VIEWPOINT FROM A CONVERGENCE DISTRICT HOSPITAL

During her first year at the Jamalpur District Hospital, Doctor Fakhria Alam recalls a young woman in labour coming to the hospital. “She had tried to have the baby with the help of a village dai (midwife) but the child had gotten stuck in the middle of the process” says the doctor. “It was a horrifying sight. We were unable to save the child in the end.”

Dr. Fakhria has worked as a gynaecologist at the hospital since 2007. “Such a sight was not uncommon a few years back. When I joined, there were hardly any staff to assist me and most of the beds in the gynaecology and paediatric wards were empty” she says.

Now in 2011, things are different at the Jamalpur District Hospital. The walls are adorned with information boards that provide female patients and visitors with information on how and where to seek healthcare, on their rights as patients as well as various healthcare tips. The paediatric and gynaecology wards are full and orderly, whilst patients are lining up along the ticket counter and at the information desk.

This is thanks (in part) to the Maternal and Neonatal Health Initiative (MNH) jointly run by UNICEF, WHO and UNFPA, which has provided the hospital with staff, beds, fans, televisions, chairs and lockers, renovation materials and logistical help.

The MNH initiative seeks to reduce maternal and neonatal mortality by addressing obstacles at both the supply and demand levels and by encouraging more women to use the health facilities.

According to the State of the World’s Children 2011 report, only 24 per cent of women use skilled birth attendants during delivery and a mere 15 per cent access health facilities.

Since the initiative began in 2009, the hospital has undergone drastic changes both in terms of facilities and capacity, attracting an increasing number of pregnant women and new mothers.

“This is the second time I am having a baby here” says the 27 year old mother of Kaniz Fatema, as she lies languidly on the bed in the paediatric ward with her new-

In Focus: Convergence
This edition of the newsletter looks at convergence - what it means for UNICEF’s continued work with and for children, and how it fits into equity and the Millennium Development Goals.
Q&A WITH UNICEF STAFF

Carel de Rooy
Former Representative, UNICEF Bangladesh

What's convergence and what does it mean in practice for Bangladesh?
We have taken seven of some of the worst performing districts and are working with them to create a situation where an array of basic services will reach the same deprived family. The next stage will be the selection and convergence of efforts on the 20 worst performing and most vulnerable districts, and for this we have managed to leverage support from the UN as a whole, through the UNDAF. What we want to see by 2015 is a reduction in the gap between the national statistics and the statistics of these 20 districts. What we don't want to see is progress towards the Millennium Development Goals (MDGs) with an increase in the inequalities.

What success has there been so far since its rollout in Bangladesh?
The cabinet ministry has on a trial basis approved resources to be passed directly through the deputy commissioners, instead of exclusively through line ministries as in the past, which shows that we have much needed government support on this. We also have the whole UN on board. We'll have a rough idea about the progress made in the seven districts through the next multiple indicator cluster (household) survey at the end of 2012. However, we won't know how successful we really are – in the 20 districts - until 2015.

And, finally?
I believe Bangladesh’s key challenges remain: managing urban growth and especially dealing with the urban slums and the potential for youth crime and violence that lays there. There has been significant progress in some areas but on nutrition it has been slow. Bangladesh’s most important asset is its human capital and I hope that the Government, partners and UNICEF will address this issue more concertedly in the future. Finally, but not least, comes women’s empowerment. Bangladesh has done relatively well on this but I’m afraid there’s a long way to go. Just open up the newspapers and see the levels of violence against women across the country – it is shockingly prevalent. Women and girls are a critically important part of this society and their rights and protection are absolutely crucial.
Convergence is a deliberate, systematic and evidence-based strategy to deliver more complimentary UNICEF-supported and other programme interventions within a common geographical area. These programmes include health, nutrition, water and sanitation, child protection, education and communications. They will be co-ordinated in targeted districts covering the same upazilas/unions/communities and, subsequently, impacting on the same households and families.

Convergence is also the tool being used by UNICEF to break through bottlenecks to achieve the MDGs in Bangladesh, ultimately ensuring that the poorest, vulnerable and/or marginalised children enjoy their own human rights as equally as any other child or adult.

Bangladesh has over the years made good strides towards realising some of the MDGs by 2015 (especially goals 4 and 5 – reducing child mortality and improving maternal health). Nonetheless, challenges remain including:

- Income poverty has been reduced but hunger remains a problem. A staggering 43 million Bangladeshis suffer from chronic food insecurity and high levels of malnutrition.
- Primary enrolment rates are over 90 per cent, but completion is low and, in fact, declining at around 50 per cent. In addition, formal education can be of dubious quality.
- Child and infant mortality rates have significantly improved, but neonatal mortality and injury-related deaths are still high.
- There has been a significant reduction in the maternal mortality ratio but the absolute numbers remain stubbornly high.
- HIV prevalence remains low at less than one per cent, but there is an uneasy complacency and lack of knowledge about prevention and services.
- Access to clean drinking water and adequate sanitation has increased but there is still a way to go in achieving universal coverage. A lack of environmental policy, poor hygiene practises and groundwater arsenic are problems.
- There needs to be better coordination and accountability between development partners and the government.

Convergence should ensure that children experience a more holistic and integrated range of services. This all dovetails with UNICEF’s mandate ‘to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential’ (Convention on the Rights of the Child).
The Government of Bangladesh and UNICEF have identified seven low performing districts – some of the most geographically marginalised in the country – in which to roll out the convergence strategy, working together with other UN agencies. This will gradually be extended to 20 districts in total. The reasons for their low performance can be manifold: limited coordination, human resources/personnel; restricted complementarity between departments, as well as people being unaware of the services they can access.

The convergence approach is part of UNICEF’s commitment to helping the poorest and most vulnerable children in Bangladesh by supporting the government and other partners to achieve the MDGs by 2015. It recognises that though the raw tools may exist – a school building for example – poverty, a lack of good quality staff, or the failure to sufficiently address areas of child protection such as early marriage and the dangers of giving birth at a very young age, will contribute to drop-out rates, as is already happening with young girls in Bangladesh.

Through this strategy, UNICEF will continue its technical support, funds and essential supplies, with special focus on the convergence districts.

This means that UNICEF will also continue to support its traditional programme interventions in health/nutrition, water/sanitation/hygiene, basic education and child protection, cross-cutting with support from communication for development and advocacy specialists to raise awareness amongst beneficiaries, partners and the media.

The seven targeted districts are:

<table>
<thead>
<tr>
<th>District</th>
<th>Population</th>
<th>Upazilla</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamalpur</td>
<td>2,024,652</td>
<td>Sadar; Sorishabari</td>
</tr>
<tr>
<td>Rangpur</td>
<td>2,542,441</td>
<td>Sadar; Kawnia</td>
</tr>
<tr>
<td>Sunamganj</td>
<td>2,371,753</td>
<td>Dowarabazar; South Sunamganj</td>
</tr>
<tr>
<td>Cox’s Bazar</td>
<td>2,257,809</td>
<td>Teknaf; Ukhiya</td>
</tr>
<tr>
<td>Bandarban</td>
<td>3,403,038</td>
<td>Sadar; Lama; Rowangchori; Ruma; Thanchi; Alikadam; Naikhongchari</td>
</tr>
<tr>
<td>Narail</td>
<td>7,059,581</td>
<td>Kalia</td>
</tr>
<tr>
<td>Bhola</td>
<td>1,703,117</td>
<td>Sadar; Charfashin</td>
</tr>
</tbody>
</table>

Rahul Debnath with his mother, Shibli Rani. They live in Sunamganj, one of the designated pilot convergence zones. Rahul is now healthy after a severe bout of pneumonia. He received help through the UNICEF-supported Maternal, Neonatal and Child Survival (MNCS) project.
In the south-western area of Assasuni, Sathkhira, approximately 200 km from Dhaka, 20 year old Mossamad Selina Khatun previously had to travel miles to get clean water, but now she and her family live right next to a UNICEF-supported managed aquifer recharge site, where they can get fresh water. "There is water everywhere (in Assasuni), but people cannot drink it" she says. "A lot of people have died from diseases after drinking dirty water in the past. This clean water is our lifeline."

Mossamad Selina Khatun, her family and her village are among those targeted by WESTech, a national water and sanitation technology sharing workshop held in Dhaka on November 27 last year, a day devoted to exploring the emerging technologies that will meet the needs of struggling communities.

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"Bangladesh is poised to elevate itself from basic services" organise Dr. Yan Zheng, UNICEF’s former Water and Sanitation Specialist told the packed audience. "This presentation is about the future, it’s about what the children and grandchildren of Bangladesh will use when they grow up" she said.

Water resource management, food security, sexual and reproductive health have not previously been tackled in a holistic way. The Netherlands is taking an initiative in the coastal area to integrate water resources management (for agriculture development i.e. irrigation, flood control & drainage) with rural WASH & food security components, to achieve more synergy and sustainability, says A.T.M. Khaleduzzaman, Advisor, Integrated Water Resources Management at the Dutch Embassy.

“There are opportunities for the Netherlands and UNICEF to work in these areas, supporting water management by creating a community of farmers and fishermen of which 30 per cent of women” he says. “WASH (water, sanitation and hygiene) is an important element in supporting food security and we are addressing issues such as water resource management to enhance agriculture and fisheries productivity.”

In Char Narayanpur village, there is a new deep-tube well connection where 17-year old Jemin Akter now travels to fill a six litre jar every day for herself and her family. “I come here because of the privacy and it’s also convenient, not far from my home” she says. Girls

Continued on page 6
sometimes face harassment from boys, such as being teased and stared at, as they make their way to fetch water.

After cyclone Aila struck some 600 households on the Zorrshing embankment in 2009, residents found themselves with largely unhealthy saline water. The situation improved drastically after a WaterAid/UNICEF-supported project sourced fresh groundwater through a mini piped water supply system with a submersible pump using solar energy.

Initial capital investment for piped systems is higher than stand-alone tubewells: one deep tubewell of 200m depth costs $50,000 that serves about 20 households. In comparison, a recently completed piped water system in Pabna, with 5 km of pipeline cost around TK 28 lakh (c. $340,000) but serves 600 households.

Communities not only need more money, but also greater interaction between partners. Very much involved in this is the Sanitation, Hygiene Education and Water Supply Programme in Bangladesh (SHEWA B) which is funded by the Government of Bangladesh, UNICEF and UKAid. It is one of the largest water and sanitation programmes in the world, and is in the process of installing 41 rural piped water systems in the country.

The barriers aren’t always external; they can be those of the mind too. Contaminated water can lead to diseases such as diarrhoea but water treatments can cause water to smell strongly of chlorine, putting villagers off from drinking it. Along with innovation must come the lateral thinking about how the technology not only can meet the environmental challenges, but how it can specifically meet the most mundane needs of the people it serves.

This project is funded by UKAid

VIEWPOINT FROM A CONVERGENCE DISTRICT HOSPITAL

Continued from page 1

born daughter in her arms. “The last time I had my baby here, almost five years back, I spent four days lying on the hallway of the gynaecology ward with many other woman, hardly being attended to by anyone.

“This time I was rushed to the hospital in an ambulance. I was carried on a patient’s trolley and taken to the delivery room. I also got a proper bed to lie on with attendants checking on me regularly,” she adds.

“The good thing about the MNH initiative is that it approaches hospital needs in a fully-pronged manner, providing logistics and other support on a timely basis, if and when things are required” says Dr Mohammed Abdul Hakim, Civil Surgeon of Jamalpur district.

“It is noticeable how people’s attitude are changing and more and more pregnant women are coming to our hospital instead of going to ‘dai’s’ or private hospitals” he says.

Jamalpur District Hospital is lined up for more support through the MNH initiative, with the further employment of four doctors and four nurses, support staff and security guards, as well as 25 additional beds in the labour ward. While it is too early for the MNH indicators to show drastic improvements, the doctors at the district hospital are upbeat about the future.

*Jamalpur is one of the targeted Bangladesh convergence districts. It has a population of over two million.*

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Houses are surrounded by water at a MAR site in Gangarampur, Batiaghata, Khulna. Salinity and water clogging from hurricane Aila continue to cause problems.

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This project is funded by UKAid

EC and DFID joint programme
Tonny Akter, is a bright-eyed, inquisitive six-year-old. Like many children her age, Tonny is very excited about attending school. She loves reading, citing the ‘story books’ as the best thing about coming to the learning centre. Unlike most children her age, however, Tonny lives inside a brothel. And whilst other six-year-olds play or interact with friends, Tonny fetches water or cigarettes for her mother’s clients.

Across Bangladesh there are potentially thousands of young children like Tonny living inside illegal brothels. At the Rothkhola brothel in Faridpur alone there are over two hundred families living on site, whose sole income derives from sex workers – women or young adolescents – to meet their daily rent and living costs. In the context of drug use, endemic sexual health problems and emotional and nutritional neglect, children raised within this environment are among the most vulnerable in the country.

In 2008, UNICEF in collaboration with the government-run Shishu Academy of Bangladesh, opened three Early Learning Centres inside brothels such as Rothkhola in both Faridpur and Jessore districts. As well as learning materials and teaching supplies such as alphabet charts and toys, UNICEF provides the centre’s rent, the teacher’s stipend, and teacher training through an initial seven-day intensive and subsequent annual refresher course.

But even with the centre operational the enrollment and attendance of children is far from guaranteed. Fatema Begum from the Shishu Academy notes that the biggest obstacle to the children accessing education is often their own mothers. “The majority of the mothers here don’t see the value of education” she says. “They need their children to run errands, to help them support their families. Many mothers have said to me: ‘What’s the point of sending our children to the centre? They’ll only grow up to take our profession anyway’.

Tonny’s mother is one who held such views. However, as Doly Karmaker, the teacher at the Early Learning Centre reports, Tonny took matters into her own hands. ‘After a few weeks of teaching I kept noticing this young girl hanging outside the classroom. I asked her if she wanted to join in, and her face broke into a really big smile.’

For children such as Tonny, the centre represents an oasis amidst an otherwise desolate environment. Here, she can come for a few hours each day to quietly read, to receive attention and affection, and to escape through songs, rhymes or games with other children. When we visit, Tonny proudly displays her ability to write letters from the Bangla alphabet, and Doly reports that Tonny has the best handwriting in the class.

Whilst life inside one of Bangladesh’s illegal brothels is fraught with hardships, through the Early Learning Centre children are shown an alternative to a life of prostitution. Doly proudly reports that at least three children from the centre have gone on to attend primary school, and she holds similar hopes for Tonny. “I hope she can go on to primary school, I hope all the children do. But more than that I hope she can get out of this place before it’s too late.”

Early Learning for Child Development is supported by the UNICEF National Committees of France, UK, Germany and Sweden; and by the Governments of Australia and Netherlands
1 Ban Ki-moon, UN Secretary General meets with members of UNICEF-supported adolescent clubs in Mobarakpur, Kulaura, Moulvibazar, on 15 November 2011.

2 Nine months old Alinur from Jagannathpur has been treated for an acute respiratory infection for three days with antibiotics and is well now. Inexpensive antibiotics are used to efficiently treat pneumonia at the Jagannathpur Upazila Health Complex.

3 Sabiha Akhter, 10, a student of Class 5, washes her hands with soap using a hand-washing device outside a sanitary latrine in Satrashia Government Primary School, in Muktagasa, Mymensingh on 13 July 2011. Proper hand washing with soap helps remove germs and prevents many diseases.

4 Students learn how to recognize numbers at Amtoli Boys Government Primary School, Moulvibazar, 15 June 2011. This interactive learning method makes it much more enjoyable for the children.
Maruf Miya, a student of Class 5, displays his crest for a Quiz Competition where he received third prize at the Sadarpur Government Primary School at Joykolosh, Sunamganj, on 2 November 2011.

Carel de Rooy, departing Representative introduces Pascal Villeneuve, the newly appointed Representative to UNICEF Bangladesh, to guests at a reception at the Pan Pacific Hotel Sonargaon in Dhaka on 14 December 2011.

Children of Aparajeyo Bangladesh perform a dance during the Meena Media Award ceremony held at the Hotel Sonargoan on 13 October 2011.

Jahid (left), 11, and his friends are dressed in the ceremonial t-shirts and caps at the 4th annual Global Handwashing Day event at Rabindra Sarabar, Dhaka, on 25 October 2011. This campaign focused on reaching children and families at grassroots level, among whom this practice (handwashing) seems to be largely ignored.

Sweetie Kabiraj, age two, pumps water for herself at a Managed Aquifer Retainer site in Gangarampur, Batiaghata, Khulna, on 22 November 2011. Arsenic and salinity are two major issues for residents in the Aila affected area, and the new pilot programme by UNICEF is promising to be a success.
CHILD HELPLINE - THE TELEPHONE LIFELINE

Fourteen year old Shathi is training to become a beautician. Six months ago it was a very different story. When her mother died, her father remarried and disappeared to India, leaving her, her three sisters and brother with their maternal family in Bangladesh. Then, the only option for a poor family seemed to be to sell the children into domestic labour. The siblings were separated into different households, and Shathi endured a period of beatings and harshness from her new employer.

She ran away and somehow managed to find herself in Dhaka. The advice of a kind stranger led her to Child Helpline, which eventually helped her to settle into a UNICEF/government supported girls ‘drop in centre’ where she is now safe, along with the other rescued girls who live there. Their easy laughter bubbles and hums as we watch a group of them put on a perfectly coordinated and delightful dance performance, light and graceful in their movements. Some of these girls have been living on the streets since the age of seven. Some have been cruelly-treated domestic servants, or have been abused, or trafficked, and have lost contact with their parents and guardians. Child Helpline has rescued 158 children since April 2011 and around 90 have been reunited with their families. Child Helpline believes that the child’s natural home is with his or her family, says its project manager, Mohaimen Chowdhury, but will never impose rehabilitation on the child, especially if they face risk from the very family or guardian supposed to protect them. Shathi is reluctant to trace her father. The shelter under which she has found herself has opened up new and positive opportunities for her.

1098 - The first point of call

Child Helpline is a UNICEF-backed project based in Dhaka run in collaboration with the NGO Aparajeyo-Bangladesh. The NGO works in partnership with Child Helpline International which provides technical support such as training. Child Helpline was set up to provide an emergency support service to children at risk, as well as to adults who needed to raise the alarm about certain children. The service also links the children with existing social protection services through rescue, safe shelter, referral and networking. Run by a team of social workers, child protection officers and volunteers, it has been in operation since November 2010 with outreach in eight of the administrative districts or ‘thanas’ of Dhaka: Motijheel, Paltan, Lalbagh, Chokbazar, Bongshal, Kotwali, Shutrapur and Shampur. Children and adults hear about the service through word of mouth, schools and social clubs and a number of other activities.

Children can call the 24 hour and confidential Child Helpline number 1098 if they are in trouble with the law or being harmed in any way. But it’s also there for the more run of the mill things that can distress a child: on my visit to the Child Helpline central office/call centre in Old Dhaka, one of the social workers, Nurani Begum, takes a call from a 10 year old boy from Lalbagh, who is feeling intense pressure from his parents to go to school and focus on his studies to the neglect of any recreation.
By the end of the conversation with Nurani the boy goes away understanding his need to communicate more clearly to his parents his frustrations with their ‘all work and no play’ family policy.

**The Child Helpline safe house**

Post call, Nurani and her colleagues will send a request letter to the Child Helpline mobile team to rescue the child, if the situation calls for such an intervention. It all happens quickly: the letter is pre-prepared; the social worker, usually with a volunteer and paramedic, goes to the police station to collect the child and take him or her to the male or female safe house where they can stay for up to three days as the Child Helpline team endeavours to track the child’s family or guardian. The house can accommodate up to 10 (girls in the case of this particular safe house, although there are safe houses for boys) and is situated near the office.

In sexual abuse cases medical evidence is needed. After the police station the child will be taken to one of the one stop crisis centres located in the two Dhaka government hospitals, which will take over the case from the medical and legal perspectives. “Our main job is to release the child to the local authority, but we follow up until she is safe and comfortable. We never pressure them to go down the legal route – we only advise,” says Child Helpline’s documentation and publications officer, Tanzima Taslim.

Sometimes a police officer and constable will go and rescue a child from a risky situation: “There is a zero time tolerance,” says Portosh, child protection police officer. On the question of what he finds most challenging about his role, he pauses before replying: “getting the right and timely information from the community sometimes makes it hard for us to intervene quickly and to do our jobs properly.”

At the safe house, the officers must decide how to link the child with the right authority. They collect detailed information about the family and where they live. They then link up with the police station from their area, and use their other networks to track the parents. If after three days they are not found, or if it is not safe for the child to be reconciled within their family, he or she is taken to the drop in centre where, like Shathi, they can stay for a number of years, being where they can get an education and vocational training.

Another call comes in to Nurani at the call centre. This time Rafiq, a 12 year old boy from the Faridpur district, wants Child Helpline to help him find his 15 year old brother who has been missing for a year. The majority of calls Child Helpline receives are about children who are missing. Nurani takes his mobile number. They will try but there is, of course, no guarantee that they will be able to trace the lost teenager. Nonetheless, Nurani gently questions Rafiq about his own situation and safety. Rafiq works in an iron factory and says he is okay. Taslima Khanam, a child rights officer who has been listening, says his work is toxic to his health, especially dangerous to his eyes because of the flying sparks. The Child Helpline officers will talk to the factory owner about maintaining the safety of the boy and his educational needs, following up on him at regular intervals across the year. This is the best they can do right now.

Written by Vanessa Curney, UNICEF, who visited the centres in December 2011.

Supported by the following UNICEF National Committees: Norway, Italy, Canada and Spain
UNICEF’s Executive Director, Anthony Lake, concluded a three-day visit to Bangladesh on the 11 January by noting that children who are the most vulnerable and neglected must be the focus of the government’s work for children.

While in Bangladesh, he visited a UNICEF-supported drop-in centre for the protection of children at risk in Old Dhaka where homeless girls receive shelter and education.

“I was impressed with the girls I met, who told me their stories and ambitions for the rest of their lives. We often speak of the importance of protecting such children, seeing them only as victims to be pitied and in need of charity, but in fact they are among the strongest and most courageous children in the world, capable of overcoming the most tremendous obstacles,” Lake said. “They are not only victims, they are an inspiration,” he added.

The Executive Director met Prime Minister Sheikh Hasina, the Minister of Foreign Affairs, the Minister of Finance and the Minister of Health and discussed opportunities offered by UNICEF’s new country programme (2012-2016) to reduce deprivation among children in low-performing rural areas and urban slums.

“Bangladesh has made very real progress on achieving the Millennium Development Goals,” said Lake. “To build on that progress, we have to focus new effort on reaching the most disadvantaged, weaving equity throughout all the efforts of the government, UNICEF and all of our partners.”

He paid special attention to the often overlooked issue of malnutrition and stunting in Bangladesh and elsewhere in the developing world.

“Food security does not mean nutritional security,” said Lake. “Children who don’t receive enough of the right nutrients in the first 1,000 days of their lives suffer irreversible physical and cognitive harm that can in turn make it harder for them to learn in school and earn as adults” Lake explained. “Around the world, almost 180,000 million children are stunted – including 40 per cent of children in Bangladesh,” he added, “Stunting is not only a tragedy for the child, but a tremendous drain on the development of a nation.”

Describing micronutrients as a highly cost-effective intervention, he said that addressing stunting was one of the main issues raised during his meetings with the government and donor community in Bangladesh and underscored the need for increased policy attention on this issue.

Lake also focused on the issue of children with disabilities, saying that “if we are serious about equity, we should also be serious about the issue of disability.”
A focus on equity for children has long been a moral imperative based on the Convention of the Rights of the Child, which is founded on the principles of universality, non-discrimination and accountability. A UNICEF study found that an equity focused approach is also strategically sound, helping accelerate declines in child and maternal mortality rates more cost-effectively than the current path.

“Therefore by re-focusing our efforts on those most in need, we have more chance to achieve our targets by 2015” Lake said, “I believe that we have an extraordinary opportunity to not only do the right thing, but the most practical thing.” Lake noted that Bangladesh Prime Minister Sheikh Hasina had already lent her government’s unequivocal support to UNICEF’s equity agenda when she took part in the high-level panel titled ‘Children and the MDGs: Reaching the Most Vulnerable’ at UNICEF’s closing event for the UN Millennium Development Goals summit at the United Nations Headquarters in New York City.

Bangladesh is ‘on track’ in relation to most of the MDG targets. Yet, gross inequities in socioeconomic development persist, whilst child poverty and socioeconomic disparities remain grave concerns. Almost half of the country’s 68 million children live below the upper poverty line and one-quarter lives in extreme poverty.
UNICEF Bangladesh Newsletter

Programmes with UNICEF

Sanitation, Hygiene Education and Water Supply Project Bangladesh (SHEWA B)

Joint United Nations Maternal and Neonatal Health Project (UNMNH, jointly implemented with UNFPA and WHO)

Funds:
SHEWA B: £48.5 million (2006-12)
Joint UNMNH: £10 million (2007-12)

What are DfID’s main 2012 priorities regarding the children of Bangladesh?

We are working to improve basic services and uphold the rights of the poorest and most vulnerable in society including children. Over the next four years we will directly help more than 15 million very poor Bangladeshis. We will ensure that more children attend school and receive a better quality education, as well as improving family planning and reducing deaths in both childbirth and among the under-5s.

DfID will also help to create jobs for young people through investing in their skills, and improve the livelihoods and resilience of some of the extreme poor. This will involve increasing investment in both government-led approaches and in the work of civil society groups lobbying to uphold children’s rights (for example in hazardous work environments).

What have been the main success stories in Bangladesh in terms of DfID’s work here over the previous five years?

In recent years the UK has helped to:

- Build stronger livelihoods for over 1 million extremely poor people by providing cash transfers and productive assets. Ninety per cent of the direct beneficiaries will be women.
- Meet emergency humanitarian needs following three natural disasters in 2007 by providing clean water, blankets, food, shelter and other essential items.

In view of the current unstable economic climate, what assurances can DfID give to Bangladesh in terms of its commitment to helping its most marginalised and vulnerable children?

The British Government is committed to increasing its aid budget over the next four years to help poorer countries such as Bangladesh meet the MDGs. This is not only because it’s morally the right thing to do, but also because it is in our interest to build a more secure and prosperous world. Our development programme will help build a better life for the children of Bangladesh by increasing their chances to stay healthy, have a better education and find a job which will secure and protect their own future and that of their families. We will continue to emphasise results and value for money.

How can UNICEF Bangladesh and the UK Government strengthen their future partnership?

The UK and UNICEF are already working together to support implementation of the Government’s sixth five year plan through, for example, the third Primary Education Development Programme (PEDPIII) and Health, Population and Nutrition Sector Development Programme (HPNSDP). We also have a successful partnership in the water and sanitation sector, where exciting and innovative work is taking place that is of wider relevance beyond Bangladesh.

UNICEF is implementing the Swim for Life programme which prevents the death of children from drowning or domestic accidents. Approximately 17,000 children die every year by drowning – one of the biggest causes of child death in Bangladesh. This initiative is part of the International Inspiration programme which is co-funded by DfID.

We look forward to continuing to build upon our strong relationship in the future.

Article contributed by the DfID team.
Convergence in action: healthy habits, excellent schooling
Sadarpur Government School, Joykolosh Union, Sunamganj district

I would like to become a teacher, to help those who are illiterate. When a person is educated it makes them a better person.
Fahmida, Class 5

Through the school quiz I’ve learned about pneumonia and handwashing, the symptoms of pneumonia and breathing problems. I’ve also learnt about the problem with not having a birth certificate, for example, when a person gets married and they don’t know how old they are; or when someone is admitted into a school and they don’t have a birth certificate.
Banna Rani Das, Class 4

The school toilet is better than my home toilet. We have water and soap at school. Our hands are washed and clean, and I won’t get any diseases.
Saifur Rahman, Class 1

After receiving training, the concept of convergence is now clear, and even more so after the second training. Especially apparent are the responsibilities that lie both between the water/sanitation facilities and the school. I now have a plan to separate the latrines for boys and girls because having separate toilets will improve security and confidence.
Runa Chakrabarty, Headmistress

Through school I’ve learned about how pneumonia affects children, for example, when there is a lot of dust, or when it is cold. Handwashing is important after going to the toilet and before eating. When peoples’ health is okay, they are always happy.
Nasima Begum, Class 4

I have a vision for this school, that it will be the most advanced in South Sunamganj. We are working towards it.
Atashi Purkayastha, Teacher

Photographs: UNICEF/2011/Kiron
1 Ban Ki-moon visits Dhaka

UN Secretary General Ban Ki-moon visited Dhaka in November last year. His trip included a visit to the Mobarakpur community centre in the north-east region of Moulvibazar which serves expectant mothers and newborns. Established in 1999, this is a special government-led initiative to substantially increase the numbers of women who give birth with a trained attendant. The project is supported by UNICEF, UNFPA, WHO, as well as by DfID, the EU and CIDA.

He also visited the International Centre for Diarrhoeal Disease Research (ICDDR,B) in Dhaka, one of the oldest health research institutions in Bangladesh. Two-thirds of the 120,000 annual patients to the centre’s affiliated hospital are children.

A key focus of his trip was to focus on what Bangladesh is doing towards (especially) MDGs 4 & 5.

2 Geeta Rao Gupta

UNICEF’s Deputy Executive Director was another visitor to Dhaka in November. She participated in a GAVI Alliance Board meeting, and visited UNICEF’s office to discuss the organisation’s upcoming priorities, especially in terms of equity and the MDGs: “we need to remember our mission as we go about our daily work, and not forget that we’re working for the wellbeing of children and their rights” she urged.

Before joining UNICEF, Ms. Rao Gupta served for over a decade as the President of the International Center for Research on Women. She is an internationally recognized expert on gender and development issues, with 20 years of experience in international development, research, policy and programme development.

3 Bangladesh Urban Forum

The 2011 Bangladesh Urban Forum hosted in Dhaka in December looked at the country’s rapidly expanding urban growth, and the need to support adults and children who have disabilities.

At the Forum held on 6 December, UNICEF organized a session on ‘Women, Children and People Living with Disability’ which was attended by UNICEF Advocate for Child Rights, actress Arifa Zaman Moushumi as the chief guest, where she urged for united effort from all stakeholders to build an equity based society.

The interactive session was taken over by around 50 children who discussed the question: how can communities put into place measures to support all children at home, at school and in their communities? The session concluded with a four-point declaration based on the issues flagged by the participating children include:

- the right to adequate housing with proper sanitation, drinking water and air, as well as light facilities and protection;
- provision for inclusive education for all children including those with disabilities, and equal opportunity for all, and equal treatment for all children from the family and community members.

4 Dr. Pascal Villeneuve joins as the new UNICEF Representative in Bangladesh

Dr. Pascal Villeneuve has taken charge as the new UNICEF Representative in Bangladesh. Prior to his arrival in Dhaka in December last year, Dr. Villeneuve served as the Associate Director of the Division of Programmes in UNICEF headquarters in Geneva. In that capacity he had been overseeing UNICEF’s engagement in global programme partnerships.


Dr. Villeneuve, a national of France, was awarded a degree in Medicine from Rennes School of Medicine, France, in 1985, and a Master of Science (M.Sc.) degree in Human Nutrition from London School of Hygiene and Tropical Medicine in 1984.

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