

Chittagong Hill Tracts

KEY STATISTICS

Basic data (%)	CHT	National
Measles vaccine coverage	80	77
Access to suitable source of drinking water	65	75
Underweight prevalence (0-59 months)	51	48
Anaemia prevalence (6-59 months)	62	49
Anaemia prevalence (13 - 19 years)	43	28
Primary school net enrolment (boys/ girls)	82/ 82	82/ 86
Never been enrolled in school (boys/ girls)	16/ 17	15/ 13
Deaths due to malaria (CHT only)	33 in 1000	

BACKGROUND

The Chittagong Hill Tracts (CHT) consist of three districts Rangamati, Khagrachari and Bandarban. These districts are located in the south-east of the country, near the Myanmar and Indian border and make up 10 per cent of the total land area of the country but only 1 per cent of the country's population. The estimated population in the CHT is 1.3 million, of which 90 per cent lives in the rural areas.

Home to at least 11 different indigenous ethnic groups, this is a unique part of the country, both in terms of landscape and its people. Over the last 30 years, Bengali settlers from other parts of Bangladesh have been allocated land in the CHT districts and now represent approximately 50 per cent of the CHT population.

The CHT districts are post conflict areas that have been disadvantaged and isolated in the past decades. These districts were ravaged by over 25 years of civil unrest, which officially ended in 1997 with the signing of the Peace Accord. One of the elements of the Peace Accord was to recognize the rights of indigenous communities to land and other sovereign issues, which have yet to be fully realized and remain a source of tension in the CHT.



ISSUES

Although the situation has improved over the last few years in the CHT regarding access and utilization of basic social services such as education, health, nutrition, water and sanitation services, a lot of improvements are still required and need to be addressed in the near future.

Children, especially infants, still suffer from vaccine preventable

diseases such as measles and neo-natal tetanus. In Bandarban district, in 2002, measles caused 1.4 deaths per 10,000. In addition, amongst women and children, malaria related deaths in the CHT have been found to be the highest in the country, accounting for approximately 33 deaths per 10,000 or roughly 4,380 deaths in 2002.

Women and children in the CHT are anaemic. Anaemia prevalence for children (6-59 months) and for adolescents (13-19 years) was noted to be 61.9 per cent and 43.4 per cent respectively, considerably higher than the national average. In addition, only 42.4 per cent of the infants were exclusively breast-fed.

Women experiencing complications during pregnancy and childbirth die due to the lack of transportation to reach the appropriate health facility or the lack of available health care staff/services at the health facility. Many women are being left with debilitating conditions due to long labours and delays in seeking health care or delays in receiving care within an appropriate time frame.

Access to safe drinking water in the CHT has been difficult due to the topography of the area. Often the safe water options available are costly and require specific technical support not easily found in the CHT. Many of the "paras" (villages) continue to use open hanging latrines or open defecation, increasing the prevalence of faecal borne and other communicable diseases.

Access to primary schools remains difficult for many paras in the CHT and not all children have enrolled at school. The challenging terrain, the lack of qualified teachers and the lack of adequate learning spaces for children are issues to be addressed in the future education support in the CHT. This will need to be addressed by supporting both non formal education as well as formal education to reach those children not currently attending school. In addition, multilingual education has yet to be realized as schools offer lessons only in Bengali and not in local languages. Efforts to support multilingual education are underway.

Birth registration for children has been initiated in the CHT. It is an issue to be handled with care and consideration due to the social-political environment in the CHT while acknowledging the right of the child to birth registration.

CHT communities could also be vulnerable to HIV - as evident by the fact that most adolescents have not heard of HIV/AIDS and yet it is a global issue.

ACTION

Community level

Since 1980, UNICEF has partnered with the Ministry of Chittagong Hill Tracts Affairs to support specific interventions to contribute to the improvement of the lives of women and children in the CHT.

Integrated Community Development Project

In 1997, as part of the Integrated Community Development Project, services were decentralized to the grassroots level, to the para (village). The project supported a new concept at the community level, for paras to build their own "para centre", a delivery point for basic social services. Each para centre had a catchment area of approximately 25-30 houses. To date, 2220 para centres exist in over 1800 paras of which 70 per cent are for indigenous communities. The estimated population served is 340,000.



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The para centres are managed and run by community members, women in most cases. The para workers have at least eighth grade schooling and were initially provided a one month training followed by refresher courses.

The para centre provides the following:

- A venue for early learning for children aged 3-6 (pre-school)
- A place for children and women to receive micronutrient supplements
- A setting for health service delivery from Health and Family planning departments to offer immunization as well as other preventative and curative services
- A demonstration site for sanitary latrines, safe water use and other appropriate technologies
- An information centre and meeting place for the community
- In isolated areas, primary schooling for children (class 1-3)

In 2005, more than 44,400 children received pre-primary education at the para centres. For those children who had 'graduated' from para centres and were eligible for primary school, the para worker would advocate with the parents and ensure that these children attend primary school (formal or non-formal).

Importantly, the para centres' pre-schools and school readiness programmes are conducted not only in Bangla, but also in the children's own mother tongue. This is an important aspect of promoting multilingual education.

UNICEF has undertaken a joint programme with the World Food Programme (WFP). Beginning in 2006, the nutritional support (Food for Education) to children attending the para centres in the CHT was initiated as a joint UNICEF-WFP collaboration. This programme aims to alleviate micronutrient deficiencies in pre-school children while also improving their attendance and enrolment at pre-school.

District and "Sub-district" (Upazila) level

UNICEF and the Government of Bangladesh support various activities at the district and sub district level. In health, district level health facilities have been provided with supplies and equipment to offer comprehensive Emergency Obstetric Care services and staff have been trained to perform life saving operations. At the sub district level, all of the health centres have been equipped with supplies and equipment to offer basic Emergency Obstetric Care (EmOC) services. In addition to this, country wide programmes such as immunization and nutrition interventions, including Vitamin A and de-worming, have been supported at the district and sub district level.

IMPACT

Immunization status has improved in all the CHT districts over the last five years. Measles immunization for 12-23 month old children has increased from 34 per cent in 1997 in Rangamati to 75 per cent in 2003 . In addition, compared to 1997 statistics the number of births assisted by skilled birth attendants in 2003 has roughly doubled, illustrating an improvement in women's ability to access trained health providers. This rate is still low and needs to be improved considerably over the coming years.



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For education, the net primary school enrolment for boys and girls has increased since 1997. For example, in Bandarban district girl's enrolment has increased from 62 per cent in 1997 to 75 per cent in 2003.

In the 300 paras where UNICEF is providing intensive support on hygiene promotion, sanitation and safe drinking water, marked improvement has been noted in the sanitation and hygiene practices.

FUTURE SUPPORT

By 2010, UNICEF expects to reach the following key results in the project areas:

- 80 per cent of all children will be protected by all necessary immunizations by 12 months of age;
- 75 per cent of children will sleep under insecticide treated nets in assisted areas;
- At least 80 per cent of pregnant women

and their primary caregiver will have knowledge of danger signs in pregnancy, and utilize health facilities when required;

- All eligible 3 to 5-year-olds will attend pre-school classes 80 per cent of the time and all of them will enrol and regularly attend primary schools;
- At least 75 per cent of diarrhoea and respiratory illnesses will be initially diagnosed and treated by para workers in selected areas or referred for further treatment as indicated;
- In at least 900 para communities, 75 per cent of households will have and use a hygienic latrine and at least 50 per cent of these para communities will have appropriate hand washing practices;
- Activities for protection of children and adolescents will be supported according to needs of the community.