visiting different parts of the country. There were some exhibitions held using some of the photographs produced.

Requests from some report users for the teams to provide more detailed household expenditure data in later years put pressure on some of the teams to move more in the direction of more conventional research. Criticisms that more time should have been devoted to dissemination and advocacy would have meant taking time away from fieldwork and data collection. Clearly, there are a range of tensions and contradictions that need more thought and perhaps could have been managed better.

LESSONS LEARNED ABOUT INFLUENCING

The experience of doing the work and then trying to promote it and influence the SWAPs has been eye-opening for some members of the RCA team. In a sense, there has been a useful 'reality check' not just of the grassroots realities, but also those at the level of policy and planning. It has led some of us to rethink our assumptions of the world of policy and implementation, and to question some of the more linear models of the policy that we often still rely on to understand and operate within these processes.[34] How should we now think about the 'policy process', if indeed we want to try to influence it? One useful model is the 'knowledge, actors and spaces' approach that was developed by Brock, McGee and Gaventa (2004). They argue that policy is best understood, not as a simple technical 'linear process' (policy decisions followed by implementation) but as a messier, complex, political process involving

1. Different levels of policy action (senior government, donors, local government etc)
2. A range of policy actors involved (different government departments, donors etc)
3. The policy 'spaces' in which these actors interact (coordination meetings, informal networks etc)
4. The 'micro-politics' of how knowledge is transformed into evidence (how people view information on which to base their decisions and actions)
5. The actions and outcomes that emerge from this debate, contestation and competing knowledge claims

Following this logic in relation to our RCA experience, we have observed the complexity of interaction between government and donors within the two SWAPs, and the difficulties of bringing new information as evidence into these interactions. Some notable successes can be highlighted here, for example, the use made after Year 2 of the RCA findings in the Annual Monitoring Reports of PEDP-II. One particular Sida consultant was engaged in developing a new PEDP-II management information system at the same time as the RCA was in its early stages. It therefore became possible for us to construct links between the two projects, but this was mainly through personal – rather than for-

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34 See Sutton (1999) for a very useful overview of the different approaches that have been used to try to understand the 'policy process'.

mal – linkages. Less positive was our inability to find any evidence that the RCA was used much in policy decision-making 'spaces', such as the successor programme preparation planning meetings. The transformation of knowledge into evidence took place in some areas, such as when the RCA feedback on the unpopularity of the primary school girls stipend system, and peoples' preference instead for school feeding schemes, began to be translated into policy. In relation to the issue of school dropouts, we observed over the five years initial resistance to the RCA finding that drop out was not primarily due to household poverty, towards a greater level of acceptance for the finding by the end of the five years, as other studies and observation had started also to confirm this finding.

After the Annual Reports are produced, they are launched through a series of public events and the reports are circulated to key stakeholders. The Reference Group is the principal vehicle for disseminating the material in the reports among the members of the consortia and to government. From Year 2, the involvement of key civil society groups in health and education was secured in order to disseminate more widely. From Year 3, summaries of key findings have been produced, in both Bangla and English, and circulated. Some other events have been organised, such as a Right to Health photography competition and exhibition in Dhaka, and a travelling exhibition on education issues. A web site was established in 2010, where the RCA idea is outlined and reports and other documents can be downloaded. Newspaper articles have been written in both the international and Bangladeshi press.

A key lesson learned from the RCA is that using the Annual Reports to influence policy proved more difficult than anticipated. The original assumptions were as follows:

1. The Annual Reports would be delivered to the Embassy, and staff there would use the material in the course of their work as consortium members, raising questions during consortium and consultative group meetings, discussing issues with other donors and government, and feeding ideas into the preparation process for the successor programmes to the two current SWAPs.
2. The Reference Group would provide a solid feedback mechanism for transmitting findings into policy and implementation processes, and inserting new issues and questions into successive RCA field trips for further investigation.

What emerged from the RCA experience was that such rational linear assumptions about policy and planning could not always be maintained. The world of the SWAPS and their various stakeholders is a far more complex, messier and unpredictable one than some of us expected. It was sometimes possible to influence within a 'closed' policy space, but more difficult to gain access to an 'invited' space based on a demand for information.

The essential value of the RCA is in its capacity to generate 'fine grain' data, and this purpose has been largely met. What has proved more challenging is the need to think more about how to best use this type of data. Sometimes findings confirmed existing knowledge, and other times the RCA challenged it. Using this insight, it was possible to develop a stronger understanding of how the RCA can contribute to

and influence the process through which knowledge can become evidence for action. For example, this can take place through the following four main ways, by providing:

1. *New information* – "have you thought about this?" (e.g. salt intake is a growing problem, and so something needs to be done)
2. *Conceptual insights* – "try thinking about things this way" (e.g. the concept of civil society embedded in policies needs to take more and better account of the realities of power and patronage)
3. *Critical warnings* – "don't do this, it doesn't work" (e.g. some community clinic services are ineffective and need rethinking)
4. *Translatable findings* – "our findings show clear benefits to doing something differently" (e.g. school feeding schemes improve primary school attendance at lower cost than school stipend schemes, so do more of the former)

In retrospect, these four headings could provide a useful way to structure the reports to improve clarity and usefulness for readers.

Finally, the experience of the RCA has also provided something of a 'reality check' in relation to the way donors interact with each other and with government. It has provided insight into the difficulties involved in producing and using 'evidence' to improve policy and implementation. First, it became clear that the Embassy staff had far less scope to make use of the Annual Reports than had been anticipated, and some had reservations about the method used and the presentation and content of the reports. Some staff therefore questioned its usefulness as a practical tool.[35] It had been assumed in the original design that the RCA team would submit and present the report to the Swedish Embassy, whose staff would then do the bulk of the influencing work, disseminating and raising issues within the consortium meetings that they attended in the course of their work.[36] The original terms of reference had stated that the RCA project was 'part of the capacity building and strengthening of the PNTA-concept among the development cooperation staff at the Embassy, within the framework of the so-called Bangladesh APPA (Applying the Principles and Perspectives in Action)' and that 'efforts shall be made to create a strong ownership and participation by Embassy personnel' (Terms of Reference, p.5, Swedish Embassy). This proved difficult, partly due to lack of time and partly because some Embassy staff took time to be convinced of the value of the RCA. *'You needed to be more involved'* was one criticism made of the RCA team, by those who felt that not enough effort was made by the team to work with the reports once they had been launched. This situation has gradually improved.

Second, we learned that processes of debate, decision making and planning within the sector programmes was less formalised and more haphazard than we had thought. For example, consortium meetings were sometimes irregular and poorly attended, and the preparation processes were not easy to link with. The formal M&E systems for the

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35 Over time, some of this may have been a reflection of changing personnel and their preferences, and in part it may also have reflected some of the changing priorities within Sida as an organisation.

36 Members of the Embassy told us that they now felt that the original design had not been clear enough about the type of RCA products expected, or how they were to use these products. They also told us that there were some 'unrealistic expectations' held by some people at Sida and among the consultants.

two SWAPs were less developed than had been anticipated, making it difficult to 'feed in' issues for more systematic investigation, or respond to findings generated from within M&E process. Third, as we have seen, we encountered resistance among donor and government personnel to the type of information being provided by the RCA. This resistance in many ways reflected the contested nature of 'reality' – which for some needed to be more fully backed up by formal information, and which for others could be more convincingly reflected in voices and observation. More used to dealing with quantitative studies, they often raised questions about the validity and rigour of the RCA work, and some marginalised it as merely anecdotal. It is difficult to find a single convincing explanation for why this was the case, with some people simply unwilling to accept new information about 'reality' that would challenge their established assumptions and routines, while others may have accepted some of the findings as 'reality' but nevertheless felt that the nature and reality of the environment in which they worked would not be conducive to making use of the information, and therefore they chose not to engage with it. Whatever the reason, this made it difficult to ensure that 'invited spaces' were created where the RCA work could be discussed and used. One particular disappointment was the potential invited space created by the new SWAP preparation meetings. Members of the RCA team prepared special documents for discussion, but these were not used or discussed, because the Embassy staff took the view that they would not be 'useful'.

Conclusions

The RCA was first and foremost an experiment, and it is one that has yielded many interesting outcomes and lessons.

The RCA has shown that it is possible to generate people-centred information in a new way. It illustrates how people put extraordinary energy and ingenuity into trying to get the best they can from the limited range of options presented to them and the wide set of constraining factors that they face, from simple lack of resources to malfunctioning systems of provision and local political interference.

It makes clear the need for better systems that can regulate these multiple providers better, to protect people from making poor choices, and supporting their efforts to exercise voice, and claim a better deal.

It provides potentially useful insights into the ways people try to access health and education services both from the public service systems being strengthened under the two SWAPs, and from the wide range of traditional, private, non-governmental, formal and informal types of other providers that exist in many areas and that remain important to poor people.

One of the most striking findings was a lower than expected operationalization of rights for poor people in relation to services (who remain 'users and choosers', rather than 'makers and shapers' of public services).

The RCA highlights how people experience new issues that are coming in, and older issues as they are fading out. By providing and updating information regularly on an annual basis it highlights the ways that things may be staying the same, deteriorating, or improving.

The RCA also has the potential to provide policy makers with a tool to improve their understanding of the realities of ordinary people's lives. While there have been some cases where RCA findings have contributed to change, there remains a greater potential for this than has yet been achieved.

Following from this, the RCA has the potential to influence policy making and policy implementation in a more people-centred way. However, more still needs to be done to find ways to enable policy makers in government, civil society and donors to engage more fully with the RCA and utilise its findings.

The importance of face-to-face contact and engagement with policy makers remains vital for influencing policy making, programme design and implementation, but closer formal links with management information systems within the SWAPs would improve utilization of the RCA data.

The RCA has also provided a useful 'reality check' on the way policy processes operate at the level of government, civil society and donors, highlighting the turbulent environment faced by different agencies and actors as they try to go about their work.

Recommendations

1. Now that it is in place and working well (based on the feedback from other development partners and from SWAP personnel), Sida and/or other donors should consider extending the RCA in Bangladesh.
2. If this is agreed, our experience suggests that it might not need to take place every year, at least after the first two or three years. A longer time might be left between field visits, to avoid duplicating findings and to maximise the chance of identifying change.[37] This might also reduce the costs of doing a RCA.
3. More time should be devoted to promoting and publicising the RCA approach and findings, and more resources provided to ensure that both the RCA team, and Embassy staff, are able to devote more time to maintaining momentum between the annual launch events.
4. New thinking is needed on how to create a closer formal linkage between the health and education sector programmes and their monitoring and research units, and the RCA.
5. Training and sensitisation events should be considered with government, donor and civil society staff to raise awareness about the value of qualitative information such as that provided by the RCA – in order to complement the current emphasis on quantitative measurement, formal research and narrowing perspectives on impact and results.
6. The infrastructure and trust created by five years of the Bangladesh RCA can be adapted and used for other purposes. For example, the same households could be visited, but they might serve as a sounding board for peoples' views on other topics, the functioning of Upazila or Union parishads (local councils).

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37 The RCA could learn from the Real Times project, where light touch interaction takes place between periods of more intensive interviewing (Malin – web site ref or more detail on this?).

Annex 1: Summary story of the five reports

The first *Reality Check Report 2007* was published in April 2008, and presented fieldwork that had been undertaken in October-November 2007. The text of the report ran to just under 40 pages, not including the summary and glossaries. After introducing the idea of the RCA, the second chapter provided a detailed overview of the methodology, before moving on to present the main findings. There was lots of use made of direct voices, with *'People living in poverty say …'* margin quotes. The report was launched through the consortia, but attendance at the dissemination events was disappointing.

The second *Reality Check Report 2008* was published in May 2009 and was much larger at a total of 130 pages. There was some criticism of the growth in size of the report in terms of decreased accessibility, but it was felt by some in the team that the richness of the material emerging from the second year required more space. Of this, the main body of the report was around 85 pages, and there were seven annexes on a range of issues. Annex 1, for example, showed how the circumstances of each household had changes in the twelve months since the earlier study. The report provided a shorter overview of the methodology, but included a detailed discussion of how the first report had been used. This time, it was decided by the Embassy to launch the reports with the two main civil society groups Ubinig (for health) and CAMPE (for education) and these events were far better attended than the previous years'.

Another difference with the second report was the new section on context where the economic, political and social issues were discussed. Both the first two fieldwork rounds of the RCA had taken place during the period of the two year military-backed caretaker government (January 2008-December 2008) and elections took place soon after the second round. The year 2008 had also seen a global financial and food crisis that had implications for people living in poverty in Bangladesh, and these problems had followed hard on the heels of the devastating cyclone Sidr that had affected large parts of the country in late 2007. It therefore made sense to begin the second report with a longer contextual discussion than was included in the Year 1 report, and this pattern continued in subsequent reports. This year there were a series of cartoons produced for the Right to Health art competition by a local political artist (Mehedi), whose work was designed to highlight certain key themes and issues. For example, one cartoon entitled 'accessing health services can be seen by people living in poverty as very costly' (p.59) showed a person having to walk up a stairway of bank notes to reach the front door of the clinic. Another innovation in the presentation of the second year report was the use of 'text boxes' to illustrate what people had told us were important issues, and to help bring alive particular stories from the fieldwork using peoples' own voices. There was a long-

er, more detailed summary (6 pages) and a short conclusion. Finally, Year 2 also saw the Reference Group beginning to suggest issues for the RCA to look into, such as the new school level implementation plan (SLIP) initiative.

The third *Reality Check Bangladesh 2009* report was issued in January 2010. Its cover showed a young girl using a mobile phone (and attracted some criticism because of this). At 146 pages, this report was also far longer than the 40 pages that had originally been specified for the annual reports, but once again it was felt that the material that was coming out of the third year was important to include in detail. The main body of the report, excluding annexes, was around 100 pages. In a detailed summary, the findings were classified into 'positive changes', 'less positive changes' and 'business as usual'. At the request of the Reference Group, a more detailed conclusion was provided to this report, and a set of themes and priorities for further discussion and possible action were highlighted at the end of the conclusion. These were based on the team's interpretation of the main findings, but stopped short of providing recommendations. By this time, there was feedback from government and some donors that they would like more in the way of policy recommendations from the RCA process. This was still being resisted by the RCA team who felt that the main purpose (and original principle) of the exercise was simply try to convey voices and realities, and to interpret these as little as possible. However, it was agreed after Reference Group discussions that the RCA team would be useful to produce two short RCA briefings for education and health findings, and that there would be some recommendations attached. These were produced and circulated in April 2010, and translated into Bangla for wider circulation. This was judged to be useful innovation by most stakeholders.[38]

The fourth *Reality Check Report 2010* was published in January 2012. At the request of Sida and other stakeholders, the length was brought down to a more manageable size. This time the report was again closer to the required 40 page mark, but with a range of annexes came out at 72 pages in all. This report also went further than the others in presenting, after the conclusions, a list of detailed 'policy implications' for health and education in an effort to try to make the Annual Report more 'usable' for stakeholders within the two programmes. In Annex 1, there were now four years of data with which to compare changes in the fortunes of each of the host households in the study.

The fifth and final report *Reality Check Report 2011* was finalised in April 2012, and it is striking to see how different the context has become five years from the first report. The past two years have seen relatively good harvests that have helped to make food more available, but overall the rise of double digit inflation and the increases in commercial processed food items is reducing the diversity and healthiness of diets. What became striking in the health sector is the mismatch, produced in part by continuing top-down planning, between resources provided and local health needs and priorities. People still feel unable to influence things in order to secure better services. In education, the teams found that earlier teacher shortages were now much reduced, and in some cases supportive Principals and management committees

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38 However, Embassy staff reported that they found these 'difficult to use'.

are leading to improved outcomes. But the increased standardisation and targeting (worsened by the new Terminal Exam brought in two years ago) is challenging the earlier commitment to education we found among parents, some of whom are now questioning education as a route to better jobs. Both people themselves, and some of the local service providers, tell us of the lack of opportunities open to them to try to use their voices to improve the quality of services.

BANGLADESH REALITY CHECK REFLECTION PROCESS

Introduction

The Reality Check Approach (RCA) is an initiative of the Swedish Embassy in Bangladesh that has aimed to better understand how development policies affect ordinary people. The RCA began in 2007 in Bangladesh, where a consortium of development donors support the design and implementation large-scale sector-wide reform programmes in Health and Education. The unique feature of the RCA is the idea of annual residential visits by trained outsiders to spend a period of five days and four nights actually living in the homes of people living in poverty. By 'immersing' themselves in this reality, the teams try to listen to, observe and understand peoples' perspectives and experiences.

The RCA aims to give voice and agency to people living in poverty, and hopes to serve as a bridge between their views and experiences and the planning and decision making carried out by 'policy makers' – i.e. those in government, donors and NGOs. Each year an annual report is produced that records people's voices and the issues they raise. These reports are circulated as widely as possible. The Swedish International Development Cooperation Agency (Sida) has funded the Bangladesh RCA for a five year period.

Reflection Process

As stated in the Terms of Reference for Phase IV of the Bangladesh Reality Check, a special Final Five Year Reflection Report will be produced in addition to the fifth Annual Report.

Based on these Terms of Reference and the proposal presented to the Swedish Embassy in Bangladesh in response to these ToR, the RCA team identified the following main objectives for the field work of the reflection process:

1. Provide feedback to families and service providers on what has been presented to policy makers;
2. Receive feedback from families and service providers on the approach;
3. Show appreciation and gratitude to HHH/FHH and Communities; and
4. Gather and present information on the use and usefulness of the RC in Bangladesh.

The following specific activities / events are planned in relation to the objectives above.

Picnic for HHHs (1 per district – around 50 people per picnic). Picnics are a cost effective and popular way to bring people together in an informal setting, yet it is also seen as a treat by participants. During these picnics the RC will be presented / explained to the HHH including how the findings have been communicated to policy makers. A discussion will be facilitated to get feedback from the HHH on how they experienced the RC and what they think of it. This event will be attended and facilitated by the respective Field Teams. In order to maintain trust and confidentiality no external participants will be invited, but the event and the discussions will be captured on photo and video.

Revisit all HHHs by a small team consisting of the Team Leader and some team members from that location. During these revisits the team will seek more detailed feedback from HHHs, but will also use this opportunity to interact with FHHs and local service providers to get their feedback on the process and the Reality Check Approach. As these interactions will be very informal and often done in the homes of people, there may be limited opportunities for recording this on video. Nevertheless it is anticipated that some of it will be put on video and photographs will be taken as HHHs and FHHs are used to this because of the annual visits by the teams.

Semi structured interviews with "users" of the Reality Check findings and reports to obtain feedback on the use and usefulness of the RCA. These interviews will be conducted by Prof. David Lewis, the Advisor of the Reality Check team. For this a selected group of policy makers and representatives of Development Partners will be approached to meet with Prof. Lewis for a brief interview (20 minutes) during with the following aspects will be discussed:

- Awareness of the RC initiative;
- Quality and content of the annual reports;
- Usefulness of information in the annual reports for own work;
- Suggestions for carrying forward lessons from the RC initiative;
- Potential obstacles in carrying this forward.

A list of suggested interviewees is presented in Annex 1.

A **brief email questionnaire** will be send out to people who left their contact details on the RCA website after downloading one of the Bangladesh related reports. Possibilities will be explored to see if this questionnaire can also be send to people who obtained the report through the Embassy or Sida. The email questionnaire will contain a mixture of multiple choice and open questions as presented below.

Following completion of the field work activities and the semi-structured interviews as outlined above, there will be an **RC Team workshop** in Dhaka involving all team members to report and document the team's own reflections (professional and personal), learning and insights, including strengths and weaknesses of the approach and areas for improvement. For this the team will revisit the original design of the approach including the initial key criteria used for the selection of locations and HHHs that informed the design. During this event the team will also review the draft Methodological Guidelines that are currently being drafted by the Team Leader.

After the Team Workshop there will be a debriefing meeting with the Swedish Embassy in Dhaka to inform them about the initial outcomes of the field work and determine when to organise **seminars / workshops** with Sida (Bangladesh/Sweden), Development Partners and GoB. At this stage it is suggested to start with these activities after submission of the draft Reflection Report.

Reflection Report

This Reflection Report will be a compilation of qualitative data, lessons learned and contain a methodological discussion with recommendations on how to further improve the approach and maximize its use and usefulness.

The outline of the report will be as follows:
1. Introduction
2. Compilation of findings of 5 years Reality Check, including feedback from HHH/FHH and LSPs on the findings presented in annual reports
3. Use and usefulness of the Reality Check outputs (reports, notes and presentations)
4. Reflections on the field process
5. Lessons learned
6. Conclusions and Recommendations

Timeline

Activity		Dates
District picnics:	– North	01/02/2012
	– Central	04/02/2012
	– South	20/01/2012
Revisit HHH:	– North	29–31/01/2012
	– Central	05–06/02/2012
	– South	26–27/01/2012
Semi Structured Interviews		04–12/02/2012
Email Questionnaire		TBC
RC Team Workshop		10–11/02/2012
Submission Draft Reflection Report		30/03/2012
Seminar with Embassy / Sida		TBC
Seminar with Development Partners / Government of Bangladesh		TBC
Other Dissemination Activities		TBC

Annex 3: List of Main Interviews with Stakeholders

Monday February 6

1. Monica Malakar, Senior Programme Officer, Education, Swedish Embassy
2. Rehana Khan, Programme Officer, Democracy & Human Rights
3. Tomas Bergenholtz, First Secretary, Analyst
4. Dr Muhammod Abdus Sabur, Senior Adviser Health, UNDP

Tuesday February 7

5. Naved Chowdhury, Social Development Adviser, DFID
   Liam Docherty, Human Resources Team, DFID
6. James Jennings, Regional Education Adviser, AusAID

Wednesday February 8

7. Dr Mohammad Zahirul Islam, Programme Officer, Health, Swedish Embassy
8. Ms Nargis Bano (PA to Helaluddin, Health Sector)
9. Mr Mannan (former Programme Head, Ministry of Health)
10. Mr Chowdhury Mufad Ahmed, Deputy Secretary (and formerly PEDP2)

Thursday February 9

11. Mr Jamal Mahmood, Head, Social Sector (ADB)
12. Dr Rasheda K. Choudhury, Executive Director Campaign for Popular Education (CAMPE) and Former Adviser to Caretaker Government
13. Mr Khaled Ahsan (World Bank)
14. Ms Yumiko Yamakawa (JICA)
15. Dr Farida Akhter, Executive Director, UBINIG

Others

16. Manoj Mohan Mitra, Director Programme PEDP-III
17. Abul Kalem Md Saifuzzaman GIZ
18. Dr Dinesh Nair, formerly Health Specialist, South Asia Region, World Bank (by phone)
19. Helena Thorfinn, formerly First Secretary, Swedish Embassy, Dhaka (by phone)
20. Esse Nilsson, Senior Policy Adviser, Department for International Organisations and Policy Support (INTEM), Sida (by phone)
21. Ylva Sörman Nath, Counsellor (Health), Deputy Head of Development Co-operation, Swedish Embassy (by phone).
22. Britta Nordström, formerly Swedish Embassy (by Phone)
23. Brigitte Junkers, Sida S (by phone)
24. Eric Woods, PEDP-III consultant (by phone)
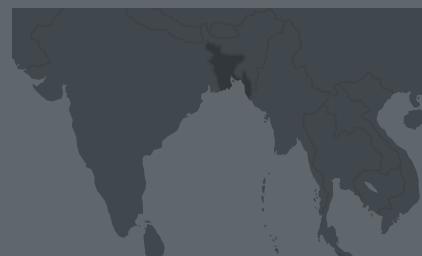25. Martin Schmidt, formerly PEDP-II consultant (by phone)

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Reality Check Reflection Report

BANGLADESH

The Reality Check Bangladesh is an initiative of the Swedish Embassy in Bangladesh, where it was first introduced in 2007. The Reality Check Approach is a longitudinal study and it is expected to track changes and people's perceptions and experience of these changes with regard to health and education. This Reflection Report contains a compilation of the qualitative data, and lessons learned followed by a methodological discussion with recommendations on how to further improve the approach and maximize its use and usefulness.