

UNICEF Bangladesh

Newsletter

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VOLUNTEERS SEE BIRTH OF A NEW ERA

Ferdousi Begum was eight months pregnant with her first child when she began to feel unusual stabbing pains in her abdomen. Fearing for her unborn baby, she was forced to make the arduous journey to her nearest health clinic, 15 kilometres away.

Normally such a journey would have been tolerable if not for the fact that Ferdousi was being transported on the back of a rickshaw van, a large, flat, wooden board with wheels that was peddled in the heat along uneven roads riddled with pot holes.

For Ferdousi, the journey ended in unimaginable pain. The child she was carrying died only half an hour after being delivered. "To carry a child for that long inside you and then to lose it suddenly is one of the saddest things you can go through," she says.

As she recalls the trauma of that fateful day almost four years ago, the now 24-year-old strokes her round belly, waiting in anticipation for the imminent birth of her third child. She and her husband already have a two-year-old daughter, Furkhan. Ferdousi says she is less worried about giving birth this time than she had been the last two times, the second of which was a home delivery without a skilled attendant.

The reason is partly because of a lady known as Doctor Apa, which affectionately means 'Madam Doctor'. Her actual name is Sova Rani and she's a Community Skilled Birth Attendant. Sova began as a Community Health Volunteer in Paik Para village in the Thakurgaon district in north-west Bangladesh.

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Community Skilled Birth Attendant, Sova Rani, 24, visits Ferdousi (centre) and her family in Paik Para village, Thakurgaon. Ferdousi is nine months pregnant and will deliver her baby with the help of Sova Rani.

In Focus: Maternal and Child Health

This newsletter focuses on the progress Bangladesh has made in the area of maternal and child health, as well as UNICEF's work in ensuring basic health rights for women and children.

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Q&A WITH UNICEF STAFF

Zahidul Hassan is a Fundraising and Partnerships Officer in the Planning, Monitoring and Evaluation Section of UNICEF, Bangladesh. He has been with UNICEF since April 2006.



What is your professional background? I have been working in the field of Communications, Fundraising and Partnerships for both private and development sectors since 1998. I spent two years working in the HR and Corporate Affairs

Department at Nestle after which I moved into the development sector and started working for ActionAid and Sight Savers International in the area of Fundraising and Partnerships.

What attracted you to work with UNICEF?

The diversity of people and the access to the best global practices and resources in terms of organisational culture and professional knowledge is the most attractive element for me at UNICEF. UNICEF's child friendly policy has helped me immensely as my son has grown up at the UNICEF crèche since the age of seven months. I have been also using flexy hours to pick-up my son from school, which also helps greatly in striking a balance between my family and professional responsibilities.

How would you describe your job at UNICEF?

Challenging! I have to deliver against deadlines on a regular basis and have to be careful about the quality and accuracy of my work as I deal with donor reports, fundraising and partnerships-related information. My work includes reviewing donor reports, proposals, agreements, co-coordinating with sections and colleagues and following submissions of donor reports.

How do you make your job fit with your lifestyle as a father/husband/family member?

I have completely reorganised my life since I became a father and have put my son at the centre of whatever I do. As I mentioned, UNICEF Crèche and child friendly policies made it easier for us and I am truly grateful to UNICEF and my colleagues for their great support which really helped me maintain a balance.

What changes have you seen happen or would like to see happen during your time at UNICEF?

I think the current repositioning of UNICEF, taking the organisation closer to the community will pay huge dividends in the long run. It is a move in the right direction and in sync with Bangladesh's present development phase.



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A trained birth attendant holds a newborn, while his mother rests at a municipal health complex in Ajmeriganj upazilla in Habiganj District, Bangladesh.

THE FACTS: MATERNAL AND CHILD HEALTH

Bangladesh has one of the highest rates of child marriage and adolescent motherhood in the world. One third of women are married before the age of 15 and 1 in 3 women bear children before the age of 20.¹ This has many negative implications on the health of both the mother and foetus.

For every 100,000 live births, around 194 women die from pregnancy-related issues.² In terms of antenatal care, just over 50 per cent of pregnant women aged 15 to 49 have been attended to at least once by a skilled health personnel and only 21 per cent were attended to at least 4 times.

Three quarters of women still give birth at home and only 24 per cent have a skilled attendant present when they deliver. Less than half the babies born are put to their mother's breast within one hour of birth, which is vital for their development.

While Bangladesh has made great strides in the area of child health, drastically reducing both the

Under-5 mortality rate (from 148 deaths per 1000 live births in 1990 to 52 in 2009) and the Under 1 mortality rate (from 102 in 1990 to 41 in 2009), infants still suffer health problems and 30 out of 1000 new-borns die within the first 28 days of life.

Bangladesh also has one of the highest prevalence rates of under-nutrition in the world, where 22 per cent of infants are born with a low birth weight. This carries through to childhood leading over 40 per cent of children under five to be classified moderately to severely underweight.

UNICEF believes that by changing attitudes to maternal and child care and by providing access to health professionals and nutrition, the number of infants that suffer and die as a result of maternal malnutrition and associated health problems will reduce even further. □

¹ National Institute of Population Research and Training (NIPORT), Bangladesh Demographic and Health Survey 2007, March 2009

² Bangladesh Maternal Mortality and Health Service Survey, 2010.

³ All other statistics are from the State of the World's Children report, 2011.

UNICEF AND MATERNAL, CHILD HEALTH

Over the past two decades Bangladesh has drastically improved its level of maternal and neonatal health and is now on track to achieving Millennium Development Goals 4 and 5 by 2015. This is due in part to a number of UNICEF-supported initiatives, run in partnership with the Government of Bangladesh and other NGOs.

UNICEF's projects operate on community, regional and national levels and target around 38 million people across the country. Millions more are targeted through joint initiatives and public awareness campaigns.

The projects advocate on behalf of mothers and children and provide improved access to key health services, facilities, information and workshop sessions, medical staff, health supplies and adequate transport facilities.

The Maternal, Neonatal and Child Survival (MNCS) project supports locally trained community members

who administer home- based care to expectant and new mothers.

The Maternal Newborn Health (MNH) uses volunteer maternal health workers to strengthen local clinics and support and local level planning, while the Maternal, Neonatal and Child Health (MNCH) project works with the Ministry of Health and Family Welfare and the NGO/ private sector to improve obstetric care at facility level.

A recent study¹ has shown an increase in awareness of maternal health issues among women in Bangladesh with more and more women accessing facilities, using skilled birth attendants, breastfeeding appropriately, eating the right foods while pregnant and suffering less from maternal health problems. □

¹ Bangladesh Maternal Mortality and Health Service Survey, 2010.

SUPPORT GROUP AIDS PREGNANT MOTHERS

The small village in Kyamlong Para, Bandarban is made up of quaint bamboo houses that sit along clean and dusty streets. As Ukyaching Marma makes his way through the leafy village in the hill tracts of Bangladesh, he is greeted by locals who stop to talk to him. Ukyaching is known throughout the area for his work with pregnant women.

The 28-year-old father of two is the secretary of the local Community Support Group, a grassroots organisation made up of 16 volunteers from six villages, who regularly monitor expectant mothers, advocate

on their behalf, help them identify danger signs during pregnancy and assist them to make informed choices relating to maternal and child health.

The group is part of the Maternal, Neonatal and Child Survival (MNCS) project, run by UNICEF in conjunction with partner organizations and the Government of Bangladesh. The project is administered through a network of local health workers, which includes the support group and Community Health Promoters (CHPs) who operate out of Para Centres – local venues where social and health information is distributed.



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Ukyaching Marma visits 28-year-old Mayaung Ching, who is 8 months pregnant. This is Mayaung's first pregnancy and she has received three check-ups with the help of the Community Support Group.

Ukyaching says one of his biggest obstacles he faces is families not allowing their daughters or daughter-in-laws to go to the hospital. "Many parents are reluctant to send their daughters or daughter-in-laws to the hospital because they're afraid of the high costs involved, so the pregnant woman and the new born baby suffer greatly," he says. "We had one case where the pregnant mother was seriously ill and we had to fight her in-laws to get her to the hospital."

Bangladesh has one of the highest rates of child marriage and adolescent motherhood in the world with two thirds of girls getting married before the age of 18 and bearing children shortly thereafter. Around 75 per cent of women still give birth at home and only 24 per cent have a skilled attendant



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22-year-old Uwaimay stands with her two children in the doorway of her home in Bandarban. She was visited twice by the Community Support Group during her pregnancy.

present when they do so. While the country has made great strides in reducing the Under-5 mortality rate, 22 per cent of infants are born with a low birth weight. For every 100,000 live births, around 194 women die from pregnancy-related issues.

Poor maternal health is the result of early marriage, women's malnutrition, a lack of access to and use of medical services and a lack of knowledge and information. To combat these issues, UNICEF is supporting Community Support Groups across Bandarban. In Kyamlong Para, women who had suffered complicated pregnancies and miscarriages in the past now have the option of seeking medical aid at the hospital - an option that was scarcely available to them before the group started in mid 2009.

"We use the money from our savings fund to pay for transporting the women to hospital and sometimes for the check-up," says Ukyaching. "If it's a serious case, we have access to extra resources through local partner organizations and we can also appeal to the rest of village for donations." The group has even started encouraging the mothers themselves to save money by distributing small plastic piggy banks.

Sitting on the dirt floor of her home, 28-year-old Mayaung Ching listens as Ukyaching explains the

importance of resting during pregnancy. Mayaung is eight months pregnant with her first child and has received three health check-ups with the help of the Community Support Group. "I'm very happy being pregnant because I haven't had any major complications," she says. And while she is nervous about giving birth, she feels supported by the health care network around her.

"The group provides peace of mind for the villagers because community members now know they have somewhere to turn to, whereas before many felt as though they were on their own," says Ukyaching.

A few hundred metres away, 22-year-old Owaimay cradles her sleeping newborn in her arms. She was visited twice by the support group during her second pregnancy and once after she gave birth. Even though Owaimay delivered her baby at the hospital, she says the follow-up care in the village is just as important as having a proper delivery.

As she looks down at her infant daughter, Owaimay can't help but smile as the baby, comfortably wrapped in a red blanket, yawns and opens her tiny eyes. □

This project is funded by AusAID



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Twelve-year-old Sultana Akter attends class at a government primary school. She graduated from a UNICEF-supported project, which helped her transition into formal education.

FROM SLUMS TO A FORMAL SCHOOL

Twelve-year-old Sultana Akter lives in Karail, one of Dhaka's largest slums. A few years ago she was illiterate and worked every day selling flowers to passing motorists at a busy intersection near her home.

Because Sultana's family was reliant on her income, her education options were limited. "I was not really aware of the importance of education," says Sultana's mother, Nasreen. "I thought that the local government primary school would be too expensive," she says.

Millions of children live in Bangladesh's urban slums, and the number continues to grow due to increased rural-urban migration, driven by the search for economic opportunity. Urban slums suffer from a lack of educational facilities, and many children in these areas have to work to support their families.

Sultana's life began to change when a specialised learning centre was established near her home. The centre was part of UNICEF's Basic Education for Hard-to-Reach Urban Working Children (BEHTRUWC) project.

The project aims to provide education to marginalised child workers who would have otherwise had no access to education at all. It is estimated that thirteen per cent of children across Bangladesh are engaged in paid or unpaid work. This is roughly equivalent to the number of children out of school.

The BEHTRUWC project provides students with minimum literacy and numeracy qualifications through free tailored classes that run for 2.5 hours each day, six days a week in the hope that the students will eventually transition from the specialised school to formal government schools. Fifteen percent of students involved in the BEHTRUWC project make such a transition.

Sultana's mother, agreed to enrol her daughter in one of the specialised classes and Sultana completed the 40-month BEHTRUWC course in November 2009, as part of the first group of graduates, with a basic education in English, Bangla, maths and life skills.

A project review found that many graduates aspired to continue their education, so UNICEF worked with the Government of Bangladesh to determine the equivalency of the BEHTRUWC certificate with the formal primary school system. The Government issued an order that BEHTRUWC graduates were eligible to enrol in grade four of primary school.

Nasreen decided to enrol Sultana in a government primary school close to their home. The classes run for four hours each day so she has less time to sell flowers, but Nasreen says she came to value education more after Sultana's positive experience at the learning centre. "My dreams for my daughter's future have grown now that she is getting more education," she says.

Sultana settled well to her new school. "I'm in the habit of going to school every day, and most of the students in my class are my neighbours, so I know them," she says.

The transition into mainstream education has had a positive impact on Sultana's commitment to education, and has expanded her life goals. It has also meant she is better placed to look for less hazardous and better paid work. "I want to learn a lot and go onto higher education. I would like to become a doctor!" says Sultana as her proud mother looks on. □

This project is funded by the SIDA and CIDA

National Study Highlights: A Decade of Progress

The Bangladesh Maternal Mortality and Health Service Survey 2010, conducted by the Government of Bangladesh and partner organisations, compares data from the first such survey, conducted in 2001.

The survey interviewed married women aged between 13 and 49 in 175,000 households across the country in order to track the maternal mortality ratio, identify specific causes of maternal deaths, assess the level of use of antenatal and postnatal care and to collect information on birth planning.

The survey found that between 2001 and 2010 there was an improvement in the access to care, education and awareness levels among women and economic conditions in general.

Snapshot findings:

- The maternal mortality rate decreased by 40 per cent from 322 per 100,000 live births in 2001 to 194 in 2010.
- The number of women delivering in a health facility increased from 9% in 2001 to 23% in 2010.
- There was also a slight increase in the presence of skilled attendants during home births, which rose from 3.5% in 2001 to 4.3% in 2010.
- The number of women seeking treatment for obstetric complications increased from 53% in 2001 to 68% in 2010. This includes homebased treatments, the purchasing of medicines and facility visits.
- There was an increased awareness among lesser educated women regarding health care, with the number of women seeking care at facilities doubling between 2001 and 2010.
- While maternal causes still accounted for 14% of female deaths in Bangladesh, prevalence of the two biggest killers – haemorrhage and eclampsia (seizures) decreased by 35% and 50% respectively.
- Abortion related deaths declined from 5% of all maternal-related deaths in 2001 to 1% in 2010.

Volunteers see birth of a new era

Continued from page 1

She was trained under the joint UN Maternal and Neonatal Health (MNH) initiative run by UNICEF, WHO and UNFPA. In 2009, she was one of 318 women in Thakurgaon who took part in a 5-day training course, which covered breastfeeding, thermal care, pregnancy danger signs, check-up processes and referral methods. Shortly after, she began working to ensure that all the pregnant and lactating women in her community were registered. She also visited them regularly and conducted information sessions on maternal and infant health.

After doing this for a year, Sova was one of only 18 women selected to take part in 6-months government training initiative at a prestigious hospital close to the capital Dhaka. This training would turn Sova into someone with the skills to deliver babies.

“For the first month we had theory lessons everyday and for the rest of the time it was a mixture of theory and practical training in a hospital environment. I delivered six babies at the hospital during my training” says Sova.

She has been back in the village since March and is continuing her volunteer work in the community health clinic, which has been revitalised with new bedding and equipment thanks to the MNH programme. Since starting, she has already delivered two babies and with Ferdousi being one of several women due in the coming weeks, there are more to come.

“I’m not nervous or scared to deliver babies here,” says Sova. “I’ve delivered babies before and I’ve had extensive training so I know how to deal with complications and when to refer up.”

According to the Bangladesh Maternal Mortality and Health Service Survey 2010, maternal mortality has reduced by 40 per cent since 2001. The survey showed that more and more women are accessing facilities to give birth and using skilled birth attendants during home deliveries. This is due to an increase in clinics and services as well as an increased awareness about maternal health.

Less than 300 metres from the community health clinic, a mother’s group meeting is taking place and around 20 pregnant and lactating women are listening as another Community Health Volunteer, Shorifa Begum, explains the correct way to breastfeed. The women meet every month to talk about various health issues and clarify any questions they may have.

For some of the women, it’s their first pregnancy and they say they’re comforted to know that with Sova Rani’s skills and the free health clinic around the corner, they won’t have to endure the pain that Ferdousi would have felt on that long and difficult journey to give birth. □

This project is funded by UK AID and the European Union

MOTHER AND CHILD

1 UNICEF-supported maternal health projects seek to encourage and train community-based volunteers who have better access to expectant and new mothers.



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2 Bangladesh has reduced both its Under 1 and Under 5 mortality rates from 102 deaths per 1000 live births 1990 to 41 in 2009 and from 148 to 52 respectively.



© UNICEF/BANA2010-00263/Mojumder

3 An infant, held by his mother, is vaccinated against measles at a health outreach centre in eastern Bangladesh. In 2010 UNICEF supported a national measles and polio immunization campaign reached 20 million children in two weeks.



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4 A woman carries boxes of high-energy biscuits she received from a UNICEF-supported initiative in Bagarhat District, Bangladesh. The area was devastated by Cyclone Sidr in 2007, leaving villagers stranded with limited access to vital services.



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5 Bangladesh is on track to achieving Millennium Development Goals 4 and 5, which highlight drastic reductions in the Under-5 mortality rate and the maternal mortality rate.

6 UNICEF-supported maternal health projects work across the country to raise awareness about the importance of breastfeeding, particularly within the first few hours of birth.



7

© UNICEF/BANA2009-00924/Noorani

7 The number of women accessing health facilities for antenatal and post natal care has increased significantly in the last decade. This is due to an increase in awareness and services.

8 Bangladesh has one of the highest rates of child marriage in the world. Around one third of women are married before the age of 15 and 40 per cent of women aged between 20 and 24 have given birth before the age of 18.



8

© UNICEF/BANA2007-0776/Siddique



9

© UNICEF/BANA2009-00833/Noorani

9 A woman holds a visibly malnourished infant in a Dhaka slum. In Bangladesh, 22% per cent of infants are born with a low birth weight, which causes health complications throughout childhood.

CASH TRANSFERS AID URBAN POOR

Eleven-year-old Mohammad Aslam excitedly tugs on his grandmother's sari as she explains how she will spend the money she's just received as part of a new UNICEF-supported initiative targeting vulnerable urban children.

He's keen to offer suggestions to his grandmother, Kulsum Begum, on what she should do with the Taka 9,000 she was given as part of the Social Protection Initiative for Vulnerable Children in Urban Areas. The initiative is being implemented by the Government Ministry of Women and Children Affairs (MoWCA) in collaboration with UNICEF and its partner organisations and it provides caregivers of vulnerable children with money that they can invest in their child's health and education.



Mohammad Aslam, 11 with his sister Bithi at their living quarters in Baganbari, Dhaka. The children's grandmother and sole caregiver received money as part of the urban cash transfer programme to ensure her grandchildren have access to education.

© UNICEF/2011/Ahsan Khan

Kulsum was identified by social workers from MoWCA as the sole guardian of Mohammad and his nine-year-old sister Bithi. The children's father has passed away and their mother left them living in a slum with their grandmother to pursue a second marriage.

Kulsum works in a shoe factory, earning taka 700 (\$US 10 dollars) per week but because her meagre wage is not enough to support herself and the children, Mohammad was forced to quit school and work as a cigarette vendor, weaving in and out of Dhaka traffic selling cartons to commuters. "I don't want to work. I would give up this filthy job right now if I had the chance to go to school," says Mohammad.

The project is based on the successful implementation of UNICEF's Amader Shishu (Our Children) programme, which provided cash transfers to the caregivers of 2058 vulnerable and orphaned children in areas affected by the 2007 cyclone, Sidr. The aim of Amader Shishu was to promote social protection among vulnerable families by creating a community-based support network that opposed child labour and other forms of exploitation. A review of Amader Shishu found that all the families that received payments had used the money in the best interest of both the family and the child.

Kulsum says she will use the money to start a small business selling saris so that she can afford to send her grandchildren to government schools. Mohammad was one of the first 23 children known to social workers through the UNICEF-supported Protection of Children at Risk (PCAR) project, who were chosen to receive

the cash transfer. The selection criterion is based on the child's family background (i.e, orphaned), social situation and family income, which will be monitored by UNICEF-supported government social workers throughout the year.

The child's caregiver receives taka 1,500 each month in two yearly instalments of taka 9,000 to put towards education and a sustainable means of income generation. This will deter boys from having to take up hazardous jobs and girls from early marriage and instead bring them back to school,.

When 12-year-old Joshna Ahkter is asked whether she will get married soon, she scrunches up her face and begins to laugh. "No way," she says. "I want to continue going to school because I love seeing my friends and taking part in all the recreational activities we do there."

Joshna's mother Piara Begum is another caregiver who was selected to receive the cash transfer. She now supports her sick husband and three teenage children with the taka 500 a week (\$US 7 dollars) she earns from her job at a plastics factory.

"I will buy things for my house and family and put the rest towards my daughter's education," says Piara. As the cash transfer initiative slowly begins to take shape in Dhaka, it's hoped that by the end of the year it will have reached 500 urban slum children. □

This initiative is funded by the Norwegian Committee for UNICEF

INNOVATION MAKES WATER ACCESS EASIER

Forty-six year old Pori Banu walks more than one kilometre almost every day to fetch water. She draws around six litres from a tubewell - an opening in the ground where water can be drawn using a hand-pump.

Banu is often accompanied by her neighbour Runa, who also collects drinking water from the same well for her family of four. "I come to take water from this tubewell because there is no other source of safe drinking water nearby. This is the nearest tubewell to my house in Purna Hawlader village," Banu says.

Tubewells are commonly built in the backyards of village homes, however the water extracted from these wells is often contaminated with high levels of naturally-occurring arsenic and therefore undrinkable.

Banu has her own tubewell but like millions of shallow Tubewells in rural Bangladesh it's contaminated with arsenic so she is forced to walk to a neighbouring village for water. She may not have to do this for much longer thanks to a new feat of engineering.

Experts from the Government Department of Public Health and Engineering (DPHE), in collaboration with UNICEF, have found a way to pump water to different locations using a single underground deep source that is arsenic safe. The technology is based around a series of interconnected pipes that draw water from one main deep water source. The pipe's ends are usually 300 feet away from this main source and are fitted with a hand pump, creating several additional water supply points without there having to be a well directly underneath.

The new measure is part of UNICEF's Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) project, which is supported UK AID. The

\$US 100 million dollar project aims to promote proper hygiene practices across Bangladesh as well as supply as many poor communities as possible with safe drinking water and proper sanitation.

In Char Narayanpur village in Shariatpur three extra hand pumps have been installed, all of which run off the same water source of a fourth main well.

Behind the home of Ismail Ukil is one of these wells and it's here that 17-year-old Jesmin Akter sources her water. Jesmin is from a nearby village. She comes to the well everyday and fills a kolshi (a six litre jar). "I come here because it has privacy and it's also convenient, not very far from my home," She says.

The new water system is proving to be an important money saver. Without the new system engineers would have to drill and install each tubewell individually at an average cost of around 60,000 taka each (US 842 dollars) but joining a pipe to an existing deep water source only costs 12 000 taka. (US 168 dollars)

It also provides social benefits, particularly for young girls and women. In the conservative upazila of Damuddya young girls are often not allowed to fetch water on their own at open tubewell sites as they are often teased and stared-at by boys. The well at Ismail Ukil's house is hidden way in a corner behind a bamboo fence so as to allow for privacy.

In the coming months, with support from UNICEF, the Government of Bangladesh plans to build more of these cost effective tubewells in suitable areas of 19 districts across the country. □

The SHEWA-B project is funded by UK AID



© UNICEF/2010/Bashir Ahmed Sujan

Young girls use a tubewell for tube well for cleaning, washing clothes and drinking in Char Narayanpur, Shariatpur, 24 May 2010.

OLIVIA HARRISON VISITS BANGLADESH

Olivia Harrison, wife of the late musician and former Beatle George Harrison, is the founder of the George Harrison Fund for UNICEF. She visited Bangladesh in February to see first-hand the work her family has sponsored in the country.

It was a trip that focused mainly on UNICEF's work in promoting basic education for Bangladesh's most vulnerable children.

At a centre for at-risk youth in the capital Dhaka, almost 30 children – some as young as four – waited for Olivia to arrive, before performing a play about child labor. When asked about their rights, the children replied enthusiastically that they have a right to shelter, food, education, health and play.

"These children are living a harsh reality," says Olivia. "But what is amazing to me is that all of them know their rights." Around 30 street children live in the centre, where they receive food, education, health services and life-skills training.

At a neighboring open-air school, Olivia met children living in makeshift shelters on a river embankment, who are involved in work that keeps them from

attending traditional schools. With support from UNICEF, the open-air school is providing them with basic education and helping prepare them for future enrolment in government primary schools.

UNICEF also supports Basic Education for Urban Hard to Reach Working Children, a project that provides tailored education to working children living in urban slums. Children attend lessons for two-and-half-hours each day and the curriculum addresses their specific needs, with classes that focus on basic education and life skills.

Despite the challenges they face, the children at the school have dreams. Some want to be doctors, some engineers; others teachers. With help from the George Harrison Fund, UNICEF is working to ensure even the most vulnerable children, living in hard to reach areas have access to an education.

The Harrison's relationship with UNICEF Bangladesh began with the groundbreaking 'Concert for Bangladesh' in 1971. Over the years, Olivia has embraced the humanitarian legacy of her late husband and dedicated herself to helping foster a new Bangladesh where every child counts. □



© UNICEF/2011/Saiful Huq Omi

Children at a UNICEF-supported Early Learning Center in Dhaka, put on a performance for Olivia Harrison and members of the US Fund for UNICEF.



Mamun, 14 along with other young people admires photographs taken by children at the launch of the State of the World's Children 2011 report in Dhaka

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SOWC LAUNCH: ADOLESCENTS SHINE

For the 33.9 million adolescents who live in Bangladesh, UNICEF's State of the World Children 2011 report could not have come at a better time.

This year's flagship publication entitled *Adolescence: an Age of Opportunity* – focuses on the 1.2 billion people in the world aged between 10 and 19, particularly those who live in poor and disadvantaged conditions.

For Bangladesh the challenges lie in tackling two of the biggest issues facing its young people: child labour and child marriage. Despite 18 being the legal for marriage, one third of girls in Bangladesh are married before their 15th birthday and 13 per cent of children across the country work in either paid or unpaid jobs.

Mohammad Mamun is someone who knows about the realities of being a child labourer. The 14-year-old spent more than one year working in a plastic manufacturing factory, often doing strenuous work in hazardous conditions.

He was one of three adolescents who spoke about the perils of child labour at the publication's launch in Dhaka, before an audience of government dignitaries, UNICEF staff and media personnel. "I worked for 12 hours a day, everyday," says Mamun. "The machine I operated was too big for me so I had to stand on

a chair to use it. At times I would get very tired but I would be too afraid to fall asleep in case the manager hit me."

Mamun says speaking at the launch of such a key publication has given him the opportunity to share his story so that other young people can learn from his experiences. "Young people should not be working," he says. "They should be in school and the laws that are already in place to deal with child labour should be better enforced."

The report was officially launched by Dr Shirin Sharmin Choudhury, State Minister for Women and Children's Affairs, Mr. Hedayetullah Al Mamoon, Secretary, Ministry of Information and UNICEF Bangladesh Representative Carel de Rooy. Report highlights were presented Arifa S. Sharmin, OIC, Communication and Information section, UNICEF Bangladesh.

The State of the World's Children 2011 examines the global state of adolescents and outlines the challenges they face in health, education, protection and participation; and explores the risks and vulnerabilities of this pivotal stage. The report argues that investing in adolescents is vital to breaking the intergenerational cycle of poverty and laying the foundation for a more equitable world. □

KOREAN INTERNATIONAL COOPERATION AGENCY (KOICA)

Programs with UNICEF:

Maternal and Neonatal health

Funds:

USD 2 million over three years (2011 – 2013)

The Korean government is a sponsor of maternal and child health projects in Bangladesh. Why have you chosen to fund these particular initiatives?

When it comes to the Millennium Development Goals, target 4A aims to reduce the Under-5 mortality rate, the Under-1 mortality rate and the proportion of 1-year-old children not immunized against measles by two-thirds from 1990 by 2015.

Although Bangladesh has made significant improvement over the years in maternal, neonatal and child health, the need for local health services remains immense. In order to help Bangladesh achieve MDG-4, the Korean Government has chosen to fund these particular initiatives through the UNICEF-supported Tangail Maternal, Neonatal and Child Health project.

What changes has your government impacted or hopes to impact in Bangladesh over the years?

As a grant aid agency of the Korean Government, KOICA started its journey in Bangladesh in 1993 and set up a local office within the Korean Embassy in 1995. KOICA has long prioritized Bangladesh as a partner country and hopes to take practical and definitive action towards the development of Bangladesh, attaining the Millennium Development Goals (MDGs) and making Bangladesh a middle income country by 2021.

KOICA provides Bangladesh with training support (which involves technical training in Korea and in-country training in Bangladesh) medical experts, volunteers, local NGO support and emergency relief. At present around 60 skilled KOICA volunteers are working in several parts of the country and sharing their development knowledge with their respective partner organizations. Their roles help foster a mutual understanding between Korea and Bangladesh.

What are your priorities in the coming years with regards to the work that you sponsor in Bangladesh?

The Korean Government Country Assistance Strategy (CAS) is committed to alleviating world poverty, promoting socio-economic development

and the attainment of the United Nations Millennium Development Goals. Over the next three years, KOICA will focus its bilateral assistance to Bangladesh in the three major areas of education, namely technical and vocational education; climate change (Industry & Energy) and agriculture & rural development, with a focus on income generation.

Bangladesh is on the way to achieving a number of MDG targets particularly those that relate to maternal and child health, what more needs to happen to ensure the country remains on track?

While the country is on track to meeting Millennium Development Goal 4, success in actually meeting the target is still far from guaranteed. The neonatal mortality rate has been declining at a relatively slow rate and there is growing concern that this slow pace of reduction could undermine the current trend in the reduction of the Under-5 mortality rate. Micronutrient deficiencies are also a major public health problem in Bangladesh.

KOICA has provided UNICEF with more than USD\$2 million over three years to scale up home-based maternal and newborn care and to reduce the prevalence of anaemia in women and children in the Tangail district of Bangladesh. With help from the Government of Bangladesh and other partner organisations, health workers will provide basic counselling and home care services to pregnant and lactating mothers.

It is hoped that this project will significantly reduce neonatal deaths over the next three years and provide important lessons for further scaling up home-based neonatal care interventions throughout the country.

How can UNICEF and the Korean government continue to strengthen their partnership in the future?

The successful implementation of the KOICA-UNICEF project would certainly lead to further strengthening the relationship between the two parties. Also, more joint projects would help foster a strong and stable partnership between KOICA and UNICEF in the coming years.



Women speak out about maternal health

Paikpara Village, Sadar Upazila, Thakurgaon district



Treebani Rani, 42

"I think the most important thing is to register all pregnant women so we can monitor them. If they are not registered there is no way of following up with them and tracking their progress."

Treebani Rani, 42



Asha Rani, 25

"Check ups are extremely important for mothers. They should be receiving a check-up from a trained health professional at 4 months, 6 months, 8 months and during the final weeks of pregnancy. They should also be vaccinated against diseases like tetanus."

Asha Rani, 25

"Nutrition is very important during pregnancy. Pregnant women need to know what they can and can't eat and how to make sure their food is clean and nutritious."

Mosammat Shorifa, 25



Mosammat Shorifa, 25

"Pregnant women have five danger signs that they should be aware of like constant bleeding, convulsions, late delivery, heavy fever and vision impairment. Knowing what to look out for during pregnancy means women can better look after themselves."

Mosammat Jamina Khatun, 18



Mosammat Jamina Khatun, 18



Bharoti Rani, 25

"Coming to the mothers group has definitely convinced me to give birth at the community clinic rather than at home. For many poor pregnant women the cost of medical treatment can be too high so it's comforting to know that a service like that is free and close to where I live."

Bharoti Rani, 25



Mukta Ahkter, 19

"I'm pregnant with my first child and I feel confident about giving birth because I know that our community health volunteer has delivered healthy babies before. It makes me less anxious about the delivery."

Mukta Ahkter, 19

Women need to be taught about the different stages of check ups during pregnancy and when they are required. Also the rate of home deliveries is still very high so we need to encourage the women to use the health clinics or have a skilled birth attendant present.

Shorifa Begum, 29



Shorifa Begum, 29

"The mother's group has taught us about how we should behave after giving birth. For example, the baby should be breast fed within one hour of birth and wrapped in warm clothes"

Lipi Ahkter, 19



Lipi Ahkter, 19

1 Cricket shines a light on key issues

Cricket fever swept the country during the months of March and April as Bangladesh co-hosted the Cricket World Cup 2011.

It wasn't just the world class players in the spotlight, but the key social issue of HIV and AIDS prevention, highlighted throughout the Cup by UNICEF's global Think Wise campaign, which aims to raise awareness about the diseases.

The campaign included theatre performances and workshops in schools across Dhaka and the southern city of Chittagong that helped spread information about the symptoms and prevention of HIV/AIDS.

The Cup also provided a rare and exciting opportunity for young people across the country, particularly adolescent girls, to participate – some for the first time – in a national amateur cricket competition. The winners were then given the chance to train alongside internationally renowned players from the Pakistani and Canadian teams.

3 Push for more focus on domestic sexual abuse

UNICEF has urged more focus on sexual abuse in the domestic sphere as well as the commercial exploitation of children.

While the latter has long been a concern for child protection advocates, the former often goes unnoticed and there are minimal preventative mechanisms in place to ensure child protection at the family level.

The push came at the launch of a new report entitled, "Sexual Abuse and Commercial Exploitation of children: Elements for National Strategy and Plan of Action", which stressed the need to recognize the long lasting and devastating consequences that sexual abuse for the victim, families and society.

The study reveals that victims of sexual abuse are given little support and that more attention is given to 'managing' the dishonor and social consequences associated with being sexually abused, particularly for young girls.

The report recommended introducing sex education in schools, increasing social outreach programmes and creating more emergency night shelters for street children. It also stressed the need to strengthen employer responsibilities in preventing sexual abuse in the workplace.



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Adolescent girls cheer during a national amateur cricket tournament played as part of the UNICEF-supported Think Wise campaign, which raised awareness about HIV/AIDS during the Cricket World Cup 2011.

2 Leaders not watering down a challenge

World Water Day 2011 was marked in the capital Dhaka in March with leaders across both public and private sectors urging more action on water accessibility.

This year's theme – 'Water in cities – responding to the urban challenge' - was of particular significance to Bangladesh, which has one of the fastest urbanization rates in the world.

The United Nations joined leaders from the Bangladeshi Government, bi-lateral development partners and NGOs in declaring their commitment to ensure the right to safe water in Bangladesh.

Bangladesh is facing widening inequalities, rapidly expanding urban areas and the increasing unavailability of safe water. It's estimated that the investment need for urban and rural water supply between 2010 and 2015 will be USD 2.36 billion and 0.64 billion, respectively.

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