"At the end of April this year, I want to be able to look back and see that we've linked these children with the job market," says Atiar Rahman. He is referring to 1200 boys and girls between the ages of 13 and 17, who are learning plumbing, tailoring, motorcycle repairs and roof tiling through the Mirpur Agricultural Workshop and Training School (MAWTS). They all live in the slum areas in or near to Mirpur, Dhaka.

Atiar Rahman is the Training and Education Manager at MAWTS. He calls a small group of boys learning on tiles basic education programme for urban working children. They are now gaining skills for the world of work.

The students echo his sentiments. Seventeen year old Maria is hopeful that, with the help of her teachers and supervisor, she'll secure a job in electronics that will eventually take her out of the slums, whilst Sumaiya, 14, says, "I'll get my general education from another electronics. I won't forget what I've learned here." The group starts at 8 a.m. They then go on to their part-time jobs or go to school. They're paid 50 taka each day for food and transport.

MAWTS is working with UNICEF in the very first phase of its skills training project that began in October 2011 and ends at the end of March this year. Results of how the project will impact on its 1200 students are therefore yet to be revealed, but MAWTS has a useful precedent: it has already worked with the ILO to train about 1,000 children from the slums, most of whom have found employment later on.

At the moment at least, it's still the men who get the rich pickings of those jobs. "Girls aren't training to do the traditional male jobs such as plumbing or welding because the work is physically demanding and the reality of the job market is that they're dominated by men, at least here in Bangladesh," says Atiar. "But who knows, maybe in the future?" One of his instructors is civil engineer Samsad, a woman, "I like this kind of vocational work for children. It's good," she says smiling. Twenty year old Pianka Gomes would agree with that: she's one of the school's bright engineering students, raised in the slums, and destined for greater things.

Supported by Canadian International Development Agency and Swedish International Development Cooperation Agency.

In Focus: Children in urban slums
This edition of the newsletter looks at the quality of life experienced by children living in the urban slums of Bangladesh and how policymakers might address the challenges of their lives.
Contents

In Focus
The facts: children in urban slums ....................... 3
Down the urban road – lessons from Brazil ........ 4
Malnutrition in urban slums ............................... 6
on film ................................................................
My life in an urban slum .................................... 10
In Focus
Cash transfers ................................................... 10
In The Field
Hazards of an urban slum ................................. 11
Catching them young: Pre-primary ‘sibling’ schools ....... 12
Events
State of the World’s Children launch .................. 13
With Thanks
Canadian International Development Agency .... 14
Speak Out
Urban kids and adults speak out ....................... 15
News in Brief .................................................. 16

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Q&A WITH UNICEF STAFF

Kazi Dil Afroza Islam
Head, Zone Office, UNICEF- Sylhet

Describe your job at UNICEF

I’m responsible for the coordination of all UNICEF’s supported
programmes in the division. Before that I was a health specialist in
the Health and Nutrition section overseeing maternal health. I’ve
been working in the development sector since 1990 and have been with UNICEF since 2007.

You’ve just moved from the Dhaka office to Sylhet. Why is that?

It’s all part of UNICEF’s restructuring process, the
aim being to get us (the staff) closer to our field
partners and to people we are working for–women
and children.

Being a woman, how has this change impacted
on your professional and personal life?

As a professional, I’m now a manager. At the same
time, I’m a mother of two grown up children, who
I place at the centre of whatever I do. UNICEF’s
child friendly policies have made it easier for me,
and I am truly grateful to the organization, my
colleagues and my family for their great support.
They have really helped me to make a balance in
my professional and personal life.

What has been your highlight at UNICEF?

When the UN Secretary-General Ban Ki-moon
and his team visited Bangladesh in November
2011, the Joint GoB-UN Maternal and Neonatal
Health programme was selected as a showcase
for his visit. I was asked to facilitate the session
for the visit.

It was intimidating to be in front of the UN
Secretary General and his team, but the session
was a success. Being appreciated by the
Secretary General himself was truly an inspiring
and motivating experience for me.
To say that living in an urban slum or informal settlement is not easy (such as the one in Rupnagar on page 11) is an understatement. Conditions can be as bad as or worse than those in rural areas, especially in terms of malnutrition and under-five mortality. Children face hardships on a daily basis that includes hunger, poor access to clean water, electricity and health care, as well as insufficient education and protection. Many children are forced to take care of younger siblings, or to work—often precariously—instead of going to school.

In addition, residents of the slums are under constant threat of harassment from middlemen, and evictions from the Government. Basic social services in these settlements are practically non-existent, whilst the potential for trouble such as youth crime lingers ominously.

Of course, this situation is not unique to Bangladesh. According to UNICEF’s 2012 State of the World’s Children Report: ‘All over the world, hundreds of millions of children in impoverished urban neighbourhoods and informal settlements confront daily violations of their rights despite living close to institutions and services.’

THE FACTS: CHILDREN IN URBAN SLUMS

Slums: the five deprivations

The United Nations Human Settlement Programme (UN-Habitat) defines a slum household as one that lacks one or more of the following:

Access to improved water
An adequate quantity of water that is affordable and available without excessive physical effort and time

Access to improved sanitation
Access to an excreta disposal system, either in the form of a private toilet or a public toilet shared with a reasonable number of people

Security of tenure
Evidence or documentation that can be used as a proof of secure tenure status or for protection from forced evictions

Durability of housing
Permanent and adequate structure in a non-hazardous location, protecting its inhabitants from the extremes of climatic conditions such as rain, heat, cold or humidity

Sufficient living area
Not more than three people sharing the same room
DOWN THE URBAN ROAD - LESSONS FROM BRAZIL

What makes children like these with smiling faces unable to enjoy a decent childhood? They have the potential for a better future and to make a significant contribution in their lives. I met these children at the University of Dhaka campus in 2005 and they were selling flowers for some money rather than going to school. They told me they had no home and were sleeping on the streets of Dhaka City. Now I wonder where they are.

I met many working children studying at schools in Dhaka during my semi-ethnographic study in 2009 and 2010. During this period, I visited their houses with their teachers. Most of them had migrated from rural villages for economic reasons and were living in unhealthy and inhuman conditions. Several times I accompanied UCEP (Underprivileged Children’s Educational Programs) school teachers to their students’ houses when the pupils had been absent from their classes. In my experience, their houses are located in low-lying, flood-prone, poorly-drained areas with limited formal garbage disposal and minimal access to safe water and sanitation. They live in severely overcrowded slum areas. Working with disadvantaged children and their teachers, I understood that people living in these slums experience social, economic and political exclusions, creating barriers for them to society’s basic resources. They lack wealth, power and social connections.

The urban population of Bangladesh is rising fast and currently in the early stages of its own urban transition. The experiences of its children are becoming increasingly urbanised, just as elsewhere in the world. In order to adopt policies and practices that will change the negative dimensions of urbanisation, especially for those children, it is useful to look at the historical development of other countries that have already gone through the urban transition and learn from their experiences - especially their mistakes. Brazil makes a good example.

In Brazil, policymakers have always tried to prevent urban growth. This stems from a deeply embedded tolerance of inequality, and from the lack of proactive policies to deal with massive and inevitable urban growth. These are the main parallels with Bangladesh. Over the last three decades Brazil has become a fully urbanised country. Between 1970 and 2000, the urban system absorbed more than 80 million people within the country. Cities became the core of economic activity (90 per cent of GDP), with large cities becoming diversified, taking advantage of large markets for inputs and ideas whilst enjoying high levels of productivity and growth.

Despite the early urban transition, Brazilian cities and their inhabitants still face inflexible economic, social and environmental challenges. The road to a high level of urbanisation has been exhausting and socially disruptive, and what’s left of the process is still evident in certain aspects of current social organisation. It can be posited that these difficulties originate from two principal factors: 1. historically rooted and enduring structure of social inequality, and 2. the persistent failure to predict, accept and plan for massive urban growth.

Inequality came to Brazil on boats with Portuguese colonisers and their highly stratified social system. This was fortified by huge land grants that generated a feudal landholding system, and by the adoption of slavery. Over the centuries it has been reproduced through social structures and cultural patterns underlying the various colonial, imperial, republican, military and democratic regimes that have succeeded each other since the arrival of the first explorers. Only recently has it shown signs of decreasing.

Steadily well-established in the Brazilian make-up, an enduring framework of inequality has helped inure society to the dilemma of the poor masses who have largely driven the country’s rapid urban growth. This also helps to explain the decision makers’ slowness in grasping the social composition of urban growth processes, or their magnitude, speed and significance. This, in turn, prohibited adequate preparation for urban growth.
In the face of persistent social inequalities, the failure to take a proactive stance in dealing with massive and inevitable urban growth favoured the spread of severe shelter poverty, fiscal inadequacy and environmental degradation that mark so many middle-income cities today. These problems make it very difficult for the country to take advantage of its early urban transition and to exploit the full potential of urbanisation for development.

The history of urban growth in Brazil is thus closely intertwined with the economic, social, political and demographic transformations that the country has undergone, especially over the last century. During the period of accelerated urban growth and in the current late transition stage, policymakers have intentionally influenced the urbanisation process in a variety of ways, with variable success. But they have also influenced it implicitly, often accidentally and damagingly, through policies aimed at promoting other national or class interests.

In Bangladesh, the lack of a comprehensive policy on urbanisation and the urban poor has resulted in social and structural inequalities, leading to poor living and environmental conditions in slums, poor access to basic services, and vulnerability to extortion and exploitation. Lack of jobs, residential security, and a comprehensive state policy to address their need leaves slum people bearing the brunt of structural and social inequalities in their lives. The future scenario of fast-growing urbanisation in Bangladesh emphasises the urgency of developing comprehensive strategies now, to facilitate the management of an urbanisation process that is predicted to characterise Bangladesh over the next 50 to 100 years.

Bangladesh should consider its current growth of urbanisation as a positive trend and act proactively by developing a socially inclusive urban development strategy in its policies. This will enable a rapidly growing slum population to more effectively contribute to the acceleration of economic growth and poverty reduction, instead of becoming an ever-increasing burden and obstacle to development and urbanisation. It’s time to accept this new paradigm and start investing in human development within the slums of Bangladesh.

Dr. M. Mahruf C. Shohel is a Visiting Fellow with the UNICEF Innocenti Research Centre in Italy, and a Research Fellow at the Open University in the UK. He has written extensively on non-formal schooling for disadvantaged children and their transition to mainstream education in Bangladesh. He is originally from Bangladesh.

The views of the author are his own and independent of UNICEF policy.

Sultana Akter, 12, sells flowers on the streets of Dhaka for a living. She and her younger sister are the only earning members in her family.
Residents call it the “Kallayanpur Porabasti” - meaning burnt down slum - and that’s exactly what has happened to it on this occasion. Its 2,250 households have also become targets of repeated eviction attempts. Here, one will find five people living in a 10x10ft room, where illnesses and diseases can be easily transmitted from one person to another. Malnutrition is another problem, with some of the slum’s children distinctly thin and lacking in energy.

Five year old Nupur is just one case. Sick from birth, she suffers from colds, diarrhoea and fevers; she is clearly underweight, and spends her days lying in bed rather than running around outside and playing with other children. Nupur was born with a low weight and wasn’t exclusively breastfed as her mother had to work outside.

Ideally, she would have been making regular trips to the doctor over the past years, but the costs for a family in the slum are prohibitive. “I worry about my child, she’s getting more and more sick,” says Nurjahan, Nupur’s mother. “I just can’t provide good food for her.” Nupur also has a waning appetite. Gazing on at her neighbour-friend, she can only watch as that girl bites into a tomato; when offered it herself she weakly shakes her head.

Nurjahan has a permanent job and earns 700 taka per month as a housemaid, but that could be in jeopardy if she continues taking time off to look after Nupur. Like most others, her employer is also oblivious of the fact that mothers should be given time to exclusively breastfeed their children up to six months. Her husband, Noor, has been sick for two years with kidney problems. Her 13 year old son, Shamim, works in a poultry shop instead of going to school, and brings home 1500 taka each month.

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To ensure the birth of a healthy child, first and foremost, the pregnant mother needs to have adequate nutrition. And to promote good nutritional practices after the birth of the child, she needs to exclusively breastfeed the child for six months, give the child complementary feeding of adequate variety and frequency after the age of six months and ensure improved hygiene practices including hand washing in order to ward off commonly occurring intestinal diseases.

Diets need to be micronutrient-rich through consumption of adequate variety of fortified foods like fortified salt and oil. Addition of supplements including iron folic, Vitamin A and de-worming every six months ensure that children get the maximum from their diet.

Stunting

There are many children who are malnourished in Bangladesh, and the statistics make dire reading. More than 41 per cent of those who are under-five are stunted, whilst 40 per cent are underweight. According to the just-released Bangladesh Demographic and Health Survey 2011, over 50 per cent children in the poorest wealth quintile are stunted, while one-fourth children in the richest wealth quintile are stunted.

Stunting (failure to attain optimal growth potential) is an early indication of malnutrition in early childhood. The Bangladesh National Report 2008 points out that it can be induced during foetal development as a result of the mother’s own malnourishment and anemia.

Unfortunately, stunting is irreversible, with those children never being able to reach their potential...
height which corresponds to their age. It also adversely impacts the cognitive development of children, which often leads to low performance at schools.

There is a correlation between a woman’s education and malnutrition in her household – as her level of education rises, child malnutrition decreases. When a mother does manage to get her sick child treated, the results can be significant.

Forty year old Amina Begum also lives in the Kallayanpur slum. Sajjad, her nine month old baby boy, was fine for the first three months but then started suffering from recurring illnesses – colds and fevers, due to unhygienic living conditions and lack of access to safe water. In Amina’s case, however, she took him straight to the public children’s hospital, and they have been going for regular treatments twice a month for the past four months. “It’s just 20 taka per visit, but then 500-700 taka for the medicines” she says. Sajjad is slightly underweight as he is still exclusively breastfed. But he has more energy compared to other sick children. The hospital too has its downsides: there are long queues, putting the (usually) one doctor under tremendous pressure. There’s no time for in-depth conversations about the baby’s ongoing health and nutrition issues, something that frustrates Amina.

Unfortunately, Amina is still exclusively breastfeeding and has not yet introduced Sajjad to complementary foods. But she tries to provide her family with a varied diet twice a day (vegetables, fish, meat, rice). She balances multiple needs on her husband’s 7,000 taka monthly income which he earns at a recycling shop.

It’s astonishing that the family is able to put their other two children through school: a daughter in Class 10 who is about to take her public exams and a son in Class 6. “If you care for the baby, the baby will become healthy,” she says pragmatically. “I’m sending them to school hoping they’ll have a good life and a good job after getting their education.”

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**Stunting Map:**
Probability of high prevalence of stunting (children under five, rate > 50 %)

*Source:* World Food Programme and Bangladesh Government
MY LIFE IN AN URBAN SLUM

The number of children growing up in urban slums is increasing. Understanding their difficult situation is the first step towards helping lives to change.

1. My name is Parvez. I am 12 years old. Like many other children, I live in a crowded slum in Dhaka city. There are many such slums all over the city, where we live under challenging living conditions.

2. In many cases, there are no sanitary latrines. We use hanging latrines that are dangerous. The other day, a child fell through the latrine and got injured. In instances of sanitary latrines, approximately 15 families share one common toilet.

3. When most children are in school, Munni, 9, is busy cooking. She has three sisters and a young brother. Her father died in a road accident, and she has to take care of the family. Her mother works six days a week.

4. Clean water is not easily accessible to us. It is particularly difficult for children to get to clean water sources and sometimes there are long lines for it.
Anik, 14, is working in a workshop as a rod cutter. It is hazardous work for children of his age. The owner of the workshop gives him a chance to go to the Basic Education Centre between his works. Not everyone is so lucky.

There is no proper playground here, so normally, Munni, 8, plays with dirt by sifting it through a net collected from waste. Sometimes, they wish that they had real toys to play with.

Slum children who live in the cities, would like to live in a safe environment, go to school, and live healthy lives with dignity.

In some slum houses there are 6-8 people living together in a 10x10 feet space. They share a common hand pump, toilets and kitchen. In some roadside shelter homes the situation is much worse for the children.

We face such dangers everyday where we live, and have to watch each step carefully. We have to protect ourselves.
SUMONA LIVES IN ONE OF THE SLUMS ON BANGSHAL ROAD, OLD DHAKA, WITH HER 12 YEAR OLD DAUGHTER, AND ONE YEAR OLD SON. THEIR HOUSE IS A MAKESHIFT, WINDOWLESS SHACK MADE OF CORRUGATED IRON WITH OLD NEWSPAPERS SERVING AS WALLPAPER.

TWO THINGS STAND OUT AGAINST THE LOW-LIT DRAJNESS: A CALENDAR HANGING FROM ONE OF THE WALLS DEPICTS A SUMPTUOUSLY MODERN HOTEL SUITE OVERLOOKING A GORGEOUSLY CLEAR BLUE OCEAN; WHILST SOME DELICATELY WOVEN PLEATED SILVER-BLACK NECKLACES HANG FROM THE DOOR - SUMONA’S HANDICRAFT AND TRADE.

SUMONA’S DAUGHTER SHIMA HAS BEEN SELECTED FOR A CASH TRANSFER PROGRAMME SUPPORTED BY THE MINISTRY OF WOMEN AND CHILDREN AFFAIRS AND UNICEF.

A TOTAL OF 500 CHILDREN IN DHAKA HAVE BEEN RECEIVING THIS SUPPORT FOR THE FIRST TIME. EACH CHILD RECEIVES 1,500 TAKAS (AROUND $22) PER MONTH (IN TWO OR THREE INSTALMENTS BY CHEQUE) FOR UP TO 18 MONTHS WITH THE POTENTIAL TO EXTEND.

SPECIALY TRAINED SOCIAL WORKERS VISIT THE FAMILIES SEVERAL TIMES A MONTH AND RECORD PROGRESS THROUGH A STRUCTURED CASE MANAGEMENT SYSTEM. THEY GIVE THE CASH TO THE FAMILIES WITH THE FOLLOWING CONDITIONS:

- Every child aged five years old must be admitted to a school
- No child can be entered into an early marriage
- The caregiving family must act in the best interest of the child
- No child must be engaged in hazardous labour.

THIRTEEN-YEAR OLD TANIA IS ANOTHER RECIPIENT LIVING IN THE SAME AREA. THE CASH INJECTION HAS PRODUCED SEVERAL RESULTS FOR HER FAMILY: HER FATHER IS A RICKSHAW-PULLER AND HAS BEEN ABLE TO REPAIR HIS VEHICLE - TANIA AND HER SIBLINGS CAN NOW CONCENTRATE ON THEIR EDUCATION SINCE THEY NO LONGER NEED TO RUMMAGE THROUGH TRASH TO TAKE TO RECYCLING FACTORIES. IN ADDITION, AROUND 10,000 TAKAS HAVE BEEN SAVED FOR THE FAMILY’S FUTURE.

LIKE TANIA’S FAMILY, MANY CASH TRANSFER RECIPIENTS GENERATE INCOME THROUGH FORMING NEW OR DEVELOPING EXISTING BUSINESSES. UNICEF WANTS TO EXTEND THE MODEL PROGRAMME ACROSS BANGLADESH AND TO 10,000 CHILDREN – A NUMBER THAT’S A DROP IN THE OCEAN CONSIDERING THERE ARE APPROXIMATELY 7.42 MILLION WORKING CHILDREN ACROSS THE COUNTRY, OFTEN DOING UNHEALTHY AND HAZARDOUS WORK AT THE EXPENSE OF THEIR SCHOOLING.

AT A SLUM IN THE BANGSHAL AREA IN OLD DHAKA, FIVE AND A HALF YEAR OLD IMON HOSSEIN IS TIMIDLY RECITING A LONG BENGALI RHYME TO AN APPRECIATIVE AUDIENCE COMPOSED OF SOCIAL WORKERS AND UNICEF STAFF. HE IS ENJOYING PRIMARY SCHOOL VERY MUCH, WITH HIS FAVOURITE SUBJECTS BEING BANGLA AND MATHEMATICS. IMON WAS ABANDONED BY HIS FATHER AND HIS MOTHER HAS PASSED AWAY; HE IS NOW CARED FOR BY HIS AUNT, ALINUR AND HIS UNCLE, ABDUL. HIS SCHOOLING IS SUPPORTED THROUGH THE CASH TRANSFERS THE FAMILY RECEIVES.

The money is also improving business for Abdul, who puts together and sells cartons. Before leaving, the social workers give the attentive family nutritional advice for dealing with Imon’s afternoon tiredness. For Imon, Tania and Sumona, at least, the cash transfers offer hints of a more hopeful future beyond their slum existence. “Whatever happens with this cash transfer in the future,” says Sumona, Shima’s mother, flicking through an English Grammar course book, “I’m determined that my daughter will study up to secondary school. Her future will be better.”

**Supported by Norwegian National Committee**
HAZARDS OF AN URBAN SLUM

Late in 2011 bulldozers arrived at the Rupnagar slum in Dhaka and partially razed it. “About a year and a half ago, they said they might destroy one or two houses, but that would be all. The previous magistrate assured us that the area was ‘safe’ for our homes, but as soon as he left, it was just broken up,” says Doly, a 22 year-old resident of the slum. It seems there is an arbitrary targeting of lands and homes in Dhaka that leaves slum occupants increasingly vulnerable to threats and/or evictions from middlemen.

Apart from the now partially demolished state of their homes, residents have to make do with makeshift hanging latrines which notoriously deposit waste into nearby ponds and rivers rendering them disease-ridden. The slum residents’ complaints of stomach pains are perhaps a telling sign.

An estimated 198 families are still managing as best as they can in their Rupnagar ‘home’. Before the area was razed, Doly and some adolescent girls ran a UNICEF-supported local shop selling cleaning products and sanitary napkins to the slum residents.

“Before we set up the shop we used to just advise community members about hygiene. But then we had the necessary tools to help people deal with hygiene issues. We had sanitary napkins, soap and cleaning products. These things are costly outside but we sold them at a reasonable price.”

That store has gone along with Doly’s only source of income. Her college and university dreams have also taken a back seat. She stays with a friend in neighbouring Chakholi, but goes to the Rupnagar slum to take care of her seven-year-old twin sisters, Sumaiya and Suraiya, as well as her 12-year-old brother, Parvez, whilst her mum works at a BRAC delivery centre.

Parvez is a keen young boy whose serious demeanour and facial worry lines belie his young age. He looks demoralised. As President of the 16-member Children’s Group, he produces and acts in dramas that teach his neighbours about hygiene issues. He drifts in and out of school.

“I can’t study properly because there are mosquitos and there’s no electricity,” says Parvez. In addition to being some distance away, admission into the school he used to attend is between 1,500 and 2,500 takas ($18 – $30) for the first month, with books nudging the costs to 3,000 takas. Without the payment his periodic appearances are not particularly welcomed.

Worse, he says, is the dirty water coming up from the pipes. “I try to boil the water and just try to avoid it,” he says of his daily battle to stay healthy. “We use chlorine for the drinking water, but it’s hard to get it for everyone.”

When I ask him what one thing he most wants to change about his predicament he is unequivocal. “If I could change anything, it would be for clean drinking water,” he replies.
The grounds are bare, sparse, dry and dusty – there is no place to play outside. The building is built of corrugated iron walls. It’s basic, but a good size, and functional. A decent space where the 30 children in Pakuria, Dhaka, can spend a few hours away from their slum homes and where they will spend the next year playing and learning their alphabet, Bangla and English, basic numbers and rhymes, whilst their parents go to work and their older siblings get their own basic education and training.

“We’re going to track these kids right from pre-primary to primary school. We want to see them go through school to good positions, not in child labour, or just as garment workers,” says Parven Akhter, officer in charge of the ‘sibling project’ at BRAC.

A typical profile (though not definitive) of a sibling project participant is that he or she is between four and five years of age; they are from the slum areas; they are the younger sibling of a brother or sister (10-14 years old) who is already on UNICEF supported Basic Education for Hard-to-Reach Urban Children project (BEHTRUWC) and attending one of its learning centres where they are being schooled in basic education and vocational skills training. Many of these 10-14 year olds find their own learning disrupted through having to bring their younger siblings to the centre, or having to stay at home to care for them as their parents go to work.

“The Hard to Reach project is a big need because it targets those who work in factories and in the garment sector, and can help the older children get a good education and practical training,” Parven continues. “It keeps them out of trouble and out of crime. We get many of our young children (the siblings) from this project. Now that the Hard to Reach project is closing, it’s going to be a lot tougher to identify those kids from all over the city’s slums.”

Her co-worker, Mukter Hossain, agrees. He supervises 17 UNICEF-funded schools. “Identifying the siblings now that the project’s closing isn’t going to be easy,” he says. “But I hope we can go on providing better opportunities for them.”

BRAC has an excellent record of putting children from the slums through pre-primary and primary education, one of the reasons why UNICEF works with the organisation. Many of these children have graduated into government high schools.

Supported by Swedish National Committee
CITIES ARE FAILING CHILDREN, WARNS UNICEF REPORT

On 29 February, UNICEF Bangladesh launched the State of the World’s Children 2012 report in Dhaka, which calls attention to children living in urban slums who are generally invisible to policymakers.

The report finds that 28 per cent of the total population in Bangladesh (41.7 million people) lives in urban cities. It highlights that among the top 21 mega-cities, Dhaka is the ninth most populated with 14.3 million people, while Tokyo (36.5 million), Delhi (21.7 million) and Sao Paolo (20.0 million) are in top three positions.

Cities offer many children the advantages of urban schools, clinics and playgrounds. Yet the same cities the world over are also the settings of some of the greatest disparities in children’s health, education and opportunities.

Mr. Bhuiyan Shafiqul Islam, Secretary of the Planning Ministry; Professor Abul Barkat, Department of Economics, Dhaka University and Chairman of Janata Bank; Pascal Villeneuve, Representative, UNICEF Bangladesh and 13 year old Moushumi Akhter all attended and spoke at the media launch. Arifa Sharmin, Communications Manager with UNICEF, gave a presentation on the report’s findings.

Moushumi spoke about the realities of living in a slum: “We must pay 5,000 takas a month in rent for a room where seven people sleep,” she explained. “We suffer from poor sanitation and lack of electricity. The boys are forced to trade drugs such as hashish. Girls are forced into early marriages. There are many children like that who would prefer to go to school, but can’t.”

Pascal Villeneuve urged government and other partners to address the rights of children living in poor urban communities, particularly those in the slums: “Children in slums and deprived neighbourhoods are often invisible to decision makers and lost in a hazy world of statistical averages that conceal grave inequalities,” said Dr. Villeneuve.

According to the report, families living in poverty often pay more for substandard services. Water, for instance, can cost 50 times more in poor neighbourhoods where residents have to buy it from middlemen, unlike wealthier families which are connected directly to water mains.

While parents in non-slum areas of Dhaka spend an average 10 per cent of household income per child on school costs, this figure rises to 20 per cent in the poorest families. Again, in Bangladesh, according to 2009 data the differences were even more pronounced at the secondary level: 18 per cent of children in slums attended secondary school, compared with 53 per cent in urban areas as a whole and 48 per cent in rural areas. When averages such as these are used in making policies in urban areas and allocating resources, the needs of the poorest can be overlooked.

There is growing evidence that living in socio-economically disadvantaged urban areas increases the under-five mortality rate even after the data has been adjusted for factors such as mother’s education or income. For instance, in Bangladesh, the 2009 Multiple Indicator Cluster Survey (MICS) indicated that the under-five mortality rate in slums is 79 per cent higher than the overall urban rate and 44 per cent higher than the rural rate.
CIDA – CANADIAN INTERNATIONAL DEVELOPMENT AGENCY

Programmes and funds

Bangladesh Health Commodities Project (BHC): CAN$ 45 million (2006-2012)

Immunization Strengthening Project: CAN$ 12 million (2010-2012)


Basic Education for Working Children - Phase II: CAN$ 14 million (2006-2012)

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

In 2010-2011 Canada helped Bangladesh to achieve significant development results such as:

- Expanding emergency obstetric care by supporting service delivery in 257 facilities, training 1,137 community-skilled birth attendants, and recruiting 2,000 nurses
- Providing more than one million children under the age of five with treatment for acute respiratory tract infection and 400,000 with treatment for diarrhoea
- Providing polio vaccinations for 69,000 children under the age of one, preventing an estimated 3,400 deaths
- Increasing the percentage of children completing Grade 5, from 50.7 per cent in 2008 to 60.2 per cent in 2011, exceeding the target of 55 per cent
- Achieving gender equality in primary education - the ratio of girls and boys attending primary school reached 50:50
- Helping 900,000 farmers and small business operators increase their competitiveness and boost their incomes in sectors such as furniture making and vegetable production
- Supporting the training of 235 staff with Bangladesh’s Office of the Comptroller and Auditor General

What are the main priority areas for CIDA in Bangladesh and why?

The objective of CIDA’s programme for Bangladesh is to create opportunities for children and youth and to stimulate sustainable economic growth. Equality between women and men, environmental sustainability, and good governance will be integrated into all programming. Continuous dialogue and consultation among development partners (government, non-government, and donors) will guide investment choices.

CIDA’s programme in Bangladesh is directly aligned with the Government of Bangladesh’s Sixth Five-Year Plan and will strengthen the capacity of both national and local governments to plan, manage, and monitor health and education delivery systems and to promote sustainable economic growth.

Under the Children and Youth thematic strategy, CIDA focuses in the education sector on: improving the quality and delivery of education; increasing access and retention rates in primary schools; and reducing gaps between girls and boys.

In the health sector CIDA focuses on: ensuring that healthcare and medicines are delivered efficiently; improving maternal and child health delivery systems; and providing essential drugs and medicines (see also the Muskoka Initiative below).

Under the Sustainable Economic Growth thematic strategy, CIDA focuses on strengthening the enabling environment for the growth of employment-intensive industries and for the promotion of international trade. This includes: increasing access to skills for employment, particularly for youth; streamlining legal, fiscal, and regulatory frameworks for business development; and improving public financial management.

The Muskoka Initiative: Maternal, Newborn and Child Health

Canada is leading a global effort - the Muskoka Initiative - to mobilize international action to reduce maternal and infant mortality and improve the health of mothers and children in the world’s poorest countries, including Bangladesh.

Canada, through the Muskoka Initiative on Maternal, Newborn and Child Health, is: increasing the number of skilled community birth attendants and other health workers able to deliver comprehensive and emergency obstetrical care; strengthening weak referral processes and uneven availability of care and services, and scaling up an integrated, comprehensive approach to the delivery of district level services; and providing family planning services, commodities, and essential medicines and vaccines.
Urban kids and adults speak out

Urban children and adults from the slum areas speak out about building better foundations for their lives.
Pakuria School, Uttara, Dhaka

My father breaks mud bricks for his job. Here I’m learning to play, I learn numbers, how to draw and cook. I want to be a doctor one day.
Mahamuda, 5

My father is a shopkeeper. I have a brother who goes to BRAC primary school. I want to be a teacher.
Alya, 5

My father pulls rickshaws. My mother cleans houses. I’m going to be a doctor when I grow up.
Ripa, 5

I clean and take care of people’s houses. I want my daughter Alya to go on in her studies. I like this type of school, before she wasn’t doing anything, she wasn’t learning. Now she wants to be a teacher. I’m going to work hard to make sure my children finish their schooling.
Banesa

I learn colours, drawing, songs and rhymes. My father works in a factory and my mother stays at home.
Abdullah Hassan Rabbi, 5

This school is a good support for us. We are very poor. For the future, I hope my daughter Tangina has better chances by studying here. My husband is a rickshaw puller, but I hope we can put away enough money to make sure she continues with her education.
Arifa

I’ve been a teacher for two years. I love working with the children here. The hardest thing though is ensuring their consistent attendance. Sometimes they don’t come because they are working – picking up scraps of paper to earn money and supporting their family. Or they are taking care of their baby siblings so that their parents can go to work.
Parban Akter

Photographs: UNICEF/2012/Vanessa Curney
1 **Swedish Committee visits ‘siblings project’**

A team from the Swedish UNICEF National Committee, along with members from their corporate partner Gina Tricot, visited ‘Early Learning and Primary Education for Siblings of BEHTRUWC Project Learners in and around Dhaka Slum Areas’. They also met UNICEF partners BRAC and Shishu Academy (Children’s Academy) officials during their visit which took place from 28 February-1 March.

Siblings of learners enrolled in the Basic Education for Hard to Reach Urban Working Children (BEHTRUWC) get an opportunity to take part in one year pre-school lessons through the new initiative called ‘Siblings Project’.

The team also visited a vocational training centre run by another UNICEF partner, MAWTS, where older children acquire technical skills on trades like tailoring, electronics, motor cycle repairs, tile fitting, etc. Skills gained give children greater confidence in securing decent work.

Visiting team members included: Anna-Karin Wårfors, Corporate Social Responsibility Manager, Gina Tricot; Victor Appelqvist, Marketing & Expansion Director, Gina Tricot; Anna Danieli, Senior Corporate Officer, Swedish Committee; Malin Svensson, Fund Raising Assistant, Swedish Committee.

2 **Children and Business**

Business leaders, UN, government and civil society representatives gathered in London for the global release of the ‘Children’s Rights and Business Principles’ in March. Developed by UNICEF, the UN Global Compact and Save the Children, the initiative recognizes children as key stakeholders of business.

The release event featured speakers from business, UN and civil society to showcase and discuss ways in which business can integrate child rights in core business strategies and operations. Amongst the participants were senior executives from Ikea, Unilever, Marks and Spencer, and the Tata group. Business representatives explained why they felt that giving consideration to children’s rights is important to their operations, and examined some of the key challenges and opportunities to advance this work.

The ‘Children’s Rights and Business Principles’ initiative is one element of UNICEF’s new corporate social responsibility (CSR) strategy.

3 **UNICEF and Japan Join Hands to Improve Newborn Health Care**

A new partnership between the Government of Bangladesh, Government of Japan and UNICEF Bangladesh was launched in March to improve the quality for newborn health care. The Ministry of Health and Family Welfare will implement the project titled ‘Quality Improvement Initiative for Newborn Health Care’ with 1.15 million USD (approximately 9.2 crore taka) funding from the Japan Government for the next two years.

The Ambassador of Japan in Bangladesh, H.E. Mr. Shiro Sadoshima, emphasized that Japan places a lot of emphasis on Bangladesh as a pilot country for the new Japanese global health policy (2011-2015), which aims to address bottlenecks impeding progress on the health MDGs. He expressed his hope that this partnership would further bolster the on-going efforts by the Government of Bangladesh, through the new Health Sector Programme (2012-16).

The project will contribute to the quality and safety of newborn health care in order to increase babies’ survival. Major interventions are to upgrade facilities with a special care newborn unit (SCANU); capacity development in clinical care delivery for sick newborns and quality improvement skills; strengthen monitoring and supervision; and reinforce effective referral links between facilities.

It will be implemented in six hospitals around the country: Mymensingh and Chittagong Medical College Hospitals, Kishoregonj, Netrokona, Cox’s Bazar and Bandarban District Hospitals.