



Economic and Social Council

Distr.: Limited
12 November 1999

Original: English

United Nations Children's Fund

Executive Board

First regular session 2000

31 January-4 February 2000

Item 8 of the provisional agenda*

For information

Country note**

Bangladesh

Summary

The Executive Director presents the country note for Bangladesh for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Despite positive trends in the macroeconomic environment, 60 million people still live below the poverty line, and this has been aggravated by the 1998 floods which have incurred damages in the range of \$2 billion to \$3 billion. The population growth rate has decreased from 3 per cent 25 years ago to 1.6 per cent.

2. The under-five mortality rate has declined by 25 per cent since 1990. Close to one half of infants are not fully immunized, and there is a high drop-out rate of 30-40 per cent. Pneumonia, diarrhoea and dysentery are the major causes of child deaths. Some 30-50 per cent of children are born with low birth weight, one half of children under six

years old are stunted, 50-70 per cent of children and women suffer from anaemia and 52 per cent of women of reproductive age have a body mass index of less than 18.5. Maternal mortality is estimated at 450 per 100,000 live births, and 580 for adolescent girls. Direct obstetric causes account for 70 per cent of maternal deaths, but a significant 14 per cent are related to violence and injury. Progress in maternal mortality reduction is limited. Only an estimated 5 per cent of women with complications receive emergency obstetric care. HIV/AIDS has not yet emerged as a serious problem in Bangladesh; the estimated number of infected individuals is 21,000. However, there is concern about the potential threat, especially in the context of inadequate surveillance and reporting.

3. There is virtual universal access to water from tube-wells, taps or ring-wells, 80 per cent of which are thought to be safe. However, recent surveys detected arsenic contamination in 211 out of 460 *thanas* (subdistrict levels). About 23 million people are potentially at risk of

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

arsenicosis, and 28 per cent of existing tube-wells are contaminated with excess arsenic. Sanitary latrine use has remained between 30-40 per cent since 1993, and improper solid waste management is an environmental hazard, especially in urban areas.

4. There are major gaps in the knowledge and practice of early childhood care and development (ECCD) for the prenatal to 2-year-old age group. Support to the 3- to 5-year-old age group is limited to activities in a small number of institutions. Strides have been taken towards ensuring the rights of both boys and girls to basic education, although gender equity is an issue in achievement. Around 10 per cent of children (2 million) never enrol in primary school, and at least one third (6 million) who enrol do not complete the primary cycle. Attendance rates are low, averaging less than 60 per cent, and the repetition rates are high. Surveys using the "assessment of basic competency" (ABC) test indicate that only about one half of those who complete primary school achieve a minimum basic education level. School enrolment rates fall drastically from the primary to secondary level. Gross enrolment in the secondary phase (grades 6-10) is only 7 million (38 per cent). There are more than 6.3 million working children under 14 years old, and millions more older adolescents (14-17 years old). Non-formal education offers a flexible option for working children and others outside the formal system, but they still need greater access to further learning opportunities.

5. Despite affirmative actions by the Government, gender discrimination against girls and women, subordination and deprivation persist. The reported incidence of violence, including acid attacks, sexual abuse and exploitation of children appears to be on the increase, but it continues to remain largely hidden. Inter- and intra-border trafficking of children and women continues to be a serious problem. Children and women who come into conflict with the law do not always receive the protection provided for by law. Births of children are generally not registered despite there being a law mandating it. The situation of children and women of marginalized groups, including urban slum dwellers, refugees, ethnic minorities, river gypsies (*badhes*), and those living in remote and hard-to-reach areas, is far worse than the national average.

Lessons learned from past cooperation

6. The mid-term review recognized the need for streamlining and coordination of programmes, both within UNICEF and with development partners, to minimize

pressure on implementation systems and promote synergy in interventions. Evolving models such as the Safe Learning Environment initiative, which promotes behaviour development in hygiene and safe sanitation through existing education interventions, show promise in converging content and services in schools.

7. To address a large-scale emerging challenge, e.g. arsenic contamination of groundwater, the establishment of a coordination mechanism within government agencies, civil society and development partners is of paramount importance.

8. The lack of progress in increasing the use of sanitary latrines has highlighted the importance of creating demand through the promotion of behaviour development and raising awareness. Furthermore, a recent evaluation of the water and environmental sanitation programme carried out in 1998 by consultants to the Danish International Development Agency, the main provider of other resources for the programme, concluded that the future priority of the programme should be on building the capacity of institutions responsible for programme implementation rather than focusing on the provision of supplies.

9. The current country programme supported a yearly multiple indicator cluster survey to monitor the status of children and women, and build the capacity of the Bangladesh Bureau of Statistics (BBS). While a change in many of the indicators was not expected on a yearly basis, the sharing of results, especially at the subnational level, maintained awareness of the rights of children and women. This process also strengthened the capacity of subnational BBS counterparts.

10. One of the original strategies of the current country programme, the accelerated district approach, emphasized local-level participatory planning. This strategy was only partially implemented because the necessary decentralization of the government structure did not fully materialize. This emphasizes the importance of developing realistic assumptions and ensuring adequate ownership of country programme strategies by all stakeholders.

11. The scaling-up of projects and interventions judged to be worthwhile needs careful selection and phasing to keep pace with institutional capacities. In order to go to scale with projects such as intensive district education for all and basic education for hard-to-reach urban children, UNICEF and the Government must enlist the support of other partners to mobilize the necessary resources.

12. The urban basic services and integrated community development projects (the latter in the Chittagong Hill

Tracts) established new management and implementation structures. Evaluations of these projects have highlighted the importance of implementing activities through existing government structures.

13. The large procurement services operation (averaging \$30 million a year for vaccines, cold-chain equipment, drug kits, etc.) has contributed to the national capacity to deliver services. However, adequate capacity needs to be in place in UNICEF to ensure that the supply operation, which relates directly to the implementation of the country programme, is not jeopardized.

Proposed country programme strategy

14. Together, the Government and UNICEF managed the process of assessing and analysing the situation of children and women, prioritizing the identified problems and developing the goals, objectives and strategies for the 2001-2005 country programme of cooperation. This process was undertaken at national and subnational levels in consultation with a wide range of stakeholders, including non-governmental organizations (NGOs), youth, community leaders, bilateral donors and other United Nations agencies. The Concluding Observations (1997) on the State Party Report on the Convention on the Rights of the Child, the National Development Plan (1997-2002) and UNICEF corporate priorities (as indicated in the 1998-2001 medium-term plan (E/ICEF/1998/13 and Corr.1)) were inputs to the process. In addition, the United Nations Country Team made special efforts to finalize the Common Country Assessment and the United Nations Development Assistance Framework in time to serve as the framework for the development of United Nations Development Programme, World Food Programme and UNICEF country programmes.

15. The goal of the country programme is to contribute to the realization of children's rights, the fulfilment of their potential and the empowerment of women. The overall objective is to support specific activities that promote and protect their survival, development and protection and help build a culture of respect for children's and women's rights. An integrated approach will be taken, focusing on critical stages of the life cycle. A gender perspective will be applied. Children and women experiencing the broadest and severest violations of their rights will receive priority attention, including those living in disadvantaged areas such as urban slums, Chittagong Hill Tracts and in especially difficult environments such as street children and working children.

16. The programme components that will promote *survival* include health and nutrition; and water, hygiene and sanitation. The health and nutrition programme will include improvement of child health, nutrition and safe motherhood. The water, hygiene and sanitation programme will consist of interventions for safe water, with special emphasis on arsenic mitigation; and hygiene and sanitation, with a focus on behavioural development. Given that the magnitude, complexities and extent of arsenic contamination are far from fully understood, special efforts will be made in the next country programme to rapidly evolve an arsenic mitigation approach that is effective, socially acceptable and sustainable. This will include continuation of support to the rapid testing of existing tube-wells, installation of alternative safe water supplies, communication to raise awareness about arsenic poisoning and building the capacity of health providers to better address this issue. Promoting emergency preparedness and response will continue to be an integral part of the country programme.

17. The programme components that will promote *child development* will include support to early childhood mental development and an enabling family environment; and improving the access, equity and quality of basic education. The latter will focus on improving the quality of primary education and increasing access to learning opportunities for hard-to-reach children.

18. The programme components that will promote *protection* will include support for the development of a national system for birth and marriage registration; building capacity within Government and civil society to adequately protect children and women from exploitation, discrimination and violence; and initiatives to increase the age of marriage by broadening available choices for female adolescents (e.g. participation rights, development of life skills).

19. The *planning and advocacy* programme will support monitoring and reporting on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; analyse national policies such as budget allocations; and contribute to building the capacities of the Government and partners to plan and manage interventions for children and women. Disseminating lessons learned from programme implementation and evaluating the overall effectiveness and impact of the UNICEF contribution will be prioritized. All aspects of the country programme will be supported by an advocacy component focusing on putting children's and women's issues high on the national agenda, and promoting practices and resource allocations at all levels

of society to further the realization of children's and women's rights.

20. The following strategies will be used: (a) advocacy, social mobilization and communication for behaviour development; (b) scaling-up of key components of pilot interventions, consolidating and maintaining continuity in certain areas; (c) piloting and innovating (e.g. child protection, ECCD); (d) networking and building alliances to leverage resources for children and women with all development partners, including bilateral and multilateral agencies, NGOs and civil society; and (e) building institutional capacity for service delivery.

21. The country programme will work increasingly with the decentralized local government structures and elected people's representatives at various subnational levels (including municipal and city corporations). In this respect, the current UNICEF field structure, which has 30 outposted staff working in partnership with local government, will provide an appropriate foundation.

22. UNICEF will continue to work closely with other United Nations agencies, specifically through the United Nations Theme Group on Arsenic and the Joint and Co-sponsored United Nations Programme on HIV/AIDS; the United Nations Population Fund, the World Health Organization and Columbia University (United States) on maternal mortality reduction; the World Bank, particularly on the National Nutrition Programme; and the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization on basic education, especially for working children.

23. Continuing the close relationship between UNICEF and bilateral donors in-country and exploring new sources of funding, such as the expanding private sector, will be critical to the success of the programme.

Estimated programme budget

Estimated programme cooperation, 2001-2005^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survival	24 000	100 000	124 000
Child development	16 000	30 000	46 000
Protection	5 000	7 000	12 000
Planning, advocacy and cross-sectoral costs	17 500	3 000	20 500
Total	62 500	140 000	202 500

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.