MAP OF BANGLADESH
BANGLADESH AT A GLANCE

OFFICIAL NAME
People's Republic of Bangladesh

LOCATION
A delta in South Asia, Bangladesh shares large borders with India and a small southern strip with Myanmar. Bangladesh is home to the Ganges, the Brahmaputra and the Meghna rivers, and networks of smaller rivers and canals.

ECONOMY
A growing economy with a GNI per capita income of US $480, Bangladesh's GDP growth rate from 1990 to 2006 was 3.0. Bangladesh has made significant strides forward in recent years and improved its human development indicators in spite of overpopulation, frequent natural disasters and widespread poverty. It is now placed at 140 in the UNDP 2007 Human Development Index.

Much of the economy is rural and agricultural based. Major exports include jute, woven garments, knitwear, seafood and leather.

Disparities in income opportunities between urban and rural areas are widening. However, the situation of urban poor is no better than rural poor; in some cases it is worse.

POPULATION
155 million

Under 18 population
64 million

Under 5 population
19 million

Rural Population
115 million

FERTILITY RATE (National average)
2.9 children per woman

LAND AREA
147,570 sq km

CAPITAL CITY
Dhaka

41% of the population lives on less than $1 a day
84% of the population lives on less than $2 a day
FACTS AND FIGURES

SOCIO-ECONOMIC ENVIRONMENT

GNI per capita (US$) 480
Health expenditure (% of gov expenditure) 7
Education expenditure (% of gov expenditure) 17
Defence and security expenditure (% of gov expenditure) 10
Phones per 100 people 13.6
Internet use per 100 population 0.2
% working children (between ages 5-14 yrs.) 7
Official development assistance (% of GNI) 2
Debt service (% of exports, goods and services) 5

STATUS OF CHILDREN AND WOMEN

Infant mortality rate per 1000 52
Under five mortality rate per 1000 69
Maternal mortality rate per 100,000 live births 320
HIV (cumulative reported cases) 1207*
AIDS deaths (cumulative) 123*
% of immunisation coverage
  BCG 96
  DPT3 88
  Polio3 88
  Measles 81
  Tetanus (pregnant women) 92
% Vitamin A supplementation (full coverage) 6-59 months 82
% Exclusive breastfed 0-6 months 37
Child malnutrition %
  Chronic malnutrition: stunting 43
  Acute malnutrition: wasting 13
  Underweight 48
% Net Primary School enrolment boy/girl 93/96
% Reaching grade-5 at primary level 94
% of literate females (15-24) 70
% Access to improved drinking water 74
% Access to sanitation facilities 39

POSITIVE TRENDS

1970 - 2006 Life expectancy increased from 44 years to 63 years
1970 - 2006 Under-5 mortality rate dropped from 239 to 69 deaths per 1000 live births
1990 - 2006 Percentage of malnourished children dropped from 67% to 48% (by underweight indicator)
1990 - 2003 Primary school enrolment increased from 74% to 81%
2004 HIV prevalence has remained the lowest in the region at less than 0.1%
2006 Birth Registration Law entered into force - formally tying birth registration to other services

All other statistics from The State of the World’s Children 2008.
MODERN HISTORY

1947 British colonisation ended in the Indian Subcontinent after almost two centuries. India and Pakistan were created as new states. Pakistan had two geographically separate wings, West and East Pakistan (now Bangladesh).

1952 Dr Victor Fenn was head of UNICEF in East Pakistan and opened the first country office in Dhaka - in his own house. It moved to a government office later that year.

1952 West Pakistan wanted Urdu as the only national language. It refused to recognise Bangla as a state language, even though it was the most common language in East Pakistan. This led to the creation of a Bangla "Language Movement". Thousands of students rallied for the Language Movement at Dhaka University on February 21. Several died after a riot ensued with police. February 21 is now marked as UNESCO’s International Mother Language Day.

late 1960s Oral Rehydration Solution was developed in Bangladesh. Through this discovery, the deaths of children younger than 5 from diarrhoea has decreased by 86 per cent in 30 years. (260,000 children younger than 5 died in 1971 compared to 36,000 in 2004)

1970 A cyclone hit on November 12, killing up to 500,000 people. UNICEF promptly released 1000 tons of rice, 60,000 blankets and other supplies.

1971 The War of Liberation against Pakistan began on March 26. Bangladesh won its independence on December 16. The war left a ravaged economy and a deep scar in the nation's psyche.

1970s UNICEF began its large-scale entry into safe water supply in Bangladesh. This, along with the one in India, became one of the world’s largest UNICEF-supported water supply programmes.

1974 Bangladesh joined the United Nations on September 17.

1975 - 1991 The political scenario was fraught with several course changing coups d’état. Martial Law and military rules were established several times. Anti-dictatorial mass upheaval established a multi-party parliamentary democracy. The constitution was amended to make provisions for a non-partisan and neutral caretaker government during 5-yearly elections.

1991- 2005 Two main political parties, Bangladesh Nationalist Party (BNP) and Awami League alternately won the elections and formed governments. Smaller parties also contested and have joined the major parties in forming coalition governments.

2007 In the face of a deepening political crisis, an interim caretaker government formed in January 2007. This government is committed to holding fair and just parliamentary elections before the end of 2008 to handover the country’s reign to a democratically elected political government.

2008 With a staff of more than 220, UNICEF Bangladesh programmes are implemented across the country. UNICEF Bangladesh works in collaboration with the Government of Bangladesh and a number of key partners. These partners include other United Nations agencies, the World Bank and the Asian Development Bank, as well as international and national NGOs, donors, the private sector and civil society organisations. The eighth Country Programme of Cooperation (2006-2010) with an allocation of US$260 million, is a shared commitment and partnership between the Government and UNICEF. UNICEF contributes about US$40-50 million annually to Bangladesh’s development sector.
84 per cent of the population - or 129 million people - live on less than $2 a day. This is despite an increase in national income per capita. The number of people living on less than a dollar a day has increased from 36 per cent to 41 per cent in the last three years. The poverty gap is widening.

It is estimated that 5 million people live in slums. Access to basic essential services in such communities is scarce. Many children must work, are denied an education and are vulnerable to violence, abuse, and exploitation.

An estimated 5 million children aged 5 to 14 years are working, many under dangerous conditions. Poverty is the main cause of child labour.

There are virtually no structured early learning opportunities to prepare young children for school.

Net primary school enrolment rates are 93 per cent for boys and 96 per cent for girls.

However, the dropout rate is high. Fewer than half the children who complete primary school reach expected competencies because of poor teaching methods, overcrowded classrooms and a lack of home support.

The adult literacy rate is estimated at 48 per cent.

Dowry and dowry-related violence are widespread and pose serious threats to women. Women are the most likely victims of acid attacks.

Bangladesh has one of the highest rates of child-marriage in the world. Nearly two-thirds of adolescent girls are married (10-19 years).

Bangladesh’s maternal mortality rate remains high - underpinned by the fact most deliveries take place at home, away from emergency obstetric care and without a skilled attendant.

Anaemia is a severe public health problem for pre-school children and pregnant women. Health facilities suffer from shortages of supplies and qualified staff.

Bangladesh could be facing an HIV epidemic if there is no change to current behaviours. Major prevention efforts are needed to keep the HIV prevalence rate low.
Infant mortality has decreased from 100 deaths to 52 deaths per 1000 live births from 1990 to 2006. The under-5 mortality rate fell from 149 to 69 between 1990 and 2006. Neonatal deaths account for two thirds of infant deaths and over one half of all under-5 deaths.

A UNICEF-supported national study in 2004 revealed that the leading cause of death among children aged 1 to 4 years is drowning, followed by pneumonia, malnutrition, and diarrhoea.

Some 22 per cent of infants are born with low birth weight, 43 per cent of under-5 children are stunted and 48 per cent of under-5s are underweight.

Only 10 per cent of children are birth registered.

An estimated 4.4 million orphaned children have lost a mother, father or both parents.

The minimum age of criminal responsibility was raised from 7 years, but only to 9 years, a fact highlighting the need to improve the juvenile justice system.

The Chittagong Hill Tracts, where ethnic minorities make up half the population, have suffered a slower development rate than the national average. This is mainly due to a history of civil conflict and difficult terrain.

Overall safe water coverage is only 74 per cent because of naturally occurring arsenic contamination of groundwater.

Use of sanitary latrines is increasing; however, promoting hygiene practices, especially proper hand washing, remains a challenge. Solid-waste management is emerging as an important environmental problem, particularly in urban areas.

There are localised floods nearly every year, with severe flooding in many parts of the country. Development is hampered by these and other natural disasters, such as cyclones and droughts. Two sets of floods in 2007 affected 9.2 million people, destroying 1.22 million acres of cropland and killing 405. Cyclone Sidr, which hit the coast of Bangladesh on 15 November 2007 at 240 km/ hour, affected 8 million people and killed over 3,360.
Bangladesh has a multiparty parliamentary democracy with two major political parties, with a presidential head of state.

Parliamentary elections are held every 5 years.

The local government system is weak.

There is a pluralistic and free print media. The state-owned and controlled broadcast media environment is undergoing change with the advent of several privately owned television channels under a government licensing system.

Strong national NGOs have significant socio-economic influence.

**International Relations**

Bangladesh is a founding member of South Asian Association for Regional Cooperation (SAARC, 1985).

It is also an active member in the Organisation of Islamic Conference, a member of the Non-Aligned Movement, the Asia Cooperation Dialogue and the Commonwealth.

Bangladesh is one of the largest troop contributors to UN Peacekeeping Missions.

Bangladesh has duty-free and quota-free market access to Canada, New Zealand, Norway, Japan and Australia. It also has strong trade relations with China, Thailand and Indonesia.

The Government's foreign policy is geared towards boosting its economic development, particularly with its Asian neighbours. Its "Look East" strategy has strengthened relations with South-East and East Asia. The Foreign Policy also states Bangladesh's desire for strong relations with Muslim countries based on "Islamic solidarity". Ties with India and the US are sound.

**International Agreements**

Bangladesh ratified the Convention on the Rights of the Child on September 2, 1990, and its two Optional Protocols (both on September 6, 2000).

It has also ratified the Convention on the Elimination of All Forms of Discrimination against Women (which came into force on December 6, 1984) and other international agreements.

Bangladesh is not party to the Convention relating to the Status of Refugees, or its associated Protocol.

The Government has set itself on course towards achieving the Millennium Development Goals.

Bangladesh’s Poverty Reduction Strategy Paper (PRSP) has been finalised.
PARTNERSHIPS AND MDGS

Children are at the heart of the MDGs

- Bangladesh is one of the few developing countries on track to meet some targets for the Millennium Development Goals (MDGs), particularly those relating to nutrition, universal primary education and reducing under five mortality. Five of the eight MDGs relate directly to women and children.

- The MDGs were born from the Millennium Declaration. The second point of the Declaration calls on the world’s leaders to recognise their duty to the vulnerable “and, in particular, to the children of the world, to whom the future belongs”.

The eight MDGs are to:

- Eradicate Extreme Poverty and Hunger;
- Achieve Universal Primary Education;
- Promote Gender Equality and Empower Women;
- Reduce Child Mortality;
- Improve Maternal Health;
- Combat HIV/AIDS, Malaria and other diseases;
- Ensure Environmental Sustainability;
- Develop a Global Partnership for Development.

UN reform is vital for UNICEF in its efforts to help achieve the MDGs

- UNICEF Bangladesh works closely with other UN agencies, as well as the World Bank and the Asian Development Bank (ADB). Interventions for the elimination of child labour are implemented jointly with ILO and ADB. Joint initiatives with UNDP, the United Nations Population Fund and WFP will be developed into more mature programmes. WHO is a partner in health-related initiatives.

- The UN Country Team (UNCT) and focal points continue to work together to design joint programmes in the areas of HIV/AIDS, child labour, maternal health, child marriage and dowry, urban slums and the Chittagong Hill Tracts (CHT). For example, WFP and UNICEF are partnering to distribute nutritionally enhanced biscuits to young children in the CHT. UNICEF will continue to play a strong role in the United Nations Theme Group and to support the UNAIDS secretariat.

- UNICEF works closely with development partners, international and national NGOs, private sector and civil society organisations. Collaboration and coordination will be intensified with donors, including Australia, Canada, Germany, Japan, the Netherlands, Sweden and the United Kingdom, as well as with the European Union and National Committees.
Partnering across UNICEF Programmes

- The Government of Bangladesh aims to reach universal birth registration by 2010. UNICEF is working for this across all sectors, with ties between birth registration and school enrolments, immunisation programmes and interventions for vulnerable children. UNICEF also supports social mobilisation and awareness raising.

- UNICEF Bangladesh has a cross-sector focus on preventing HIV. UNICEF, with the government, will in particular promote a comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV. UNICEF also works towards the priorities of the National Strategic Plan for HIV-AIDS 2004-2010, which include providing support and services to vulnerable groups and people living with HIV and promoting safe practices in the health care system.

- In the Chittagong Hill Tracts (CHT), which consists of 3 districts in Bangladesh, UNICEF and the government have been supporting various activities related to education, health and nutrition, water and sanitation. One of these projects includes over 2220 para centres, or community centres, most of which are in indigenous communities and are staffed by local women. Para centres provide early childhood development, health, nutrition, water and sanitation services. By 2010, a total of 3500 para centres are expected to serve 525,000 people.

- UNICEF’s field based staff, working across the 64 districts, are crucial in the success of all UNICEF projects. Field staff facilitate projects by providing local support to the government counterparts and monitoring all UNICEF-assisted work. Field staff are vital in ensuring timely responses to emergencies.

- The success of all UNICEF projects is underpinned by Behaviour Change Communication (BCC). Through behaviour research BCC helps projects to remove barriers and motivate individuals and communities to maximise benefits by changing their behaviours.

Global Campaigns to Pave the Way

- The UNITE FOR CHILDREN, UNITE AGAINST AIDS campaign is the largest effort to globally recognise and act against the impact of HIV/AIDS on children. UNICEF and UNAIDS work with governments, NGOs, academic institutions, faith-based groups, community, youth and sporting organisations.

- UNICEF is part of the Measles Initiative, which works to reduce measles deaths by 90 per cent by 2010 (from 2000 levels) with the American Red Cross, the UN Foundation, Center for Disease Control and Prevention (CDC) and the World Health Organisation (WHO).

- Polio reappeared in Bangladesh in 2006, after being polio-free for five years. UNICEF is part of the Global Polio Eradication Initiative (GPEI), working with WHO, Rotary International and CDC. In Bangladesh GPEI works with Government and local partners to regularly vaccinate some 22 million children. GPEI receives support from donors such as the Bill and Melinda Gates Foundation.

- UNICEF Bangladesh is one of the leading agencies regionally for the United Nations Girls Education Initiative. Partners for this initiative - which aims for universal primary education, and gender parity in secondary education by 2015 - include UN agencies, the World Bank, donor agencies and NGOs such as CAMFED International, Campaign for Popular Education Bangladesh, World Vision and others.

Partnering across UNICEF Programmes

- The Government of Bangladesh aims to reach universal birth registration by 2010. UNICEF is working for this across all sectors, with ties between birth registration and school enrolments, immunisation programmes and interventions for vulnerable children. UNICEF also supports social mobilisation and awareness raising.

- UNICEF Bangladesh has a cross-sector focus on preventing HIV. UNICEF, with the government, will in particular promote a comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV. UNICEF also works towards the priorities of the National Strategic Plan for HIV-AIDS 2004-2010, which include providing support and services to vulnerable groups and people living with HIV and promoting safe practices in the health care system.

- In the Chittagong Hill Tracts (CHT), which consists of 3 districts in Bangladesh, UNICEF and the government have been supporting various activities related to education, health and nutrition, water and sanitation. One of these projects includes over 2220 para centres, or community centres, most of which are in indigenous communities and are staffed by local women. Para centres provide early childhood development, health, nutrition, water and sanitation services. By 2010, a total of 3500 para centres are expected to serve 525,000 people.

- UNICEF’s field based staff, working across the 64 districts, are crucial in the success of all UNICEF projects. Field staff facilitate projects by providing local support to the government counterparts and monitoring all UNICEF-assisted work. Field staff are vital in ensuring timely responses to emergencies.

- The success of all UNICEF projects is underpinned by Behaviour Change Communication (BCC). Through behaviour research BCC helps projects to remove barriers and motivate individuals and communities to maximise benefits by changing their behaviours.
Bangladesh has made significant progress in improving the health of its population, and is one of the few developing countries that is on track to achieve Millennium Development Goals (MDGs) 4 and 5. On top of the progress listed above, in 1990 the infant mortality rate was 100 deaths per 1000 live births and by 2006 it had declined to 52 deaths per 1000 live births.

To accelerate progress towards achievement of MDG 4, UNICEF is focusing its support in the following areas:

i) improving community and household care seeking behaviours for sick children and neonates,

ii) working in selected districts to develop sustainable programs that will reduce drowning; especially among children aged 1 to 4, for whom it is the biggest single killer, and

iii) the expanded programme on immunisation (EPI) with emphasis on the poor performing districts and hard-to-reach areas. EPI annually vaccinates about 3 million children by their 1st birthday. These networks were channelled for the Measles Catch Up Campaign in 2005-2006, which saw 35 million children vaccinated against the preventable disease.

For MDG 5, UNICEF support is targeted at further reductions in maternal mortality, and addressing violence against women. Emphasis is on ensuring the rights of women to safe pregnancy and delivery through strengthening emergency obstetric care facilities, linked to improved referral and community mobilisation for birth planning and preparedness. UNICEF has helped upgrade 191 emergency obstetric care facilities at the district and upazila levels to provide comprehensive and basic services. In a country where 9 out of 10 births occur at home, UNICEF also works to improve antenatal and postnatal services and create awareness about the "danger signs" of pregnancy and delivery. Pregnant women, their spouses and newborn babies will also have access to prevention of parent to child HIV transmission at selected sites.

To improve nutritional status, UNICEF supports interventions to prevent micronutrient deficiencies, including salt iodization, vitamin A supplementation, iron-folate supplementation and deworming. These activities include the six-monthly Vitamin A+ campaigns which reach up to 18 million children all over the country. UNICEF also plays a leading role in promoting behaviour change for improved nutrition of children and women, including the promotion of breastfeeding, infant and young child feeding practices.

<table>
<thead>
<tr>
<th>MDG 4: Reduce child mortality</th>
<th>MDG 5: Improve maternal health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bangladesh Target:</strong> To reduce deaths of children under 5 by two-thirds by 2015, so reduce the under-five mortality rate to 48 deaths per 1000 live births,</td>
<td><strong>Bangladesh Target:</strong> Reduce the maternal mortality ratio by three quarters between 1990 and 2015</td>
</tr>
<tr>
<td><strong>Under-five mortality rate (per 1000 live births)</strong></td>
<td><strong>Progress:</strong></td>
</tr>
<tr>
<td>1994: 133</td>
<td>1990: 570</td>
</tr>
<tr>
<td>Current Status: 65</td>
<td>Current Status: 320</td>
</tr>
<tr>
<td>2015 target: 48</td>
<td>2015 target: 143</td>
</tr>
<tr>
<td><strong>MDG 6:</strong> Combat HIV/AIDS, malaria and other diseases</td>
<td><strong>Donors and Partners:</strong> Government of Bangladesh, WHO, USAID, DFID, CIDA, UNOCHA, Liechtenstein, AusAid, Various National Committees for UNICEF, Global Alliance for Improved Nutrition (GAIN), UNFPA-USA, Bill &amp; Melinda Gates Foundation, Danish Government, Japanese Government, ICDDR,B, The Alliance for Safe Children, Rotary International, the Micronutrient Initiative, Columbia University, Japan International Cooperation Agency, NGOs (NSDP, BRAC, SAVE-USA, CONCERN, PLAN) and the Measles Initiative including American Red Cross, Centres for Disease Control and Prevention and the UN Foundation.</td>
</tr>
</tbody>
</table>
Bangladesh is one of the 25 countries selected globally to achieve universal primary education for both boys and girls and achieve gender parity in secondary schools by 2015 through the United Nations Girls Education Initiative (UNGEI). Bangladesh is on track to meet these targets. However, many challenges remain for education, in providing quality learning opportunities for all children across the country: young children, working children, girl children, and boy children.

UNICEF assistance to early childhood development includes providing pre-schools and play groups, especially in the para centres of the Chittagong Hill Tracts, or in urban development centres in urban slums. Early learning centres through the Early Learning for Development project will be expanded to reach 500,000 children and their families by 2010. Almost 63,000 children (aged 3-5) are already attending centre-based early learning.

UNICEF is working to improve the quality of primary education through building on a government driven programme called the Second Primary Education Development Programme (PEDP-II). PEDP-II aims to ensure the quality of primary education for ALL children in the country through increasing primary school access, participation and completion. By improving the quality of education UNICEF aims to increase children’s learning outcomes. These quality standards also extend to schools having child friendly classrooms, text books and teaching methods. PEDP-II covers all 64 districts, reaching some 17.7 million children and 315,500 teachers in 65,000 schools by 2010. As one of 11 partners, UNICEF provides targeted support to PEDP-II through in-service training, social mobilisation, community involvement and providing access to disadvantaged children currently outside the formal system.

To address child labour, UNICEF works to make non-formal schools more accessible and attractive for all children. It aims to provide learning opportunities to 200,000 working children in six major urban areas of the country. Of these, 20,000 adolescents will be given vocational training.

---

**MDG 2:**
Achieve universal primary education. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

**Bangladesh Targets:**
Increase net enrolment rate from 73.3% in 1992 to 100% by 2015. Reduce primary school dropout rates from 38% in 1994 to nil by 2015.

**MDG 3:**
Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015.

**Progress: Primary Enrolments**
(net % boys/ girls)
1991: 69 / 61
Current Status: 93 / 96
2015 target: 100 / 100

---

The figures above have been taken from the WHO-UNICEF Joint Monitoring Programme Report on Water and Sanitation, September 2006.

• Bangladesh has made progress in both sanitation and water, but low levels of sanitation and arsenic contamination in ground water remain important public-health threats.

• Although sanitation coverage remains low at 39 per cent, the number of people defecating in the open and in hanging latrines (which empty directly into water sources) has halved since 2003. Convincing people to defecate in a fixed place is a first step in sanitation improvements. UNICEF is now working on the next step: encouraging people to invest in quality latrines that completely isolate excreta from the human environment.

• UNICEF Bangladesh is currently involved in the largest intensive hygiene, sanitation and water quality improvement project ever attempted in a developing country. The Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) project aims to reach 30 million people in five years (2007-2011).

• Low rates of progress in improving water supply coverage reflect the prevailing situation of arsenic contamination of shallow tube-wells. UNICEF addresses the naturally occurring arsenic contamination of groundwater by:
  - Testing more than 1 million tube wells, with blanket testing in 45 Upazilas (districts)
  - Providing alternative safe water in 68 upazillas, under SHEWA-B;
  - Implementing public information and awareness campaigns on arsenic mitigation

• Sanitation facilities have a major impact on girls’ attendance at school. The school component of SHEWA-B will provide separate and appropriate toilets for boys and girls and incorporate hygiene education.

MDG 7, Target C:
Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

Bangladesh MDG Targets:
Ensure that 86% of people have access to safe water by 2015.

Ensure that 60% of people have access to improved sanitation by 2015.

<table>
<thead>
<tr>
<th>Progress: Access to Safe Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990: 72</td>
</tr>
<tr>
<td>2004: 74</td>
</tr>
<tr>
<td>2015 target: 86</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress: Access to Improved Sanitation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990: 20</td>
</tr>
<tr>
<td>2004: 39</td>
</tr>
<tr>
<td>2015 target: 60</td>
</tr>
</tbody>
</table>

UNICEF is working closely with the Government of Bangladesh to realise its commitment for universal birth registration by 2010. This, with other initiatives, will help the situation for women and children in Bangladesh, where birth registration stands at 10 per cent for children below five. Emphasis is now on linking birth registration with education, health and social work systems. UNICEF also works to raise awareness about the new Birth Registration Law that links birth certificates with other services, such as obtaining a drivers license or passport.

Adolescents, their families and communities are supported in adopting practices to reduce child marriage, dowry and other forms of abuse, exploitation and violence against girls in selected districts. By 2010, the Empowerment of Adolescents project will have supported 1 million adolescents to access peer education for life skills, including HIV/AIDS awareness. To date, some 130,000 adolescent girls and their parents and other community leaders have taken part in the project. Research on adolescents' related issues, including the prevalence of suicide amongst adolescents - which stands at about six teens taking their own lives every day - is also being conducted.

Ensures all programmes for children in institutions are child friendly and gender appropriate. UNICEF also supports the reintegration of trafficked children into family and society, for example children formerly involved in camel racing.

UNICEF Bangladesh is working for more effective child rights based policies, legislative and enforcement systems to ensure a protective environment for every child. In particular, UNICEF is working to improve the juvenile justice system. In Bangladesh juveniles are still jailed alongside adults. The criminal age of responsibility was recently raised from 7 to 9-years-old.

UNICEF seeks to improve and expand the education, protection, health and development opportunities for children living on the streets. In 2008 and 2009, 5000 children will benefit from projects in 16 drop-in-centres and 60 open schools.

**Donors and Partners:** Government of Bangladesh, European Commission, Save the Children Alliance, Various National Committees for UNICEF, Denmark, Netherlands, UNOCHA, SIDA, Government of United Arab Emirates, the Canadian International Development Agency, International Programme on the Elimination of Child Labour (IPEC) and the International Labour Organisation (ILO) and national NGOs such as the Bangladesh Rural Advancement Committee (BRAC), Centre for Mass Education in Science (CMES), Bangladesh National Women's Lawyers Association, Plan Bangladesh and Dhaka Ahsania Mission.
PLANNING, MONITORING AND EVALUATION

• UNICEF works to support the government and non-government bodies in preparation of national plans for children, and child rights implementation and monitoring.

• UNICEF helps with monitoring mechanisms for the Millennium Development Goals (MDGs), the National Plan of Action for Children (NPA) and the Poverty Reduction Strategy Paper (PRSP).

• UNICEF also advocates for child participation. An annual children's poll on different issues provides an avenue for children's voices to be heard, and also helps UNICEF gain a better understanding of children's perceptions, assessment of needs and social environments to safeguard their rights and well-being.

• The Multiple Indicator Cluster Survey (MICS), used in Bangladesh since 1994, is used to collect internationally comparable statistics on the MDG indicators and to fill other data gaps.

• DevInfo, a proven data storage and retrieval mechanism, will be institutionalised within the government at policy making level to serve as an MDG monitoring tool. In selected districts, the capacity of regional statistical offices will be strengthened to pilot routine data collection.

• UNICEF also aims to establish a knowledge management system to collect and share up-to-date, strategic information on the situation of children and women, identifying the most marginalized groups in order to better address their needs in policy and programmes.
UNICEF Bangladesh’s Communication and Information (C&I) programme promotes the issues of children and adolescents, through their active participation.

The Meena Media Awards were introduced in 2005. These annual awards recognise excellence in media that is for, and about, children. The awards encourage child participation.

UNICEF works with journalists in both print and electronic media to advance their skills in promoting child rights, empowerment of women and other issues affecting women and children.

There is a long term project with the Government of Bangladesh’s Ministry of Information to enhance the empowerment of women and children, through nine separate agencies such as Bangladesh TV and the Department of Mass Communication. These agencies develop and air programmes on women’s and children’s issues.


It has helped develop a pilot children’s news agency, *Shishu Prakash* (Children’s Express). Some 640 child journalists were selected to report on issues affecting youth. Articles are published in both Bangla and English daily national newspapers.

UNICEF and major television stations have agreed to establish the Children’s Television Foundation (CTVF) to increase the quality and quantity of children's programming, as well as involving children in production and presentation.

Bangladesh cricket captain Habibul Bashar, batsman Mohammed Ashraful and table-tennis Guinness World Record Holder Linu Rahman have become UNICEF National Goodwill Ambassadors to help promote the causes of children.

A UNICEF-supported documentary, produced by private television channel ATN Bangla, received the internationally renowned Emmy Award in the category of special production on the International Children’s Day of Broadcasting in 2004.

In 1992, UNICEF launched the Meena Communication Initiative (MCI), as part of the "Decade for the Girl Child in South Asia", after years of research, planning, and production. The Initiative's heroine, the clever, animated character of Meena faces the real-life struggles encountered by many South Asian girls, such as discrimination in acquiring educational, health, and social benefits. A 2004 study revealed that awareness of Meena was universal among urban children, adolescents and opinion leaders.
BANGLADESH AND THE MDGS

Key Statistics

- Bangladesh published its mid-term MDG report in 2007 with mixed results.
- Bangladesh has already achieved gender equality in primary education and is on track to achieve the targets related to underweight nutrition, primary school enrolment, under-five and maternal mortality and HIV/AIDS.
- However, in two crucial areas, namely poverty reduction and environmental sustainability, the country is below target at mid term point.

MDG Progress and Prospects at a Glance

<table>
<thead>
<tr>
<th>MDGs</th>
<th>Targets</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDG 1</td>
<td>Proportion of population below $1 a day halved</td>
<td>Off track</td>
</tr>
<tr>
<td></td>
<td>Proportion of population suffering from hunger halved</td>
<td>On track</td>
</tr>
<tr>
<td>MDG 2</td>
<td>Primary school education for all children</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Primary completion rate</td>
<td>Off track</td>
</tr>
<tr>
<td>MDG 3</td>
<td>Gender disparity in primary &amp; secondary education eliminated by 2005, and in all levels by 2015</td>
<td>On track</td>
</tr>
<tr>
<td>MDG 4</td>
<td>Under-five mortality reduced by two-thirds</td>
<td>On track</td>
</tr>
<tr>
<td>MDG 5</td>
<td>Maternal mortality ratio reduced by three-quarters</td>
<td>On track</td>
</tr>
<tr>
<td>MDG 6</td>
<td>Spread of HIV/AIDS halted by 2015</td>
<td>On track</td>
</tr>
<tr>
<td></td>
<td>Population without access to safe drinking water halved</td>
<td>Off track</td>
</tr>
<tr>
<td>MDG 7</td>
<td>Population without access to adequate sanitation halved</td>
<td>Off track</td>
</tr>
</tbody>
</table>
