

MANY TRACTS ONE COMMUNITY

UNICEF'S Work in the Chittagong Hill Tracts

Published by

UNICEF Bangladesh

BSL Office Complex

1 Minto Road, Dhaka 1000, Bangladesh

infobangladesh@unicef.org

www.unicef.org.bd

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August 2019

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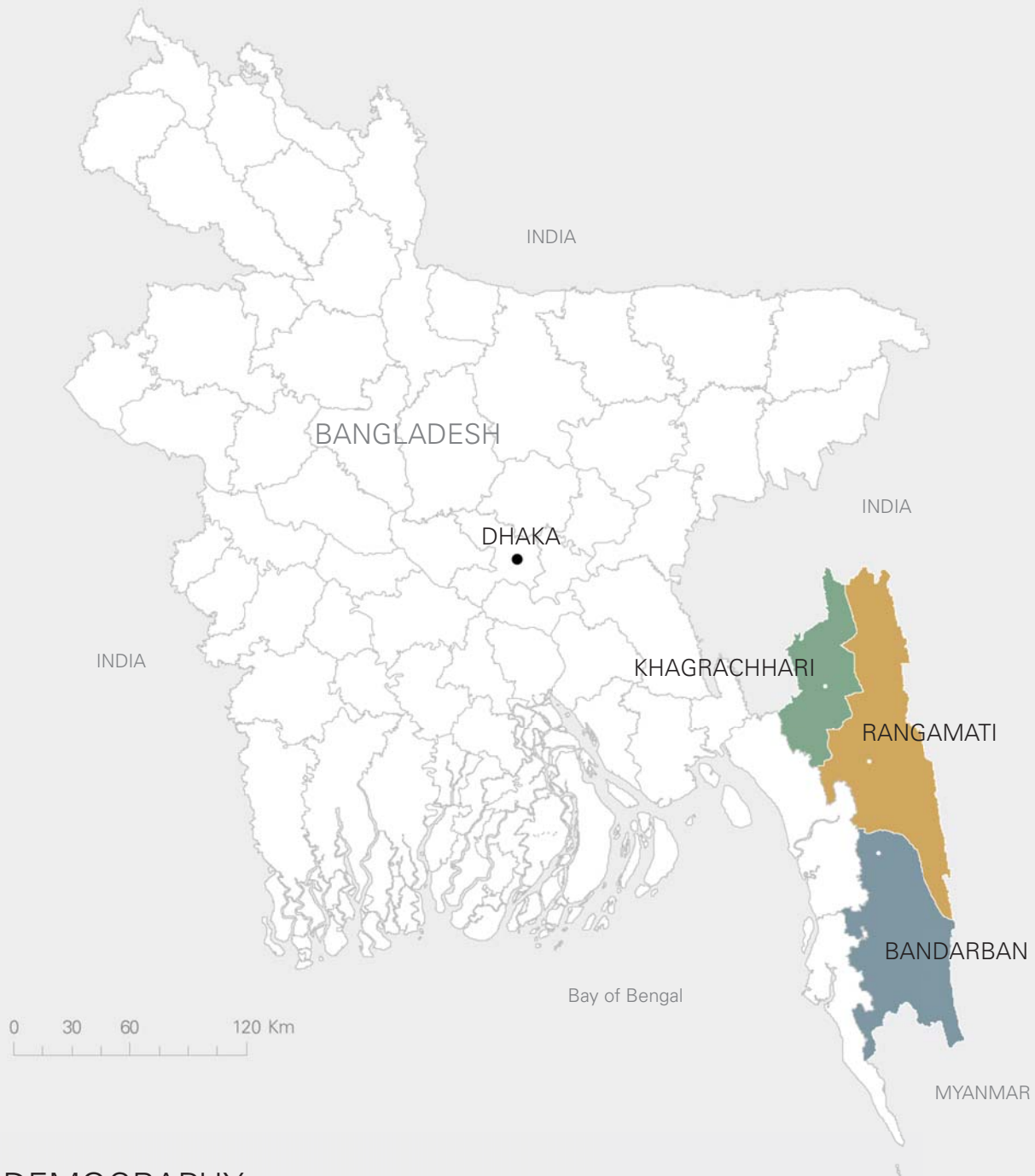
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Content

Introduction	p.5
Para Centres – the community hubs at the heart of UNICEF’s CHT programme	p.8
Construction of new Para Centres	p.9
Case Studies	
1 Scarce water resources	p.12
2 The child weaver	p.13
3 The landslide victims	p.14
4 The Para Centre Workers	p.16
5 The Adolescents’ Group	p.19
6 The Mothers’ Group	p.20
7 Para Centre Management Committees	p.21
8 Help For Mothers With Babies	p.22
9 The Para Centre Teacher	p.23
10 Para Centre Field Organiser	p.24
11 Rangamati Government Hospital	p.25
12 Government Health Assistant	p.26
Conclusion	p.28
Statistics sheets	p.29

CHITTAGONG HILL TRACTS (CHT)



DEMOGRAPHY

	Khagrachhari	Rangamati	Bandarban	Chittagong Hill Tracts
Total population	668,944	650,079	436,950	1,755,973
Share of population in the division (%)	2.16	2.10	1.41	6.67
Total under-eighteen population	265,391	257,907	173,351	696,649
Total under-five population	69,948	67,976	45,690	183,614
Population density per sq. Km.	243	106	98	132
Infant mortality rate (per 1.000 live births)	117	61	35	75

Introduction

The Chittagong Hill Tracts (CHT) comprises the three hill districts of Rangamati, Bandarban and Khagrachari in the south-east of Bangladesh. It has an area of 13,294 square kilometers, most of which is highland. The population is estimated at 1.6 million. In relation to its size, it is one of the most ethnically and culturally diverse regions of the world. Buddhism, Islam and Christianity are the most widely practised religions.

About half of the population of the CHT belongs to 11 different ethnic groups with distinct language, culture, justice systems and traditions. The rest of the population is predominantly Bengali. The CHT is geographically distinct from most parts of plain-land Bangladesh and is mostly characterised by very steep, rugged and mountainous terrain. It is a low-density area with a population of only 136/sq. km, in stark contrast to the rest of the country (968/sq. km). Most of the population lives in small scattered habitats, locally known as 'Paras', which are difficult to access because of the hilly and sometimes remote terrain.

The CHT is one of the most disadvantaged and isolated areas in Bangladesh. Its development was blighted by 25 years of civil war, which formally ended in 1997 with the signing of a peace accord. But the long-standing instability of the area – exacerbated by the insurgency – has meant that the CHT has largely been excluded from mainstream development programmes. A strong military and police presence remain in the area, with checkpoints located at regular intervals on all major roads.

Furthermore, the area's remoteness, poor communication and unique socio-economic characteristics have made it difficult to provide basic social services to inhabitants of the CHT.

The CHT's long-running exclusion from mainstream development during the conflict has left a damaging legacy. Illiteracy rates – in an area where there is a multiplicity of languages – are high. While there is now better awareness about the benefits of education, access and quality issues remain high. There are also





security concerns, especially for girls who often must travel long distances to attend school. Health care centres in some cases remain located a long way from remote villages and there are transport challenges in reaching them.

The aid challenges remain significant. Access to the CHT is especially challenging for international staff and is not made any easier by the heavy army and police presence in the area. A special permit is required to visit the CHT, and security checks by both agencies are commonplace. The challenges for children in particular are considerable, often exacerbated by:

- Lack of transport and high transport costs
- Seasonal inaccessibility to hard-to-reach areas
- Weak communications systems
- Linguistic and cultural barriers
- Limited tailoring of government polices to the CHT area
- Vacancies and a chronic shortage of human resources in hard-to-reach areas
- Security-related concerns often due to remoteness and travel distances

Many children in the CHT live in a dusty and undulating terrain that is susceptible to landslides and can become dangerously slippery during the monsoon season. In Rangamati district, it's necessary for villagers to travel by boat to get their children to school or receive health care.

Similar difficulties are apparent in the other two CHT districts, where in some cases the nearest facilities can take hours or even days to reach. Access to safe drinking water is a major concern.

Most villagers in the CHT live in bamboo bungalows, many built on stilts to avoid the runoff from monsoon rainfall. Few have indoor plumbing or electricity.

A significant portion of the indigenous population practise what is known as Jhum cultivation, a form of crop rotation carried out by the use of slash and burn techniques. In many CHT areas, Jhum cultivation is the mainstay of subsistence agriculture. At the outset of the Jhum season, scores of families move to the Jhum areas, most of which are located far away from their home Para.

They stay there for several months - from land preparation to harvesting. The same practice is done every year, often with extremely damaging consequences for children who frequently go without access to education, healthcare and other basic services.

The challenges cited above explain why the CHT has been earmarked as one of UNICEF's priority areas of support. It is no exaggeration to say that children who live in this area start their lives with significant disadvantages. The area is at the bottom of Bangladesh's social deprivation index and there are significant disparities in access to, and use of, basic social services among the various CHT communities.

While living conditions in the plain lands and other more accessible areas of Bangladesh have markedly improved in recent years, that is not the case for a large number of people who live scattered over the hills. Most social development indicators in CHT are consistently below the national average. That is principally because of multiple bottlenecks which get in the way of the effective coverage of services.

UNICEF and its partners see it as a matter of paramount importance to address this, so that the children of the area can look forward to a brighter future.

But for that to happen, the CHT area needs continued special attention from the Government and development organisations. UNICEF, the longest serving UN agency in the CHT, started supporting the area in the early 1970s – support that continued throughout the insurgency period in the 1980s until today.

With a community-based programme that focuses on Early Childhood Development and Pre-school education for young children, UNICEF has introduced a model of preventative care which is centred around the Para Centre and the Para Workers.

There are currently 4,000 Para Centres which serve as the hub of the village life, providing myriad preventative basic social services in the areas of health, nutrition, education, protection, water, sanitation and hygiene promotion. Many of these services are offered for children, adolescents and adults.

UNICEF's aim is eventually to reach a target of 5,000 Para Centres which are constructed to be more permanent and weather-resilient buildings. But for that to happen, support from the international community would be most welcome.



Para Centres – the community hubs at the heart of UNICEF’s CHT programme

The centrepieces of UNICEF’s work in the Chittagong Hill Tracts are the network of 4,000 Para Centres which span the length and breadth of Rangamati, Bandarban and Khagrachari.

The centres are primarily designed to improve the quality of services for children and women in CHT. They have enabled UNICEF to extend access to core services in remote parts of the region, providing a venue for all our key interventions: Child Protection, Nutrition, Health, WASH, Education and Communication for Development (C4D).

To date, the 4,000 Para Centres exist in more than 3,500 villages or “Paras” - of which 70% are located in areas inhabited by indigenous communities.

Services provided by Para Centres:

- Early learning and pre-primary education for children aged 3-6 (pre-school)
- Nutrition counselling – especially for women and children
- Health service delivery, ranging from family planning to immunization
- Information hubs on issues such as sanitary latrines, safe water uses and hygiene education
- Safe and secure meeting places for all the village community

Typically, a community member, usually a woman, works as a “para worker” (see Case Study Three) to deliver basic services to her community including organization of Early Childhood Development (ECD) sessions for pre-school children and other community-development activities.





UNICEF funds teaching and learning equipment in each Para Centre in addition to training for teachers and field workers as part of its community-based intervention work.

Each Para Centre is supported by a Para Centre Management Committee (PCMC) comprising seven community members including the para worker. They ensure that the Para Centre is fully functional, operating with the active participation of community members.

The Para Centre model was first initiated by UNICEF in the 1990s and now receives about 70% of funds from the government. UNICEF supports the balance. Efforts are underway to make the Para Centre more sustainable by incorporating the salaries of Para Workers and other support staff into the Government's regular budget. Other recurrent costs are covered by the local government budget.

THE SERVICES THAT ARE CURRENTLY DELIVERED THROUGH PARA CENTRES

Health: Nearly 1,000 Para Centres are used as Expanded Programme on Immunization (EPI) outreach centres. The Para Workers ensure that all children in the area they cover are immunized. They also support the delivery of country-wide health programmes within their communities such as the Vitamin A Plus campaign and other national immunization drives.

Nutrition: Basic nutrition services at Para Centres include Infant and Young Child Feeding (IYCF) counselling, the promotion of micro-nutrient supplements including the provision of high energy biscuits and deworming for adolescent girls. The Para Worker is also trained to counsel pregnant and lactating women on the need to take regular rest during pregnancy and post-delivery.



Early Childhood Development: The Para Centre acts as a community-based outreach centre providing a “play and activity-based” approach for pre-primary education children. The aim is to ensure that children develop a love of learning and have the requisite skills seamlessly to begin primary school. The Para Worker is in effect an early-learning facilitator, teaching the children to socialize and learn other key school-readiness skills. Most children attend six days a week, 2.5 hours a day.

Child Protection: The Para Worker ensures the birth registration of all children in the catchment area of a Para Centre. She also encourages and creates awareness among parents of the necessity and benefits of birth registration within 45 days of delivery. This facilitates the enrolment of children in school and their access to health care services. Para Centres provide a location for adolescents to meet in the form of adolescent clubs – especially girls – so they can participate meaningfully in decisions that affect their lives and become agents of social change. At present there are 108 Para Centres providing space for 3,192 adolescents to conduct their club activities. Para Centres also support, screen and refer the most vulnerable children from marginalised communities to receive required services.

Water, Sanitation and Hygiene: The Para Centre plays a key role in creating awareness of the safe use of water and on the benefits of hygienic latrines and hygienic behaviour in general – especially hand washing at critical times. Para Workers in addition help to select sites for the installation of water sources.

Communication for Development (C4D): Interventions through Para Workers (and Para Centre management Committees) support Behaviour Change Communication and Community-led Social Change. Both lobby at the community level for better-quality basic services, often initiating a dialogue with service providers including the Government of Bangladesh, NGOs and elected representatives from local government institutions. Para Centres are also used for radio listeners’ clubs.

SUSTAINABLE SOCIAL SERVICES IN THE CHT

The Para Centre approach was introduced through the joint Government-UNICEF project known as the Integrated Community Development Project (ICDP), between 1996-2017. This aimed to transform the Centres into complete hubs for basic social services – ensuring that each delivers a minimum package that includes Health, Nutrition, WASH, Education and Child Protection.

Also jointly formulated in 2017 was the Sustainable Social Services (SSS) in the CHT project. Centrepiece of this was a plan to construct 1,000 additional Para Centres in the three hill districts of the CHT. When these are completed there will be a total of 5,000 Para Centres delivering services to unserved marginalised children and their families living in the most remote areas. The aim is to build more permanent and weather-resilient buildings.

Although the SSS project is intended to benefit all communities in the CHT, it is especially geared towards women and children – to encourage young mothers to live more hygienically and pursue more nutritious diets.

Getting access to basic services has always been challenging in the CHT. That is why it is vitally important that the network of Para Centres is used as community-based hubs for service delivery.

To ensure optimum utilization of the Para network, it is essential that the Para Centres not only offer a minimum package of basic social services but also provide equitable access to those services, eliminating the persistent and various disparities among the communities who live there.

In recent years the SSS has been extended to all three hill districts of the CHT, with adaptations made where necessary to take account of the unusual topography of the area and the different needs of the various communities.

Construction of new Para Centres

As part of UNICEF's efforts to accelerate sustainability of its Para Centre services, it was recognised that the buildings themselves needed to be more durable and weather resistant if they are to continue providing long term services. With this in mind, funds have been mobilised for the construction of three prototype Para Centres – made out of brick, steel and wood – to see which material was best suited to the environment and topography of CHT region. The long-term aim is to build strengthened Para Centres in all 121 unions of the CHT.



Scarce water resources



For many families in the Chittagong Hill Tracts, getting sufficient amounts of drinking water can be a major challenge. Because parents are working in the fields, it's often down to teenaged children or mothers with young children to collect water three or four times a day.

During the dry season, whole days can be spent searching for water which is mostly collected from streams flowing off the hills.

For Runring Mro, 18, and Chesing Mro, 14, the job of collecting water requires a 5km round trip three times a day. The two girls collect between 20-25 litres each time and deliver the supplies to their homes.

"The hardest part of the year for us is between March to June because the water shortages are greatest at this time ahead of the rainy season," said Runring.

"We know there is a danger of it drying up."

In the village of Chakkhoi Commander, people gathering in the local Para Centre say that water shortages – ahead of education and healthcare – is their main concern.

The village, like many others in the Chittagong Hill Tracts, has a Gravity Flow System (GFS) to receive its water supplies – but from February until the start of the monsoon it does not work because there is not enough pressure.

"Nearly all the year we need this much water," said Paraw Mro as he stands in the Para Centre holding his arms wide apart. "But we get this much," he says while bringing his hands much closer together – so that they almost within touching distance. "It's a very difficult situation for us."

The child weaver

U Niky Sim Kim is only six years old but is already mastering the art of weaving. The little girl sits on the floor of the UNICEF-supported Para – or community centre – in Bandarban district and endlessly practices making stitches on her handheld loom. The child is passionate about her hobby, which she pursues whenever she has free time.

Many tribal children in the Chittagong Hill Tracts learn weaving at an early age. But U Niky shows amazing dexterity for a child so young.

“It started as a play thing when I was aged about three,” U Niky confidently asserts, “but now I have got much better at it and have learnt how to make scarves. I sold one the other day for 800 Taka!” (\$9.50).

So enamoured is U Niky with her weaving that her mother is worried. “She does it too often, sometimes at the expense of other areas of her education,” 24-year-old Lal Sim Kim says. “But I will make sure

that she does not neglect her education at the expense of her hobby.”

U Niky attends Faruk Para Centre for 2.5 hours a day, six days a week. She is taught a variety of subjects including Bengali, maths and life skills and will soon begin primary school.

Lal Sim, who works in a pineapple orchard, says that her dream is for her daughter to become a doctor, teacher or engineer. “But I do not want her to become a professional weaver,” she insists, “because I do not want her to be like me. I want her to have a better life.

“If she wants to carry on weaving in her spare time that’s excellent - weaving is part of our culture and I’d like her to make traditional dresses.

“But I hope that the education she will receive will help her to realise that there are more things to life than sitting in front of a loom all day.”



The landslide victims

The night of 12 June 2017 will be forever etched in the memory of a group of villagers in Murali Para nearby the town of Rangamati.

On that night there was torrential rain which caused a landslide on the steep hill adjoining the village, killing at least six people.

Such was the ferocity of the tumbling earth and rocks created by the landslide that parents of Umong Singh Marma, 23, and his 17-year-old sister Eme (pictured, wearing a pink scarf) were killed instantly. Their home was completely destroyed.

Spaces in Para Centres located in those areas where the danger exists. By August 2019, monsoon-related flooding and landslides in the CHT killed at least seven people.

“We are lucky that there is a strong sense of community around the Para Centre in the area where we live,” said Umong. “We were able to move in with relatives after losing our home and are now rebuilding our lives. My sister is at school and I am doing a BA in Business Studies at a government college in Bandarban.



Fortunately, neither of the siblings was at home at the time of the disaster – otherwise the likelihood is that they too would have been killed.

Landslides have been included as part of UNICEF’s emergency response in the CHT, with specific measures introduced to establish Child Friendly

“But there seems to be more landslides in the Chittagong Hill Tracts than ever before. I don’t know what is causing it – maybe it’s climate change – but I do know they can happen at any time.”

The siblings’ next door neighbour at the time was 32-year-old housewife Aung Chaing.



“I was in the kitchen cooking late at night when suddenly the whole of the side of our house was knocked down by a deluge of earth and rocks,” she said. “For a while I was waist-high in mud, trapped within the debris, before I was eventually rescued by other villagers.”

“I feel lucky to be alive because nobody expected us to survive such a dangerous situation.”

Aung Chaing, her husband and two children lost all their possessions including furniture. The ferocity of the landslide can still be seen today – nothing remains of their home apart from a few bricks and twisted metal cement poles.

If there is one consolation for villagers more than two years after the disaster it is the fact that the UNICEF-supported Para Centre in the village has been reinforced to be a shelter in the event of further landslides or flooding. It is now the only durable structure in the village in the event of further extremely bad weather.

Staff at the Para Centre have now been given training on emergency preparedness, which includes a landslide and flooding early warning system and disaster information dissemination.

The Para Centre doubles up as a public health facility which is used by villagers as a venue for early learning and pre-primary education for children aged 3-6 (pre-school).

“I send my young children to the Centre for a few hours every day of the week,” said Aung Chaing. “Without it my life would be much harder.”

The Para Centre is a venue where children and women can receive micronutrient supplements and nutrition counselling. It is also used for health service delivery including family planning and immunisation campaigns.

The Para Centre furthermore serves as a location for important public service announcements, from hygiene education to best-practice counselling for lactating mothers.

The Para Centre Workers



Each of the 4,000 Para Centres in the Chittagong Hill Tracts is led by a Para Worker, who operate as the change agents of the community. More than 90 percent of Para Workers are women, who live in the area where they work.

Their primary role is to act as an early learning facilitator, preparing children to start primary school when they reach the age of six. That involves training them in a wide range of good practices that go beyond basic education.

Para Workers across the Chittagong Hill Tracts can often be seen overseeing children's classes, including drawing, poetry and singing. In addition, they distribute nutritious snacks and train children about the benefits of hygiene and respect for others.

But the Para Worker's responsibilities do not stop

with here. They play a crucial role in registering children when they are born – a child not registered is not entitled to legal protection and will have no legal identity. That means they cannot enroll for school when they are older. Neither will they be eligible for health care services or an Identity Card.

Other key Worker responsibilities include:

- The dissemination of key health and nutrition information for the entire community
- Providing help and advice to pregnant women and mothers with new-born babies
- Detecting signs of diarrhoea, pneumonia and other illnesses, referring sick people when necessary
- Acting as the link between the community and the referral centre
- Liaising with community health field workers and NGOs

Swapna Marma, 40, Para Worker in Mitingyacharu village, Rangamati:

“For six days a week I arrive at the Para Centre at 8 am. I will carry out a roll call to see which children are here and then oversee exercises, nursery rhyme recitations and songs,” says Swapna Marma (pictured, wearing a red scarf) while overseeing a children’s group and a mothers’ group.

“One of my main aims in doing this is to get the children to overcome shyness. By the time they complete their time here I want them to be ready and prepared for primary school.

“At this Para Centre I think we have been successful at doing that. Many of our former pupils are now at

primary school, secondary school, college or university.

“But our Para Centre is much more than a school. It is used as a venue for local meetings, government training and immunisation programmes and a medical centre which can refer patients.

“I feel very proud to be a Para Centre worker because I can stay with the children for a long time and really get to know and influence them.

“In the beginning it was hard, but now I feel much more confident professionally. My next plan is to teach the children music.”





Jita Chakma, 38, Para Worker in Kumra Para, Rangamati

“I have many responsibilities but among the most important to me are raising health awareness in the village where I work and ensuring that new mothers register their babies,” says Jita Chakma with school children at her Para Centre in Rangamati.

“For me my job as a Para Worker is something of a career lifeline. I dropped out of college after getting my Secondary School Certificate because of financial difficulties.

“Because I was a mother – I have two children – and live in the area I applied for the job at the Para Centre. At first, I was not that sure of myself, but after receiving training I am now confident enough to offer basic medical advice.

“I really enjoy the opportunity to meet different members of the community, especially pregnant and young mothers. The Para Centre is at the heart of our community and it is here where many of the decisions that affect our day-to-day lives are made.”

The Adolescents' Group



It's a hot and humid morning at the Mitingyachari Para Centre near Rangamati.

A group of about 20 teenaged girls – ranging from 13 to 19 and evenly split between the Marma and Bengali communities – are attending a weekly Adolescents' Club meeting.

They sit on the floor of the veranda of the building and engage in animated debate.

Many of the girls attended the club when they were pre-school children, more than 10 years ago and all of them say they enjoy attending the Para Centre as much now as they did then.

The girls discuss issues of the day, and have strong views about child labour, child marriage and the rights of women to enter the workplace.

"We have got to bring the Chittagong Hill Tracts into the 21st century," one teenager says. "That means ending child marriage, ending arranged marriages and not allowing children under the age of 16 to enter the workplace. Personally, I don't feel a girl should get married until she's at least eighteen." The other teenagers nod their heads vigorously in agreement.

"It also means treating women fairly in the workplace.

Now that we have a female prime minister for several years, there is no reason why girls and young women cannot achieve exactly the same in the workplace as boys."

Similar sentiments are expressed by male and female teenagers at the Faruk Para Centre in Bandarban.

"We want to continue our club activities here because the club was phased out in 2016 and had only just began operating again," said 17-year-old Ester Mawi.

"It is really helpful to us because we learn life skills here that are not taught anywhere else, including computer training."

Henry Bawm, 17, agrees that life skills training is important. But for him one thing is missing from the Para Centre he attends.

"There is nowhere at the Centre or elsewhere in our village where we can play outdoor sports," he laments. "I enjoy playing football and volleyball – and want to learn how to play cricket – but here it's just not possible."

The problem for UNICEF is that Para Centres tend to be relatively small in size and rarely have a flat level field for children to play sports.

The Mothers' Group



On the other side of the veranda at the Mitingyachari Para Centre a group of about 15 mothers are sitting. Their conversation is every bit as lively as that of the teenagers. Many of them have children attending pre-school at the Centre. Others had children who attended but they have now left to attend school, university or college.

The mothers discuss all the key issues that affect their village, from helping pregnant women get iron tablets to the best ways to prevent their children from being lured into child marriage or child labour – both of which have been substantially reduced over the last decade.

“I think young people of today face more challenges than we did when we were their age,” one mother says. “They have far more access to television and are probably much more aware of their circumstances than we were. It’s harder today for parents to be as influential over their children’s lives.

“Overall though I would say that the children of today have more opportunities, with better access to education and healthcare.”

Para Centre Management Committees

The Para Centre Management Committee (PCMC) in Kamru Para near Rangamanti is typical of the thousands that operate throughout the Chittagong Hill Tracts. It has seven members, two of whom are women.

The primary responsibility of the committees is to determine how the Para Centres are used during the week - to allocate time for the various activities that take place in the Centres after pre-school classes finish at mid-morning. These can include immunisation sessions, mothers-and-babies groups or hand-outs of nutritious food to under-nourished children.

“If the government has a key public health message they want to convey to villagers, we will arrange the best time to come to the Para Centres to make it, said 58-year-old village Karbari (Head) Taron Kunti Chakma.

“The PCMC’s role is to ensure that the Para Centre is functioning well and that the premises are clean, well maintained and not under-used.

“I am proud to say that this Para Centre has overseen a lot of development in our village since it was set up in 1996. At least 10 of the children who began pre-school here are now at university, while many other are at secondary school or college.

“The quality of teaching here has improved dramatically over the last 10 years, while we have also introduced an expanded programme of immunisations.”

Mr Chakma says the PCMC’s priorities over the next year include getting solar panels for the Centre’s roof and acquiring more IT technology for the children to use.



Help For Mothers With Babies

For young mothers Annyesa Chakma, 22, and Halti Chakma, 26, pre and post-natal care provided at the Para Centres have been absolutely invaluable.

Annyesa's son Kanan, now aged three, was born at her home in Kumra Para near Rangamati with the help of a skilled birth attendant who was alerted to her pregnancy because she had been attending the Para Centres.

"I completed four check-ups before my child was born," she said, "and had several more after the birth. I have taken all the tika (vaccinations) that the medics have recommended, including five doses of tetanus at this Para Centre which were provided by the government."

Annyesa was advised by the Para Worker and Field Officer to eat lots of vegetables before and after her pregnancy, in addition to other useful nutrition information. She was given iron folic tablets and Vitamin A capsules – also provided by the government – which she collected from the Para Centre.

Kanan now attends pre-school classes at the Centre for six days a week. The Centre in addition is used for community and social activities – which Annyesa often attends – including meetings and training programmes. Annyesa's husband recently attended a session on how to produce more shrimp.

Another villager, Halti Chakma has a four-year-old son called Arpan. He too attends pre-schooling at the Para Centre.

"From the outset we were told about the importance of immunisation for mothers and babies," she said, "and were informed of the necessity to wash our hands constantly."

"After I had given birth I was counselled on the best way of breast feeding the baby, and what to do if any of our children ever looked ill or sick. So, for example when my child got diarrhoea, I knew that I should give him saline and coconut water."

"I also knew how important it was to register my child's birth."



The Para Centre Teacher



Milly Prue, 24, (pictured, in red top) is a Para Centre teacher at a UNICEF-supported early learning project for two to six-year-olds in Jamchari Para in the Banderban district. She works for 2.5 hours six days a week and has a well-established routine for the children when she arrives at the Centre.

“I begin by getting them to do a series of physical exercises,” she says, “before getting them to sign in, after which a roll call is taken.

“We then have nursery rhymes, Bangla alphabet sessions, numeracy classes and sing-alongs.

“Although my primary aim is to let children experience the fun of learning, there is a very important secondary purpose to my work. To prepare the children for primary school when they are older.”

Milly has other responsibilities in addition to teacher which include carrying out regular medical checks on the children, detecting early signs of illness or malnutrition and providing good health messages to pregnant women and young mothers.

Para Centre Field Organiser



Field organisers, like Para Workers, play a key role in the successful running of each Centre.

Their job is to patrol the area covered by 10 Para Centres to ensure that villagers are aware of what is going on in the community. They are the eyes, ears and mouth of the Para Centre network.

While Para Workers are constantly on the look-out for signs of any signs of illness – such as viral fevers or diarrhoea – Field Organisers ensure that systems are in place to cope with any sudden disease outbreak.

They also help to make people aware of forthcoming vaccination and immunisation programmes that are taking place in the Para Centres.

Rezina Tripura, 25, works a Field Organiser in Bandarban district.

“If I see a child that is stunted, I make sure they attend the Centre straight away to receive nutritious food handouts,” she said. “I also encourage parents to get young children registered so they can enrol for school and receive medical services.

“For a lot of children, Para Centres have made an enormous difference in their lives.

“They would not be able to receive any kind of pre-school education. That is critically important, because they will not be admitted into primary school unless they know basic reading, writing and maths.”

Rangamati Government Hospital

The hospital – the largest in the Chittagong Hill Tracts – is a government hospital that receives support from various agencies, including UNICEF.

UNICEF supports the provision of healthcare at the hospital to women and children through its Women Friendly Initiative (WFI). There is a separate wing in the premises that is especially devoted for pregnant mothers and mothers with newborns. The post and antenatal care (pictured here) consist of:

- Labour room and delivery kits
- Incubators for very small or sick newborns

In addition, UNICEF has helped medics at the hospital tackle neo-natal infections, including birth asphyxia, acute respiratory infections, diarrhoea, jaundice and low birthweight.

Dr Using Marma, a UNICEF consultant at the hospital says that the hospital is also providing medical and social support - through UNICEF's Quality Improvement Initiative - to women who are the victims of sexual violence.

“Obviously we are proud of our work with women and children, but we’re also proud of other things we have achieved in the Chittagong Hill Tracts in recent years,” said Dr Mohammed Sawkat Aktar Khan, the hospital’s residential Medical Officer.

“We have all but eliminated malaria in the Chittagong Hill Tracts – there has only been one case since 2018 – while there have been no cases of Japanese Encephalitis.

“The use of bednets has made a significant contribution to the reduction of these illnesses.”



Government Health Assistant



Central to the smooth running of the Para Centres are Government Health Assistants. They do not work in the Para Centres but nevertheless play a key role in ensuring that UNICEF and the government work together to provide the best possible services to the people of the Hill Tracts. They regularly visit Para Centres, conduct immunisation sessions and liaise with Para Workers to exchange information and support on pregnant mothers and sick children of the various Paras.

Elizabeth Tripura is one such person – she works at

the Chakkhoi Commander Para Centre in Bandarban.

“The reluctance of some parents to get their children vaccinated is one of the major difficulties we face,” she said, “which is why one of the main parts of my job is to raise awareness about vaccines and the vital part they play in stopping powerful diseases from spreading.

“It takes time to change people’s behaviour [in relation to vaccines] but it is possible eventually to win them round.”



Conclusion

The Para Centre Network approach has proved to be spectacularly effective in reaching out to children in remote CHT communities – they are now widely accepted by the diverse communities who live there.

The interventions of Para Centres in areas such as education, health, nutrition, sanitation and hygiene promotion have produced positive results. It is imperative these interventions are continued. Without them, child development in the CHT would almost certainly regress.

The role of UNICEF, the Bangladeshi government and other development partners in sustaining this progress is of paramount importance, and their continued collaboration is vital if the Para Centre model is to carry on. There must be no diminution in our concerted efforts to address those difficulties which include:

- **The increased scarcity of water in the CHT region.** Because extensive deforestation has dried up of water bodies, it is invariably adolescent girls who spend more hours collecting water from greater distances than ever before. It is a problem with numerous negative consequences, serving to interrupt childhoods and interfere with time spent at school. A more hygienic environment for children living in remote areas remains a top priority.
- **The plight of adolescents.** Although today there is more focus on adolescent development – through life skills-based education – more work needs to be done. Opportunities for livelihood and vocational skills training must be increased and the gender risks that adolescent girls face must be addressed as a matter of paramount importance. More sports facilities could engage and stimulate adolescents and young people, while more dialogue with them could help to stimulate constructive ideas to improve their lives and increase meaningful participation in their development.
- **Improvements to education.** The early education provided at Para Centres has prepared children – socially and academically – for primary school. But for progress to be maintained, more multi-lingual teaching must be included, This can be made possible by better training of teachers in the CHT. If children of the area are to meet the educational standards outlined in the national curriculum, there must be more joint collaboration between development communities and CHT institutions. The support of development partners can ensure effective advocacy and the implementation of innovative education projects in the region.
- **Improving and ensuring the continuation of antenatal, post-natal, preventive, nutritional and basic health care services.** The need to improve the nutrition status of children and the overall health of women and children – as well as access to and quality of health services and water – are essential. This will require stronger linkages to government systems and require more focus on community health and nutrition initiatives.

In conclusion, there is little doubt that Para Centres in the CHT are successfully delivering basic community social services for women and children, often in remote areas. They now play a vital role in Early Childhood Development throughout the region. Para Centres today are renowned for the care and education they provide to the children of the CHT. They have significantly improved the standard of living of children – especially those under six. The fact that the Para Centre Network is widely accepted by all sectors of the diverse CHT population is further testament to its outstanding success. UNICEF is urging donors to carry on their excellent support of our efforts to bring this sometimes-forgotten corner of Bangladesh onto the radar.

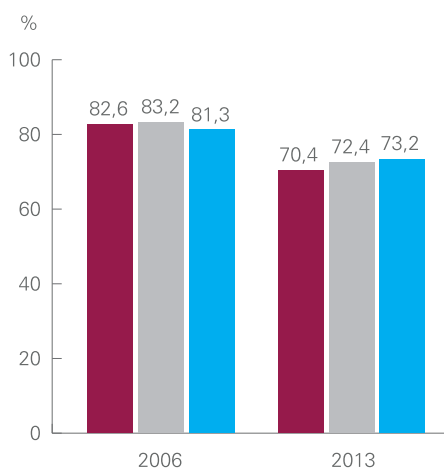
Statistics sheets

■ Chittagong Hill Tracts ■ Chittagong Division ■ Bangladesh

Source: MICS

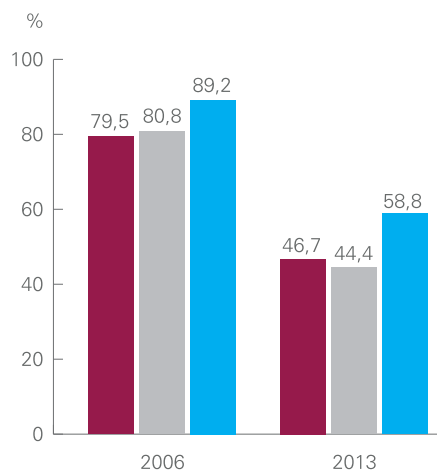
PRIMARY SCHOOL ATTENDANCE

Net attendance ratio for primary school age children



PRIMARY COMPLETION RATE

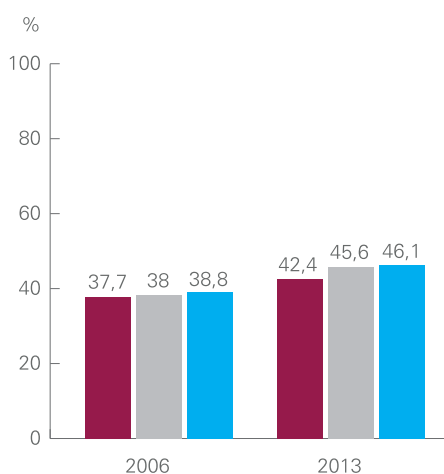
Primary school completion rate*



* Ratio of children attending last grade of primary to number of children of primary school completion age

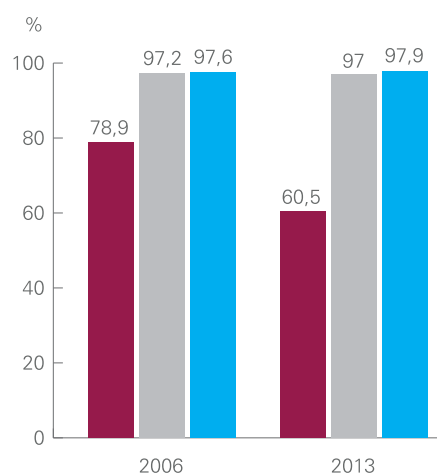
SECONDARY SCHOOL ATTENDANCE

Net attendance ratio for secondary school age children



SOURCE OF DRINKING WATER

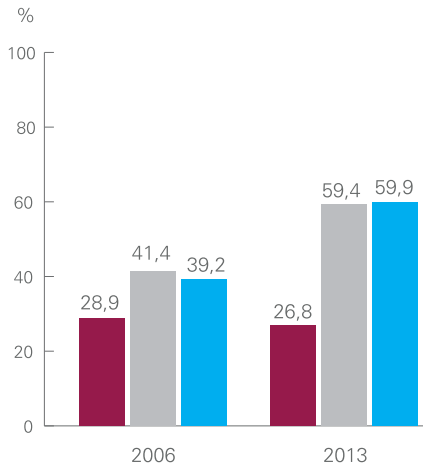
Population using improved sources of drinking water



Source: MICS

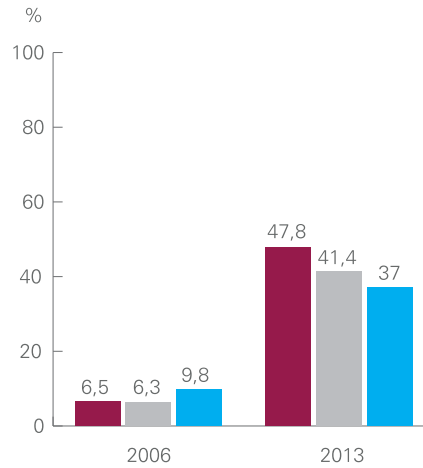
SANITATION COVERAGE-IMPROVED FACILITIES

Population using sanitation improved facilities



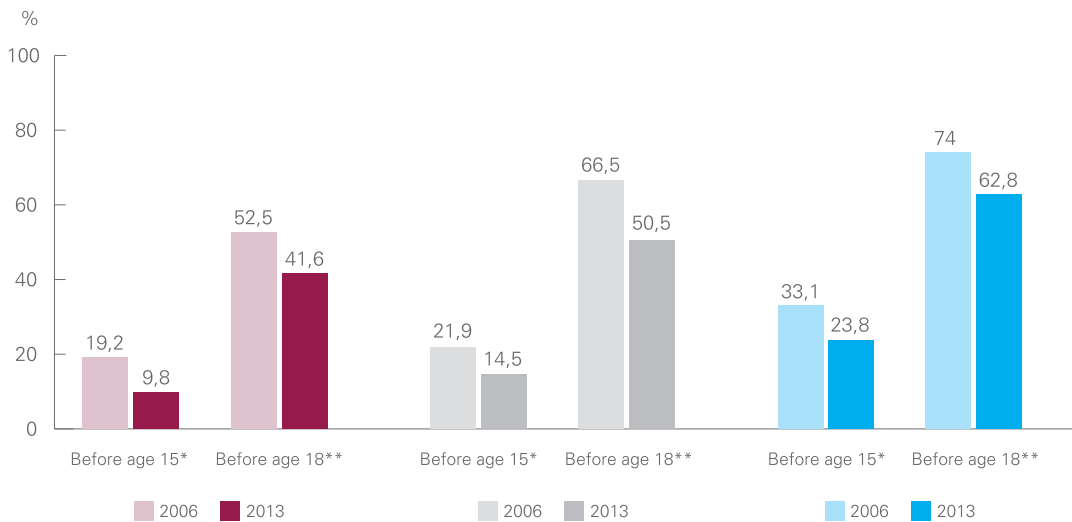
BIRTH REGISTRATION

Birth registration among children under-5



CHILD MARRIAGE

Women getting married before age 15 and before age 18 years

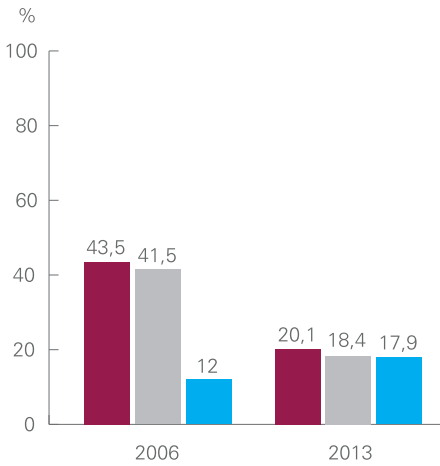


* Women age 15-49
 ** Women age 20-49

Source: MICS

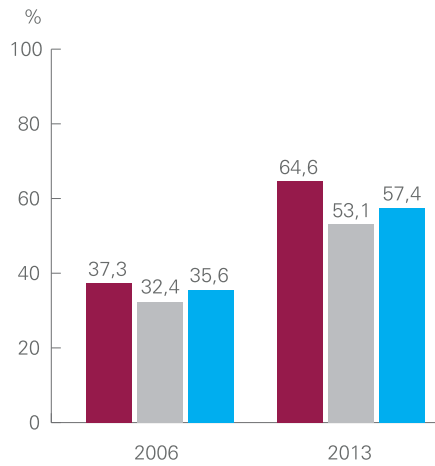
SKILLED ATTENDANT AT BIRTH

Women attended by skilled health personnel during delivery



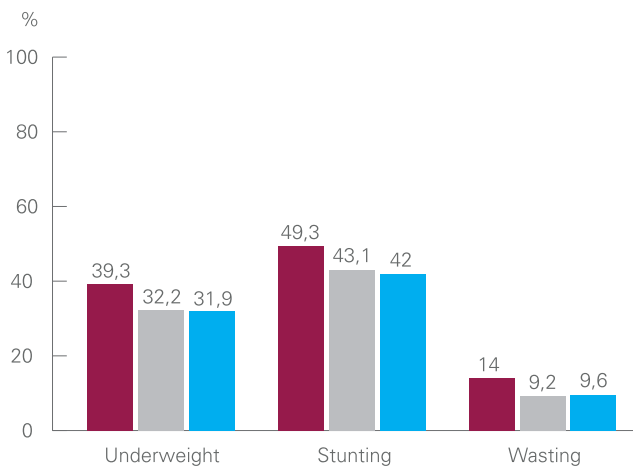
BREASTFEEDING

Children (under-2) breastfed within 1 hour of birth



UNDER NUTRITION

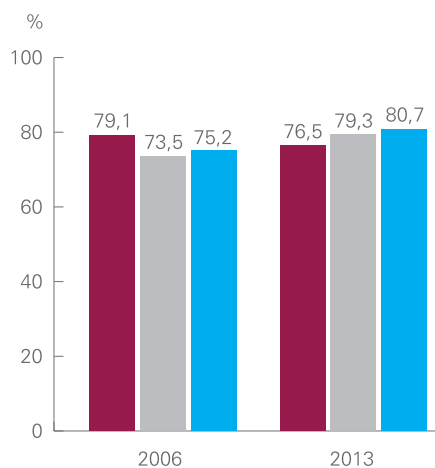
Nutrition status of children under-5 (moderate and severe)



Source: MICS 2012-2013

CHILD IMMUNIZATION

Children (12-23 months) who are fully vaccinated



Source: Coverage Evaluation Survey

Report author

Alastair Lawson Tancred

UNICEF Bangladesh

alawsontancred@Unicef.org

Report photographer

Zhantu Chakma

UNICEF Bangladesh

zhantuchakma@gmail.com

For further information, please contact:

AM Sakil Faizullah

UNICEF Bangladesh

asfaizullah@unicef.org