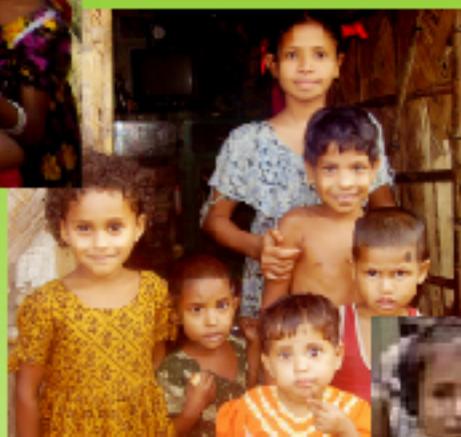


# UNCRC Alternative Report: Bangladesh 2007



## A Critical Analysis of CRC Reporting Trends and Implementation Status in Bangladesh



February 2008



# **CRC Alternative Report: Bangladesh 2007**

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### ***Jointly Prepared and Submitted by:***

**Ain o Salish Kendra (ASK)  
ANTAR Society for Development (ANTAR)  
Association for Community Development (ACD)  
Bangladesh Institute of Theatre Arts (BITA)  
Bangladesh Protibondhi Foundation (BPF)  
Bangladesh Women Lawyers' Association (BNWLA)  
Breaking the Silence (BTS)  
Campaign for Popular Education (CAMPE)  
Centre for Services and Information on Disability (CSID)  
Community Development and Participation (CPD)  
Development Initiative for Social Advancement (DISA)  
Friends in Village Development Bangladesh (FIVDB)  
INCIDIN Bangladesh  
Nari Maitree (NM)  
Social and Economic Enhancement Programme (SEEP)  
Society for Underprivileged Families (SUF)  
SOLIDARITY  
Under Privileged Children's Education Programme (UCEP) Bangladesh  
United Development Initiatives for Programmed Action (UDDIPAN)**

### ***Supported by:***



**Save the Children**

Sweden - Denmark

House # 9, Road # 16, Gulshan I  
Dhaka 1212, Bangladesh  
Phone: +880-2-8828118, 8814985, 8812389, 8810420  
Fax: +880-2-8810448  
E-mail: [info@scsd-bd.org](mailto:info@scsd-bd.org)

**February 2008**

## **Preface**

Article 45(a) of CRC has given mandate to the NGOs to monitor the implementation of the convention. The national NGOs can send the alternative report on CRC in parallel to the state party report. Government of Bangladesh submitted 3<sup>rd</sup> and 4<sup>th</sup> Periodic Report on CRC in September 2007. We, the 19 leading national NGOs of Bangladesh together with prepared an alternative report entitling **“A Critical Analysis of CRC Reporting Trends and Implementation Status in Bangladesh”** base on a research on trends in CRC reporting and implantation.

In many cases, Government of Bangladesh and the NGOs are working simultaneously to establish the child rights in Bangladesh. There are many more missing links and gaps in policy-programs and implementation in the ground level. The report tried to reveal the gaps between two. Basically this study report tried to analyze the child right perspectives of Bangladesh from a different point of view and it did not follow the Reporting Guidelines of CRC Committee. This may be a limitation of the report but we believe that it has created a new dimension of analysis. It is more focused based and pragmatic in a sense. It would be our pleasure if this report can bring little changes to bloom the smile in the faces of Bangladeshi children.

We expressed our heartfelt gratitude to Dr. Rita Afsar, Senior Research Fellow and Mr. Harunur Rashid Bhuyan, Research Associate of Bangladesh Institute of Development Studies for their in depth reseach on this crucial issues with an eager interest and enthusiasm. We are thankful to different stakeholders for their feedback, suggestions, comments, recommendations, guidance and overall cooperation to bringing the report into the light. Special thanks should also go to *Child Brigade, Ichchey Media House, Bhorol Alo* and other children’s organizations for their valuable contribution by giving practical information. We are grateful to Save the Children Sweden-Denmark (SCSD) for their overall support. We would also like to give thanks to Mr. Obaidur Rahman, Acting Country Representative and Mr. Jobayed Hossain, Programme Officer (Advocacy) of SCSD for their restless effort.

### **The 19 NGOs of Bangladesh**

# Table of Contents

	<u>Page</u>
<b>Preface</b>	<b>I</b>
<b>Table of Contents</b>	<b>II-III</b>
<b>List of Tables</b>	<b>IV</b>
<b>List of Boxes</b>	<b>V</b>
<b>List of Figure</b>	<b>VI</b>
<b>List of Diagram</b>	<b>VII</b>
<b>Abbreviations and Acronyms</b>	<b>VIII-IX</b>
<b>Executive Summary</b>	<b>X</b>
1.1 Introduction: The Big Picture	1
1.2 Child Rights and Child Development in the Context of Bangladesh	1
1.3 Objectives of the Study	2
1.4 Notes on Data Sources	2
1.5 Analytical Framework	2
2.1 Trends in Child Survival	3
2.2 Trends and Gaps in Child Survival Prospect	5
<i>a. Low Prospects in Arresting Infant and Maternal Mortality</i>	5
<i>b. High Incidence of Accident Related Death</i>	5
<i>c. Child Malnutrition</i>	5
2.3 Status Report on CRC Members' Comments and Recommendations Related to Prospects of Child Survival	6
<i>a. Persistent Gaps in Health Care Services: Quality and Equity</i>	6
<i>b. Limited Success in Awareness-raising</i>	7
<i>c. Data Gaps</i>	7
<i>d. Gaps in Institutional Development and Monitoring Mechanism</i>	7
2.4 Gaps in Budgetary Allocations	7
3.1 Trends and Gaps in Child Development	8
3.2 Trends and Gaps in Child Development Prospect	9
<i>a. High Dropout and Low Completion Rate</i>	9
<i>b. Gaps in Addressing Problems of Poverty Stricken Students</i>	10
<i>c. ROSC Project and Gaps in Quality of Education</i>	10
<i>d. Problems of Governance</i>	10
3.3 Status Report on CRC Members' Comments and Recommendation Related to Education, Leisure and Cultural Activities	10
3.4 Budgetary Trends	12

4.1	Child Protection Issues	12
4.2	Trends and Gaps in Child Protection	13
4.3	Gaps in Implementation	15
	<i>a. Child Labour</i>	15
	(i) Gaps in Labour Laws and its Application	16
	(ii) Domestic Child Labour- A Neglected Arena	16
	<i>b. Gaps in Implementation of Optional Protocol</i>	16
	<i>c. Gaps in Addressing Disability and Marginalization Issues</i>	18
	(i) Disability	18
	(ii) Marginalised, Stateless and Street Children	19
	(iii) Economically Marginalized and Victims of Violence	19
	<i>a. Gaps in Protection Against Sexual Abuse, Violence and Child Trafficking</i>	20
	<i>b. Gaps in Protection of Ethnic Children against Violence</i>	22
	<i>c. Gaps in Addressing Violence inside Family</i>	22
	<i>d. Child Pornography</i>	23
4.4	Major Concerns of the CRC Committee Members with Regard to Child protection	23
4.5	Gaps in Initiatives and Institutions: Government’s Response to CRC Members’ Concern	25
	<i>a. Institutional Arrangement for Physically and Mentally Challenged Population</i>	25
	<i>b. Criminality and Juvenile Justice</i>	25
4.6	Gaps in Budgetary Allocations	25
5.	Child Participation	26
5.1	Child Participation in CRC Implementation	26
5.2	Gaps in Child Participation	27
5.3	Major Concerns of the CRC Committee Members about Child Participation	28
6.	Interactions among all the Major Themes and the Role of Institutions	29
6.1	Institutional Gaps: MOWCA	29
6.2	Major Concerns of the CRC Committee Members with Regard to Institutions and Initiatives	30
7.	Summary of Major Findings	31
	<i>a. Survival</i>	31
	<i>b. Development</i>	31
	<i>c. Protection</i>	31
	<i>d. Participation</i>	32
	<i>e. Data</i>	32
8.	Recommendations	32
<b>Annex I: References</b>		<b>i-iii</b>
<b>Annex II: List of Addresses of Participating Organizations</b>		<b>iv-v</b>

## ***List of Tables***

	<u>Page</u>
Table 2.1: Trends in Poverty CBN Method (Head Count Ratio) by Residence and Geographic Divisions	3
Table 2.2: Trends and Gaps in Prospects for Child Survival	4
Table 2.3: Budgetary Allocation for Social and deFence Sectors in Bangladesh, South Asia, LDCs and the World	8
Table 2.4: Trend of GDP and Health Allocation in Bangladesh	8
Table 3.1: Trends and Gaps of Government Policies/Programs and Legislation in the Field of Child Education	9
Table 3.2: Implementation Status of CRC Members' Recommendations on Child Development	11
Table 3.3: Trend of GDP and Education Allocation in Bangladesh	12
Table 4.1: Government's Initiatives and Gaps to Improve Prospects for Child Protection	13
Table 4.2: Conditions of Child Domestic Workers and Deviations from International Standards	17
Table 4.3: Distribution of Household Receiving Benefits from Social Safety Net Programmes, 2005	19
Table 4.4: Violence against Women and Children from 2002 to 2005	21
Table 4.5: Major Recommendations of the CRC Members of Child Protection	24
Table 5.1: Gaps in Government's Initiatives and Measures Adopted for Enhancing Children's Participation	27
Table 5.2: NPA for Children and the Gaps	28
Table 6.1: Overall Gaps in Institutions and Initiatives	30

## ***List of Boxes***

		<u>Page</u>
Box 2.1:	Major Concerns of the CRC Members	6
Box 3.1:	CRC Members' Comments and Recommendations	10
Box 6.1:	Gaps in Implementing MOWCA's Medium-Term Objectives	29

## ***List of Figure***

Figure 4.1:	Extent of Sexual Abuse of Girls and Women, 2005	<u>Page</u> 21
-------------	---	-------------------

## ***List of Diagram***

	<u>Page</u>
Diagram I.1: Analytical Framework Used for the CRC Trend Analysis	3

## **Abbreviations and Acronyms**

<b>ADP</b>	Annual Development Programme
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Ante Natal Care
<b>ARI</b>	Acute Respiratory Infections
<b>ASK</b>	Ain o Salish Kendro
<b>BANBEIS</b>	Bangladesh Bureau of Educational Information and Statistics
<b>BCC</b>	Behaviour Change Communication
<b>BDHS</b>	Bangladesh Demographic and Health Survey
<b>BDR</b>	Bangladesh Rifles
<b>BGMEA</b>	Bangladesh Garments Manufacturers' and Exporters' Association
<b>BIDS</b>	Bangladesh Institute of Development Studies
<b>BLAST</b>	Bangladesh Legal Aid Services Trust
<b>BNWLA</b>	Bangladesh Women Lawyers' Association
<b>BRAC</b>	Bangladesh Rural Advancement Committee
<b>BSA</b>	Bangladesh Shishu (Children) Academy
<b>BSAF</b>	Bangladesh Shishu Adhikar (Child Right) Forum
<b>CAMPE</b>	Campaign for Popular Education
<b>CBO</b>	Community Based Organization
<b>CEDAW</b>	Convention on Elimination of all forms of Discrimination Against Women
<b>CHT</b>	Chittagong Hill Tracts
<b>CMR</b>	Child Mortality Rate
<b>CR</b>	Child Rights
<b>CRC</b>	Convention on the Rights of the Child
<b>CRP</b>	Child Rights Programming
<b>CWD</b>	Children with Disability
<b>DMC</b>	Department of Mass Communication
<b>DOL</b>	Department of Labour
<b>DPE</b>	Directorate of Primary Education
<b>DSS</b>	Department of Social Services
<b>DWA</b>	Department of Women Affairs
<b>ECD</b>	Early Childhood Development
<b>EFA</b>	Education for All
<b>EPI</b>	Expanded Programme on Immunization
<b>ESP</b>	Essential Service Package
<b>GDP</b>	Gross Domestic Product
<b>GMC</b>	Global Movement for Children
<b>GOB</b>	Government of Bangladesh
<b>HEIS</b>	Household Income and Expenditure Survey
<b>HIV</b>	Human Immunodeficiency Virus
<b>HNPS</b>	Health, Nutrition and Population Sector Programme
<b>IBDEP</b>	Integrated Blind Disabled Education Programme
<b>ICDDR,B</b>	International Centre for Diarrhoeal Diseases and Rehabilitation, Bangladesh
<b>ICMH</b>	Institute of Child and Maternal Health
<b>IEC</b>	Information, Education and Communication
<b>IOM</b>	International Organization for Migration
<b>ILO</b>	International Labour Organization
<b>IMR</b>	Infant Mortality Rate
<b>INGO</b>	International NGO
<b>IPEC</b>	International Programme for Elimination of Child Labour
<b>KUK</b>	<i>Kishore Unnayan Kendro</i> (Adolescent Development Centre)
<b>LBW</b>	Low Birth Weight
<b>LDC</b>	Least Developed Country
<b>LEB</b>	Local Elected Bodies
<b>MCH</b>	Mother and Child Health

<b>MDG</b>	Millennium Development Goals
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MMR</b>	Maternal Mortality Rate
<b>MOE</b>	Ministry of Education
<b>MOHA</b>	Ministry of Home Affairs
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>MOLE</b>	Ministry of Labour and Employment
<b>MOLGRD&amp;C</b>	Ministry of Local Government, Rural Development and Cooperatives
<b>MOPME</b>	Ministry of Primary and Mass Education
<b>MOSW</b>	Ministry of Social Welfare
<b>MOU</b>	Memorandum of Understanding
<b>MOWCA</b>	Ministry of Women and Children Affairs
<b>MTBF</b>	Medium Term Budgetary Framework
<b>NASP</b>	National AIDS/STD Programme
<b>NCLP</b>	National Child Labour Policy
<b>NCTB</b>	National Curriculum and Textbook Board
<b>NFE</b>	Non Formal Education
<b>NFOWD</b>	National Forum of Organizations Working with the Disabled
<b>NIHORT</b>	National Institute Population Research and Training
<b>NNP</b>	National Nutrition Programme
<b>NPA</b>	National Plan of Action
<b>ORS</b>	Oral Re-hydration Saline
<b>PCAR</b>	Protection of Children at Risk
<b>PEDP</b>	Primary Education Development Programme
<b>PHP</b>	Physical and Humiliating Punishment
<b>PNC</b>	Post Natal Care
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>RMG</b>	Readymade Garments
<b>ROSC</b>	Reaching Out of School Children
<b>SCSD</b>	Save the Children Sweden-Denmark
<b>SDC</b>	Swiss Development Cooperation
<b>SNP</b>	Safety Net Programme
<b>SVRS</b>	Sample Vital Registration System
<b>TBP</b>	Time Bound Programme
<b>UCEP</b>	Under Privileged Children Education Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCHR</b>	United Nations High Commissioner for Human Rights
<b>UNICEF</b>	United Nations Children's Fund
<b>UP</b>	Union Parishad
<b>VAC</b>	Violence against Children
<b>VDP</b>	Village Defense Party
<b>WFCL</b>	Worst Form of Child Labour
<b>WHO</b>	World Health Organization

## **Executive Summary**

This report is prepared under the aegis of 19 civil society organizations and networking NGOs of Bangladesh that has been committed to uphold the child rights. This report is an outcome of a thorough consultation process with and among the participating organizations and other stakeholders within the country and a major review of the existing reports, documents and databases related to CRC including the comments and recommendations provided by the UNCRC Committee members was undertaken. The objective of this study is to analyse critically the trends with respect to the implementation of central themes of CRC- survival, development, protection and participation of children from a thorough review of government periodic reports and shadow reports of NGOs and development partners submitted to CRC Committee so far and as reflected in the existing data. Please note that the other principles of CRC- non-discrimination, accountability and best interest of the children have been examined in this study as cross-cutting issues under these themes. In this process the study identifies gaps in the implementation process and suggests a few measures to overcome weaknesses.

The report has concentrated on four fold analytical framework i.e. (1) Legal and legislations; (2) Budgetary allocation; (3) Policy measures, programs and institutional issues; and (4) Data and Monitoring Mechanism to analyse trends in child survival, development, protection and participation- the four pillars of CRC which would help us to identify gaps in governments' reports and initiatives, implementation status and monitoring with regard to CRC. The report also has used different analytical tools for better authentication and legitimating of the research.

The report has drawn some recommendations based on the findings of analysis. The major recommendations are: expediting the institutional set up to create child right monitoring mechanism within the government including establishment of a Directorate of Children Affairs, activation of child rights commission and introducing the children's ombudsperson, capacity of primary school teachers have to be enhanced to ensure quality education, importance should be given for the welfare of increasing street children, the age for child labourer inserted in the Bangladesh Labour Law 2006 is needed to bring into international standard, special measure should be taken for the domestic child labourer to protect them exploitation, abuse and violence and make a code of conduct for the employers of child domestic workers, pragmatic action have to take for indigenous children and other minority group children's education, database management system for children issues should be established immediately, primary school should be accessible to the children with disability, government should develop a National Child Protection Policy, budgetary allocation should follow the provisions of NPA and PRSP, life skill based safety/sex education should be incorporated in the school curriculum etc. We believe that it will be helpful to the CRC Committee for putting the questions to the state party and to put forth the concluding observations subsequently.

## **1.1 Introduction: The Big Picture**

With a population about 147 million and per capita income reaching nearly US\$ 500, Bangladesh ranked 137<sup>th</sup> in the United Nation's Human Development Indicator (HDI) out of 177 countries. Over time its social development accelerated faster than its neighbours and it was included in medium human development group since the beginning of the 21<sup>st</sup> century. In 1995 its HDI rank was 146, and nearly half of the population earning below poverty level income. Within a decade the magnitude of people living below poverty came down to around one-third and the country has made considerable progress to reduce child and infant mortality, achieved better longevity of life and greater spread of education at the primary level (BBS, 2007; UNICEF, 2007).

Side by side, there is increased inequality and deprivations that pose a serious challenge to its fulfilment of commitments to Millennium Development Goals (MDG) and sustain benefits from economic growth in the longer run. Deprivation in nutrition, healthcare, education and necessary protection during childhood even for relatively short periods, can have major long-term, irreversible consequences, resulting in life-course poverty transmission. It is important to recognize at the outset that human development is central to economic growth and child's development lies at the core of human development. Strength of a nation and its potential for sustainable development depends to a great extent on the development options that it provides to its children population who will provide future leadership to the country. Therefore the vision that we have for the country's future development must be premised on children who will steer the country to realize that goal.

## **1.2 Child Rights and Child Development in the Context of Bangladesh**

Bangladesh is one of the first signatories and ratified countries of the Convention on the Rights of the Child (CRC) in 1990 (UNHCHR, 2006). The recognition of special needs for the survival, protection and development of children has led to the universal acceptance of the concept that children must enjoy the full spectrum of their rights as reflected in the CRC. Bangladesh also ratified the two Optional Protocols to the CRC– imposing ban on the sale of children and barring children's involvement in the armed conflict. This reflects the commitment of the country. As it has ratified CRC, the Government is periodically submitting report on the implementation of the Convention on the Rights of the Child to the Committee on CRC.<sup>1</sup>

Despite that rights of a large number of children are often violated and there is growing number of children who are abused, exploited, neglected and experienced violence at family, schools and other institutions, community and at national level. Lack of awareness and limited practice/action for protection of rights by the duty bearers along with limitations of some of the important laws affecting children and the complicated administrative and legal set-up have created serious problems in the process of implementation of CRC. Moreover in a resource scarce country like Bangladesh, fulfilling the commitment of CRC requires specific attention and strong collaboration between government efforts and NGOs initiative. Furthermore, Bangladesh has developed a Poverty Reduction Strategy Paper (PRSP), which among others includes child development and rights as important goals and strategies for human development and poverty alleviation. Moreover in the context of the Millennium Development Goals (MDGs) half of which are geared to improve the situation of children, it is important to identify children as cornerstone of country's development and create space to allow their participation in elaborating and implementing those development agendas.

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<sup>1</sup> Accordingly the government submitted its initial report in November 1995 and a supplementary report in December 1996; the 2<sup>nd</sup> Periodic Report in December 2000 and the last report have been submitted in September 2007. This is the 3<sup>rd</sup> & 4<sup>th</sup> report in combined.

### **I.3 Objectives of the Study**

The paper attempts to analyze critically the trends with respect to the implementation of central themes of CRC – survival, development, protection and participation of children from a thorough review of government periodic reports and shadow reports of NGOs and development partners, and as reflected in the existing data. Note that the other principles of CRC – non-discrimination, accountability and best interest of the children will be examined as cross-cutting issues under these themes. Drawing on its analysis it will identify gaps in the implementation process and suggest a few measures to overcome weaknesses.

### **I.4 Notes on Data Sources**

The report is based on secondary source materials including databases e.g. Multiple Indicator Cluster Survey (MICS), Bangladesh Demographic and Health Survey (BDHS), Sample Vital Registration System (SVRS), HIES (Household Income and Expenditure Survey) and other relevant data generated by Bangladesh Bureau of Statistics (BBS). However given lack of data on many indicators like trafficking, acid throwing, sexual harassment, etc, we have used institutional databases such as those prepared by Bangladesh National Women’s Lawyers’ Association (BNWLA), Ain O Salish Kendro (ASK), supplemented and complemented by newspaper clippings and web based data. In addition we have made a thorough review of existing research papers, policy documents, CRC documents and other relevant resource materials.

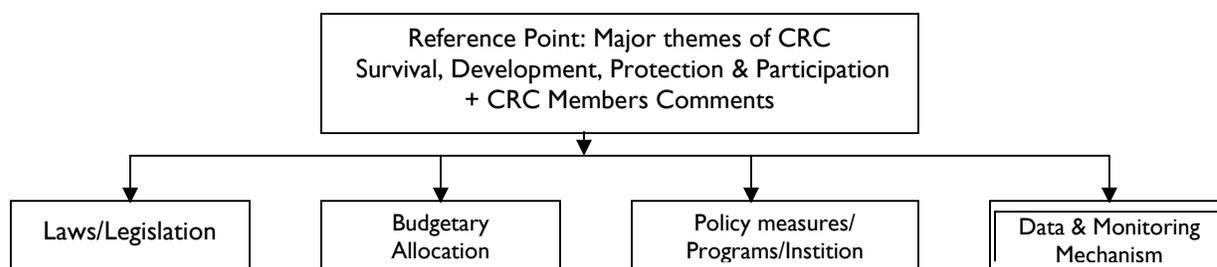
### **I.5 Analytical Framework**

Premised on the CRC guidelines of reporting, the analytical framework for this study consists of four parameters (Diagram 1.1) to analyse trends in child survival, development, protection and participation—the four pillars of CRC. It is assumed that such an analysis is likely to identify the gaps in implementation of the CRC, particularly those suggested by the members of Committee on CRC. The analytical framework mainly consists of legislation; policies and programmatic interventions; budgetary allocations and institutions for monitoring and implementation including types of data and data collection mechanism; along with CRC members’ comments and recommendations to examine current implementation status of CRC by government and gaps. More specifically indicators that we tried to examine governments’ initiatives with regard to CRC are:

1. *Legal/legislation – how the new acts/amendments reflect on committee’s recommendations and in what ways they may be considered to be improvements to address CRC?*
2. *Policy measures and programmatic interventions – how these measures address the child rights issue, particularly those raised by CRC committee members and in what way they may be considered improvement over the previous ones? What are the institutions that are created for the protection of child’s rights and programs of child development?*
3. *Budgetary allocations – whether budgetary allocations are made to cover all important aspects of CRC, particularly those suggested by CRC members? Whether such allocations for child survival, protection and development activities are increased over time?*
4. *Types of data collected and monitoring mechanism adopted by the government and NGOs*

Such an analysis would help us to identify gaps in governments’ reports and initiatives, implementation status and monitoring with regard to CRC.

**Diagram I.1: Analytical Framework Used for the CRC Reporting Trend Analysis**



## 2.1 Trends in Child Survival

As indicated in the beginning of this paper, Bangladesh has made considerable progress in improving poverty situation of the country. In 1995-96, 56.7 percent of rural and 35.0 percent of urban populations were living under poverty line (using the upper poverty line).<sup>2</sup> The situation changed in 2005 as the proportion of poor population declined to 39.8 percent and 14.3 percent respectively for rural and urban areas (using the lower poverty line). However, there are regions that lagged behind and one may observe much slower progress in the case extreme poverty.

Of the six geographical and administrative Divisions in the country, there are striking variations with regard to poverty and income growth (*Table 2.1*). Deceleration of poverty is much higher in Dhaka, Chittagong and Sylhet division, but worst in Rajshahi division.

**Table 2.1: Trends in Poverty CBN Method (Head Count Ratio) by Residence and Geographic Divisions**

Poverty Line and Division	% of population below poverty line indicated								
	National			Rural			Urban		
	1995-96	2000	2005	1995-96	2000	2005	1995-96	2000	2005
1. Using the Lower Poverty Line									
National	35.6	34.3	25.1	39.8	37.9	28.6	14.3	20.0	14.6
Barisal	43.9	34.7	35.6	44.8	35.9	37.2	28.9	21.7	26.8
Chittagong	32.4	27.5	16.1	35.3	30.1	18.7	12.1	17.1	8.1
Dhaka	33.0	34.5	19.9	41.5	43.6	26.1	10.8	15.8	9.6
Khulna	32.2	32.3	31.6	33.2	34.0	32.7	25.8	23.0	27.8
Rajshahi	41.6	42.7	34.5	44.4	43.9	35.6	19.2	34.5	28.4
Sylhet	-	26.7	20.8	-	26.1	22.3	-	35.2	11.0
2. Using the upper Poverty Line									
National	53.1	48.9	40.0	56.7	52.3	43.8	35.0	35.2	28.4
Barisal	59.9	53.1	52.0	60.6	55.1	54.1	47.7	32.0	40.4
Chittagong	44.9	45.7	34.0	47.2	46.3	36.0	29.2	44.2	27.8
Dhaka	52.0	46.7	32.0	58.9	55.9	39.0	33.6	28.2	20.2
Khulna	51.7	45.1	45.7	51.5	46.4	46.5	53.5	38.5	43.2
Rajshahi	62.2	56.7	51.2	65.7	58.5	52.3	33.9	44.5	45.2
Sylhet	-	42.4	33.8	-	41.9	36.1	-	49.6	18.6

Source: Household Expenditure Survey 1995-96 and Household Income and Expenditure Survey 2005, BBS

<sup>2</sup> Magnitude of poverty is much lower – 39.8% and 14.3% for rural and urban areas respectively if one uses lower poverty line estimates of BBS (BBS, 2006).

From child survival perspective one needs to investigate in what ways gains from development are translated to improve child survival prospect. Survival of children is related to their mother's health, health care facilities and other entitlements as well as decision-making power of their mothers and the types of policies of the government and both legal measures and programmatic interventions by the government and other stakeholders to address those issues. The National Children Policy 1994 (NCP) seeks to "ensure the rights of safe birth and survival to all children" through prenatal and postnatal health care, essential services, and extended maternity leave for working mothers.

Laws specifying the minimum age for marriage existed for quite long time in this country. Despite that child marriage persists may be because religious personal laws permit marriage to occur earlier and inefficient implementation and monitoring mechanism to make the law effective. Research shows that if a mother is under 18, the chance of survival of her baby in the first year of life is 40% lower than that of a baby born to a mother older than 19. Even if the child survives, s/he is likely to suffer from low-birth weight, under-nutrition and late physical and cognitive development (UNICEF, 2007).

Furthermore, existing research also suggests that many of maternal deaths could be averted if these mothers had access to health care services including skilled attendants at all births and emergency obstetric care for women who develop complications. Undoubtedly, child survival remains at the core of both NPA and minimum age legislation. Therefore, taking the cue from the existing researches, the paper attempts to examine the prospect of child survival using a series of verifiable indicators to measure effectiveness of these two parameters (Table 2.2).<sup>3</sup>

**Table 2.2: Trends and Gaps in Prospects for Child Survival**

Parameters	Verifiable Indicators	
<b>Law/legislation</b>		
Minimum age for marriage	48% of 15-19 year-old girls are currently married	
	Neonatal mortality rate 2000:36	IMR 1995: 77.7 2005:54
	CMR 1990: 149 2005:73	MMR 1990:480 2002/3:320
<b>Policy/Programs</b>	Delivery by skilled attendant (97-05)	Antenatal care coverage % (97-05)
NCP		
MCH Program	13	49
EPI Program	<5 not fully immunized % 1993/4:34 2003/4:19	<1 not fully immunized % 2000:47 2003:37
National Nutrition Program	%<5 malnourished 1993/4: 56.3 2003/4: 47.5	<18.5 BMI among mothers (%) 1996/97:52 2002/3:36
Public provisioning and awareness raising	Vitamin A supplement Coverage rate (6-59 month) 1993:41 2005:85	% Households consuming Iodized Salt 1998-05:70 1993:19 2006:84
Public health facilities	Union health and family welfare centre/000 2000:39	District hospital National hospital /000 2000:2087 2000:3328
Injury and disability	Injury death Rate (1-17): 48/00,000	Injury morbidity Rate (1-17): 16.4/1000
Water/sanitation	Population drinking Safe water (%) 1995 2004:70	(%) Population using adequate sanitation facilities 1995 2004:39

Source: UNICEF, 2007; Sen and Hulme, 2006; SVRS, 2005; BHIS, 2005; Mahmud, 2006.

<sup>3</sup> Those indicators for which data are available have been used in this table.

## **2.2 Trends and Gaps in Child Survival Prospect**

### **a. Low Prospects in Arresting Infant and Maternal Mortality**

Significant decline in infant and child mortality rate as reflected in the Table 2.2 bearing a clear and unmistakable sign of improvement in child survival prospect. Subsequently, Bangladesh is ahead of its South Asian neighbours regarding child and neo-natal mortality rate, although it lagged behind South Asian average when it comes to infant mortality rate (UNICEF, 2007). Moreover, while the poor-rich infant mortality ratio (meaning greater probability of a poor child dying compared to a rich child) has gone down from 1.97 in 1993/94 to 1.68 in 1999/2000, for children under five, it rose to 1.89 to 1.93 during the same period. It clearly suggests that benefits of improved survival have not yet trickled down to the poorest groups (Sen and Humes, 2006).

Low progress in arresting infant mortality and maternal mortality is largely associated with a low rate of institutional delivery, low birth attendance by skilled personnel, high incidence of birth with low weight (LBW) mainly due to malnutrition, and low utilization of antenatal care. As can be seen from the table that less than half of women avail a single ante-natal care check, and more than 90% births take place in the home and 87% attended by unskilled persons. This is an area of concern of the members of CRC and they recommended increasing access to free primary health services with particular attention to pre and ante natal care for children and their mothers (CRC/C/15/Add.221).

### **b. High Incidence of Accident Related Death**

About 900 children die each day (325,000 a year) because of water borne and communicable diseases, malnutrition and accidents, particularly drowning ([www.unicef.org/infobycountry/bangladesh.889.html](http://www.unicef.org/infobycountry/bangladesh.889.html)). The major causes of deaths in children between 5 and 9 years are drowning, diarrhoea, Pneumonia, and transport injuries (The National Plan of Action for Children Bangladesh 2005-2010, 7). Research shows that injuries and accidents make up 29% of mortality for children under five (ICMH and UNICEF, 2003). Members of CRC also expressed concern on high rates of accident related death and little initiative from the government to prevent these deaths. Low quality of health care services remains a major problem despite having rural based and the most elaborate public sector health facility arrangements. Few government hospitals have been set up exclusively for children (The US Department of State, 2005).

### **c. Child Malnutrition**

On positive side, major health related developments include increase in immunization coverage and eradication of polio (UNHCHR, 2003). Also there has been impressive drop in maternal malnutrition between 2000 and 2004. The proportion of mothers with BMI less than 18.5 declined from 45 to 34 per cent during this period. In sharp contrast, the prevalence of overall child malnutrition barely declined from 47.7% to 47.5% for underweight and 44.7% to 43% for stunting during the same period (BDHS, 2004). However the prevalence of severe malnutrition among children has dropped by 5.7% annually for underweight, but only when the reference period is expanded to include mid 1990s (that is between 1996 and 2004).<sup>4</sup> Note that the drop was faster in rural than in urban areas for both women and children suggesting failure of the government to mainstream urban poor community in the country's Health, Nutrition and Population Sector Program 2003 -06 (HNPS).

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<sup>4</sup> Otherwise the drop is almost insignificant that is 0.19% annually between 2000 and 2004 (BDHS, 2004).

Moreover poor are less likely to afford primary health care and essential service package (ESP) even though costs of these services are subsidized by the government.<sup>5</sup> Large rich-poor differential exist in childhood immunization coverage (rich/poor ratio 1.4), proportion of children with ARI taken to a medical facility (2.2), proportion of birth attended by a medically trained person (1.5) and proportion of women who received at least one ante-natal care consultation from a medically trained doctor (World Bank, 2003). By contrast, wealth differences in health care consumption for childhood diarrhoea and family planning were much smaller because ORS and birth control pills were relatively lower.

### **2.3 Status Report on CRC Members' Comments and Recommendations Related to Prospects of Child Survival**

From the perspective of CRC members' comments and recommendations, a brief evaluation is presented below indicating areas where progress has been achieved and identifying gaps.

#### **Box 2.1: Major Concerns of the CRC Members**

**As indicated earlier expressing concern over high under – 5 mortality rates, high rate of children dying as a result of accidents, widespread malnutrition and unhygienic practices surrounding childbirth, low levels of breast feeding, low levels of awareness among the population of the need to use hygienic, sanitary practices and lack of infrastructure for access to health facilities, particularly in rural area (CRC/C/15/Add.221).**

#### **a. Persistent Gaps in Health Care Services: Quality and Equity**

According to Bangladesh government Health Nutrition Population Sector Programme (HNPS) aims at providing of health care for all and reduction of maternal and child mortality. However, given that the government was able to spent only 41% of allocated fund in February 2003, the last year of the of the program, the Health and Population Sector Project (HPSP) initiated in 1998, which eventually caused its abandonment, raises doubts about effectiveness of HNPS (Mahmud, 2006).

Existing research further suggests that public facilities are notorious for doctors showing disrespectful behaviour and giving inadequate time to patients, non-availability of medicines and supplies, long waiting time, poor maintenance of equipments, unhygienic conditions, widespread absenteeism of medical personnel, lack of sitting arrangement and separate bed for check-up of female patients, inadequate training and knowledge of service providers (UBINIG, 1998; BRAC, 1991).

In a survey of public doctors, more than half rated EPI as the best service delivery program of the government, while around one-third perceived the quality of public service as poor (Gruen et al, 2002). These doctors along with users rated mother and child health care and reproductive services (safe delivery, ANC, PNC, management of family planning side effects, referral for complications and emergency care) and TB/Leprosy control were rated even lower in quality than curative services (Mahmud, 2006).

NGO health care services are largely characterised by community based approach and geared largely to family planning and maternal and child health, patients are generally satisfied with the quality of services

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<sup>5</sup> Health subsidies represent 1.45% of average per capital expenditure of the poor and 0.8% of the non-poor (World Bank, 2003). Notwithstanding the propensity of seeking treatment for recent illness is much lower among poor than non-poor, particularly in the case of 6-10 year old children (World Bank, 2003) not only due to income gaps in health care consumption and access but also because of other demand and supply side factors.

provided, due largely to doctors' attention and time (Hamid et al, 2005). However, it is important to note that three-fourths of the NGO health care is financed with donor funding with a small contribution – less than a tenth from NGOs themselves. Based on limited evidence one may also observe that the quality of treatment by different categories of health providers varies widely depending on the conditions being treated. <sup>6</sup> Therefore, quality control and affordability of health care emerge as major issues in the delivery of ESP.

### **b. Limited Success in Awareness-raising**

Similarly, effectiveness of awareness-raising programs to educate population about the need for hygienic, sanitary practices appears to be limited given that less than 40% of population use adequate sanitary facilities and the threat of arsenic menace remain substantial. However, in the absence of a standardised data generation mechanism in this regard, this evaluation should be treated with caution and needs time and budgetary allocation for further investigation.

### **c. Data Gaps**

<b>Commitments</b>	<b>Gaps</b>
<i>Data on indicators of prospects for child survival are available by gender, rural- urban, and broad regional variations. MICS has been developed in collaboration with UNICEF. BDHS also conducts periodic surveys through NIPPORT and Population Council. BBS generates vital registration data (SVRS)</i>	<i>Often different data sources are not compatible. Difficulty remains to have clear picture beyond Division level although research suggests that one needs to get disaggregated data at sub-district level for a through spatial and class based analysis</i>

### **d. Gaps in Institutional Development and Monitoring Mechanism**

<b>Gaps</b>
<i>However, without establishing Directorate of Child Affairs, it is difficult to implement those objectives. Shishu Academy which was mainly established to develop cultural and mental faculty of children is neither mandated nor capable to achieve these goals. Moreover in the absence of disaggregated budget data by programs and regions, it is difficult to monitor government commitment and implementation progress.</i>

## **2.4 Gaps in Budgetary Allocations**

Together with education, health sector account for about one-quarter of development budget and the government has reported increase in investment in the education sector by allocating about one sixth of the national budget (CRC/C/OPSC/BGD/Q/1/Add.1). Compared to South Asian and Developing Countries' proportion of central government's allocation in these two sectors is higher (Table 2.3). However, in absolute terms real health expenditure (inflation adjusted, base 1995/96 = 100) increased from Taka 54,092 million in 1996/97 to Taka 72,817 million in 2001/02 (World Bank, 2003). Notwithstanding the increase in budget in the health sector barring a few exceptions; it hardly exceeded 1% of the GDP since mid 1990s.

Government, development partners, NGOs, private enterprises and households all finance the total health expenditure of which the share of households is the largest (nearly two-thirds of total health spending) (Mahmud, 2006). However, there is a clear rich-poor divide in the health expenditure pattern where poorest 20% households spend only 7.5% of total household health expenditure as opposed to 42% spent by the richest quintile. Clearly it suggests that poor segments of the population cannot afford

<sup>6</sup> According to the World Bank study (2003) 60% of private clinics maintained medical protocols to treat patients, but the percentage varied widely from less than 10% for TB, and less than 25% for childhood diseases and maternal care.

to bear the health expenditure and have to rely on government subsidy in the absence of third party payments through health or social insurance.<sup>7</sup>

**Table 2.3: Budgetary allocation for social and defence sectors in Bangladesh, South Asia, LDCs and the World**

Country	% of central government expenditure allocated to: (1993-2004*)		
	Health	Education	Defences
Bangladesh	7	18	10
South Asia	2	4	14
Developing countries	4	10	10
Least developed countries	5	15	13
World	13	6	12

*Source: The State of the World's Children, 2007, UNICEF*

**Note:**\*Data refer to the most recent year available during the period specified in the column heading

**Table 2.4: Trend of GDP and Health Allocation in Bangladesh**

Fiscal Year	GDP (million Taka)	Health Budget (million Taka)	Growth Rate (%)	Health Budget as percentage of GDP
1995-96	1663240	16110.0	-	0.968
2000-01	2535464	26270.0	63.07	1.036
2001-02	2732010	26490.0	0.837	0.969
2002-03	3005801	27970.0	5.587	0.931
2003-04	3329731	34447.2	23.158	1.035
2004-05	3707070	31747.9	-7.84	0.86
2005-06	4157480	41120.0	29.520	0.989
2006-07p	4674970	47840.0	16.342	1.023

*Source: Bangladesh Economic Review, 2004, 2007 and Budget Brief (various years)*

### 3.1 Trends and Gaps in Child Development

The government has formulated a National Plan of Action (NPA 2005-10) that seeks to achieve the Millennium Development Goals (MDG) through implementing the PRSP and implement CRC. NPA is a multi-dimensional action plan that covers various aspects of child survival, child development and child protection. From the perspective of child development the paper will focus mainly on education, training and recreation aspects in this section. MDG goals two and three seek to achieve universal primary education and elimination of all types of gender and other forms of disparity from all levels of education.

Importance of education as income and development multiplier and for sustaining income gains in the longer run through capability building and innovation have been widely researched and acknowledged. Moreover ensuring equal educational opportunities to boys and girls is one of the most important and powerful steps towards combating gender discrimination and advancing children's rights (UNICEF, 2007). It is important to examine trends in education in the context of CRC parameters.

<sup>7</sup> HIES (2000) estimates suggest that the bulk of the health spending came from household's regular income (70%), followed by its savings (19%) and from borrowing and distress sale of assets (11%).

## 3.2 Trends and Gaps Child Development Prospect

Bangladesh has made considerable progress in expanding primary and secondary education and reducing gender disparity in enrolment rate. Education is compulsory and free until grade five and the government's stipend program for primary aged unmarried girls who meet certain criteria and achievement standards is one of the enabling factors for encouraging and sustaining girls' enrolment. Since early 1990s the government took a few important measures in this direction. It introduced "Food for Education" program in 1993 to compensate opportunity cost of poor parents for sending their children to school, and in this process it covered 27% of the areas of the country bringing 2.2 million disadvantaged children under its fold by 2001 (Sheikh, 2005). From the 2002-03 financial year it was replaced by "Cash Support Stipend" under which rural parents get monthly stipend of Taka 100 for sending one child to school and Taka 125 for sending two.

### a. High Dropout and Low Completion Rate

However, from Table 3.1 one may observe that completion rate is much lower at primary level than the enrolment rate, particularly in the case of boys suggesting prevalence of higher drop out rates for boys than girls and the need for inclusion of boys in the stipend program. Despite that around 1.6 million primary school-age girls are still out of school and there is striking regional variation in net enrolment rates.

**Table 3.1: Trends and Gaps of Government Policies/Programs and legislation in the field of child education**

Parameters	Verifiable Indicators			
	Primary school enrolment ratio (net 00-05) Male		Secondary school enrolment ratio (net 00-05) Male	
Law/legislation	Female	Female	Female	Female
Education for All (EFA):Compulsory primary education	92	95	45	51
Policy/Programs	Primary school attendance ratio (net 96-05) Male		Secondary school attendance ratio (net 96-05) Male	
Food for education	82	86	33	41
Girls' stipend scheme	Primary school entrants reaching grade five 2000-04:65 1991:40.7		Retention rates at secondary level 2005 Male:40.35 Female:42.71	
60% reservation of teaching posts for female teachers	% of female teachers at primary level 1991:20.6 2001:37.6		Teacher student ratio at high school in 1995: 36.53 2002: 43.66	

Source: UNICEF, 2007; CRC/OPSC/BGD/Q/1/Add. 1; BANBEIS, 2002 & 2003

Existing studies suggest that the net enrolment rate in urban slums was much lower – 60% for girls and 55.6% boys in 2003 (CRC/C/OPSC/BGD/1/Add.1). From their review of deprivation at the primary level CAMPE (2005) reported that one out of five children does not enrol in primary school, among enrolled students one in three drops out before completing primary education and the same proportion of completers still remains non-literate or semi-literate. High prevalence of drop-outs may be further reinforced from much lower levels of enrolment ratio at secondary level -- almost halved in comparison to primary level. Low completion and high drop-out rates can be linked with poverty and deprivations reinforced from the higher prevalence of child labour in the poorest than in other less poor households, problems of the first generation learners and inability to afford private tutors.

According to CAMPE (2005) one-third of the children (6-14 year) of the poorest economic category were non-students who were working. The same magnitude of children was the first generation learners as their parents were without education. Of the children between 7 and 14 years, 17.5% were economically active and nearly two-thirds were out of school as they were fully involved in economic activities (World Bank, 2006).

### **b. Gaps in Addressing Problems of Poverty Stricken Students**

In order to reach out of school children, non-formal learning centres were pioneered and established by NGOs at a large scale. Under the Second Primary Education Development Program (PEDP II), reaching out of school children (ROSC) project is undertaken by government with the active support from the NGOs recognizing the importance of non-formal education as complementary to formal school system. By bringing out of school children and youth of poor families under the fold of non-formal education program of NGOs, this project aims to facilitate a smooth transition of its beneficiaries to formal education and/or work.

### **c. ROSC Project and Gaps in Quality of Education**

The duration of the ROSC project is a 6 years (2004 - 2010). SDC has started a new phase in July 2006. The ROSC project is co financed by the Government of Bangladesh, the World Bank and SDC. The Directorate of Primary Education (DPE) under the Ministry of Primary and Mass Education is responsible for the project which is being steered by a ROSC Committee at the Ministry level and implemented by the ROSC Unit under the Directorate of Primary Education. The project is being implemented in 60 *Upazilas* in 34 districts of 6 divisions which are relatively disadvantaged in consideration of net enrolment rate, primary cycle completion rate, level of poverty and gender situation. The aim of the project is to contribute to the "Education for All" by reducing the numbers of out of school children through improved access to and quality of education. However, like health sector equity and quality of education remain major concerns.

### **d. Problems of Governance**

The quality of education at tertiary and technical vocational levels is also poor. The education system is wasteful and irrelevant as it is producing a large number of graduates who often remain unemployed because employers largely do not find them suitable for recruitment. Poor governance is a key constraint to improving the quality of education. Accountability, supervision, incentive structure, administration etc. are far from satisfactory in the schools. Civil works' construction, textbook development, printing and dissemination, teachers' recruitment, training, assignment to schools, salary payment etc. are often sabotaged by vested interest groups. Ministry of Primary and Mass Education (MoPME) and Ministry of Education (MoE) lack sufficient capacity to monitor the negative and positive process that is in operation. Appointments of teachers in primary and secondary schools and subvention for schools should follow a system for inclusion of the local people in decision making.

## **3.3 Status Report on CRC Members' Comments And Recommendation Related to Education, Leisure and Cultural Activities**

### **Box 3.1 CRC members' comments and recommendations**

***The Committee is concerned that free compulsory education ends after grade five, that the drop-out rate is high and gender-based discrimination persists within schools. Therefore members of CRC recommended to raise the maximum age of compulsory education, and taking measures to improve the provision and quality of education; monitor and evaluate existing programs on early childhood education; create more child-friendly school-environment through appropriate training for teachers; provide appropriate sanitation facilities, particularly for girls and encourage the participation of children at all levels of school life.***

Empirical evidence also suggests that the quality of education at the primary level is deteriorating (Latif, 2004; Sedere, 2001). Studies on students' performance revealed low score in the achievement level which suggests the schools are not providing quality education (Greaney et al. 1998; Chowdhury et al. 2001;

Hossain et al. 2003). Quality of education is a matter of serious concern that demands enabling condition as suggested by the CRC members along with a high quality of teaching-learning practices and students' cognitive development. Table below shows the level of implementation of the members' recommendation based on existing evidence.

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**Table 3.2: Implementation Status of CRC Members' Recommendations on Child Development**

Quality of Education	Government Initiatives	Gaps
Enabling conditions created by government  Schools	With 61% of students' enrolment Government primary schools are the largest providers of primary education.	Estimates suggest 50% to 60% deficit in terms of schools, classrooms and teachers. Conditions and environment in the schools and classrooms are often inadequate. The need for adequate drinking water and sanitation facilities should be addressed on a priority basis. Corporal or humiliating punishment is another obstacle to create enabling environment in the schools. There is no legal implications not yet develop in this regard.
Facilities	At the primary level the government policy is to supply free text book.	More than a quarter of children made payments to receive books. Parent-teachers associations and students' participation must be encouraged to play a proactive role in school's management.
Targeted programs	Stipend program aims encourage education and arrest drop-out rates among poorer populations	A large number of children from poorer households are not selected under the program and children of affluent families also received stipend. NGO run non-formal education program are more target oriented in their selection of poor children
Teaching-learning	The National Curriculum and Textbook Board (NCTB) is in the process of improving learning materials and incorporating sports and cultural events in the curriculum.	Inadequate staffing, lack of adherence to improving teachers' quality, little or no room for innovation in teaching methods, very little or no participation and dialogue between teachers and students. Teaching materials also require innovation considering the needs of diversified groups. Similarly, parental education, female literacy, continuing education for neo-literates and others, and life skills-based education are areas that demand greater attention.
Early Childhood Development	Government and NGOs have taken several Early Childhood Development (ECD) initiatives.	Mainly the privileged and better off sections reap more benefits from those initiatives. Need to direct them to children from poor and disadvantaged groups. Government should introduce ECD with all primary schools.
Dissemination of CRC in local languages that children can understand	Hundreds copies of CRC in <i>Bangla</i> have been printed and distributed to head teachers of all primary schools, Government officials, Union <i>Parishad</i> Chairpersons, <i>Imamas</i> and many others	No copy was printed in Tribal language  No study to examine impacts of those goals and materials that were distributed by govt.

On the positive side there is strong mobilisation by civil society who under the umbrella of Campaign for Popular Education (CAMPE) monitors and reviews educational progress regularly and publishes reports since 1999 on various aspects of education. Moreover the government has undertaken ROSC project in

partnership with NGOs and the project is rated promising by World Bank (2007) but needs to be researched to examine its impacts.

Bangladesh Rural Advancement Committee (BRAC) and Underprivileged Children Education Program (UCEP) also provided education to many young people. BRAC's non-formal primary education program targets younger children (8-10 year olds) and reintegrates them into formal education system. UCEP on the other hand, targets older students (ages 10-16), and provides two years of education in each year, completeness (providing five or eight years of general schooling), and feeds students into UCEP-run vocational programs, which then integrate students directly into the private sector. These two programs target the poorest and involve parents and students in decision-making about the program, and also solicit regular feedback from students, teachers and parents for revising the curricula (Eusuf and Associates, 2002).

### 3.4 Budgetary Trends

**Table 3.3: Trend of GDP and Education Allocation in Bangladesh**

Fiscal Year	GDP (taka in million)	Total Budget in Education (taka in million)	Growth Rate (%)	Education Budget as percentage of GDP
1995-96	1663240	35226.2	-	2.12
2000-01	2535464	58517	66.12	2.31
2001-02	2732010	58775.5	0.44	2.15
2002-03	3005801	65037.8	10.65	2.16
2003-04	3329731	67579.1	3.91	2.03
2004-05	3707070	71301.2	5.51	1.92
2005-06	4157480	91022.7	27.66	2.19
2006-07p	4674970	109057.8	19.81	2.33

*Source: Bangladesh Economic Review, 2004, 2007 and Budget Brief (various years)*

Although education budget is higher than that of other sectors but only a small portion is allocated to improve quality of education. However, the individual household level contribution is still higher in education sector as compared with government and private sectors. CAMPE (2005) study suggests that household contribution for secondary education is at least three times higher than public financing. From World Bank (1998) study it is clear that the share of benefits for households from public spending in education rises with income levels of households at all stages of education, but specially in secondary and tertiary education (CAMPE, 2005). So, poor people get less opportunity at the time of secondary and tertiary education, which should be addressed by government budgetary allocation.

### 4.1 Child Protection Issues

Bangladesh has achieved considerable progress in the health and education sector that are pre-requisite for child protection (UNICEF, 2007). In the National Plan of Action for Children 2005-2010, the government pledges to protect the rights of children. The whole decade 2001-2010 is officially declared as the "Decade of the Rights of the Child" in the country. Child protection is a complex process owing to the many forms of abuse, exploitation, violence and discrimination that children face in different stages of their lives and at different times. In the context of Bangladesh at least six different dimensions of child protection have been identified from the review of literature. These issues are:

- Child labour
- Disability and marginalisation

- Migration and trafficking
- Sexual abuse, exploitation and violence
- Criminality and juvenile justice
- Children in armed conflict

## 4.2 Trends and Gaps in Child Protection

The government has enacted several legislations and adopted important policy measures for the protection of children over the last decade. Despite that lack of awareness about children’s rights along with confusion prevailing about the legal definition of a “child” due to contradictory definitions regarding age used in various legislations compounded by low levels of registration of births and marriages are often considered as the major constraints in the protection of child rights. Traditional/social customs and attitudes toward children are also contradictory: on the one hand children are expected to support the family and to take on the responsibility of family maintenance at an early age, and yet on the other expression of their opinion or future plans are often discouraged.

Moreover, the government’s inability to implement institutional mechanisms such as National Human Rights Commission, Ombudsperson and Department of Child Affairs also creates problem in realization of child rights. Undoubtedly, child protection remains at the core of both NPA and CRC. Therefore, taking the cue from the existing researches and available statistics, the paper attempts to examine the prospect of child protection using a series of verifiable indicators to measure effectiveness of measures adopted by government (Table 4.1).<sup>8</sup>

**Table 4.1: Government’s Initiatives and Gaps to improve Prospects for Child Protection**

Govt. Initiatives	Gaps	
Birth Registration Act, 2004  Birth registration programme aims 100% registration by 2008	1.8% of all births under five are registered in 2000	Less than 10% of all births under five are registered in 2005.
Labour Law 2006	Although it sets the age limit for child labour at 14 plus years but ambiguities in the definition of child labour still remain for various works in 2000	In Article 44 allows employment of children up to 12 years in works if it does not hamper physical and mental growth of the child. The law however does not say anything about what is good for physical and mental growth and who would determine that. “Child Labour” “Child Labourer” “Hazardous Child Labour” “Light Work” needs complete definition.
	According to Labour Force Survey about 6.3 million children between ages 5 and 14 are in labour force (BBS, 2004)	MICS 2006 reveals that 12.5% children are engaged in child labour
The Disability Welfare Act 2001	Existing estimates are contradictory and outdated,  Among children aged 2 and 9 years 22/1000 have serious disability in 1995 (Khan & Durkin 1995).  The last population census	18% of Bangladeshi Children aged 2 to 9 years suffers from one or more disability (MICS 2006)  WHO estimates 14 million population are disabled in 2005  NGO estimates on the other hand put the magnitude of disability at over 8 million (the Daily Star, 9 <sup>th</sup> December 2007).

<sup>8</sup> Those indicators for which data are available have been used in this table.

	<p>estimates 1% of the population are disabled (BBS, 2003)</p> <p>The Disability Welfare Act contains the issues of Prevention of Disabilities; Identification of Disability; Curative Treatment of Disability; Education, Health Care Services, Rehabilitation and Employment of the Persons with Disability (PWD); Transport Facilities; Culture; Social Security; Organisations of the (PWD).</p>	<p>Handicap International (HI) and National Forum of Organisations Working with the Disabled (NFOWD) jointly conducted a Study titled “Disability in Bangladesh- A study on Prevalence- July 2005” with the financial support of DFID reveals that the prevalence rate is 5.6% , which is accepted by most of the development organizations and professionals working with PWD.</p> <p>Only 11% of the children with disabilities had received some form of education. At the primary school level only 8% of the children with disabilities are currently. The remaining 3% have either completed primary education, or have dropped out.<sup>9</sup></p> <p>Rules of business, which has brought disability issues under the Ministry of Social Welfare created barrier for mainstreaming the disability issues.</p>
<p>The 2002 Acid Control Act; The 2002 Acid Crime Prevention Act</p>	<p>Reporting is low which increased over time. The number of acid victims is also on the rise.</p> <p>Only 4 children were acid victims in 2000, which increased to 337 in 2003 (the Daily Prothom Alo, 26<sup>th</sup> November 2007)</p>	<p>22 children were acid victims in 2005. Total number of acid victim is 161 in 2006 (the Daily Prothom Alo, 26<sup>th</sup> November 2007)</p>
<p><i>Suo Moto</i> Rule Passed by High Court Division of the Supreme Court of Bangladesh in 2003</p>	<p>Children Confined in jail: 1303 in 2003</p>	<p>Children confined in jail: 395 in 2007</p>
<p>The Sexual Offence Act 1976 (which is not being used). The Suppression of Violence against Women and Children Act, 2000; Prevention of Repression against Women and Children (Amendment) Act 2003</p>	<p>277 children are raped in 2000 (BNWLA, 2000)</p>	<p>379 children are raped in 2005 (BNWLA, 2005)</p> <p>Nearly half of children suffer from some sort of harassment (Urmee, 2005).</p>
<p><b>Policy/Programmes</b></p>		
<p>National Plan of Action against Sexual Abuse and Exploitation of Children including Trafficking in 2002</p>	<p>1,000 child trafficking cases documented in the Bangladeshi media in 1990-1992 (ICDDR, 2001)</p> <p>500,000 Bangladeshi children – 3/5<sup>th</sup> and 2/5<sup>th</sup> respectively work in the brothels of India and Pakistan (ICDDR, 2001)</p>	<p>Between 50 and 100 boys, aged about 8-15, some even younger, are being trafficked from Bangladesh to the Gulf States and were engaged as camel jockeys in the Gulf States in 2004-05 (IOM, 2005).</p>
<p>National Child Labour Policy 2008</p>	<p>The process of formulation of national child labour policy initiated in 2000 with support from ILO. In 2006 process resumed and a MOU was drawn between SCSD and MoLE. The MOU awaits for final approval of the government.</p>	<p>National child labour policy awaits for approval of the government since long.</p>

<sup>9</sup> Report of a study titled “Educating Children in Difficult Circumstances: Children With Disabilities” conducted by Centre for Services and Information on Disability (CSID) commissioned by Directorate of Primary Education, Primary and Mass Education Division, Govt. of Bangladesh under its ESTEEM project.

High Level Juvenile Justice Task Force appointed by the government (According to 3 <sup>rd</sup> and 4 <sup>th</sup> Periodic Optional Report 2007)	No Juvenile session court in 1999	Four Juvenile Sessions Court at Division Level in 2004 From 2002-03 to 2004-05, 1120 girls in safe custody at <i>Safe Home</i> .
Protection of Children at Risk (PCAR) project	244,000 street children in 2000	Number of street children in 2005 6,74,000 (BIDS, 2006)
Ratification of optional protocol to CRC which prohibits under 18 persons from entering into armed conflict and child pornography	Up to 1999, government allowed under 18 citizens to serve in armed forces, police, Bangladesh Rifles (BDR) and Ansar (Auxiliary Force) and Village Defence Party (VDP)	In 2007 despite government's claim of not allowing under 18 citizen in armed forces anecdotal evidence (including newspaper vacancy advertisement) suggests that entry in the armed forces starts from 17 years (Prothom Alo, 5 <sup>th</sup> October, 2007)
Integrated Blind Disabled Education Programme (IBDEP), Blind and Deaf and Dumb Schools of Department of Social Services (DSS)	IBDEP started in 47 districts in 1974	Currently IBDEP is operating in 64 districts enrolling 1022 blind children. Four blind teachers were recruited Blind Schools in five major cities of Dhaka, Chittagonj, Khulna, Rajshahi and Barisal. Special Schools for Hearing and Speech Impaired Children -7 Special Schools for Blind - 5 Institution for Intellectually Disabled - 1 Training, Employment and Rehabilitation Centre for Physically Disabled - 1 Computerized Braille Press – 1 Rural Training Sub-Centre for Physically Disabled - 1

Source: UNICEF, 2000 & 2007; Sen and Hulme, 2006; SVRS, 2005; BHIS, 2005; Mahmud, 2006, BNWLA 2000 & 2005, 2001 Census Report, Rahman, 2005, ICDDR, 2001; IOM, 2005; BIDS, 2006; The Daily Prothom Alo, 2007; The Daily Star, 2007, National Plan of Action (NPA) for Children (2005 – 2010).

### 4.3 Gaps in Implementation

#### a. Child Labour

Birth registration rate, which is the key to protect child from all kinds of discrimination, is lower in Bangladesh than South Asia, Developing Countries and even the Least Developed Countries' average (UNICEF, 2007). Important to note that by eliminating child labour from RMG sector the country has set a distinguished example. With the assistance of ILO, UNICEF and US government, Bangladesh Garment Manufacturers' Association (BGMEA) worked for the elimination of child labour from the industry and also for their rehabilitation and education programme.<sup>10</sup> The government is implementing eight programmes totalling US\$ 12.7 million to eliminate all forms of child labour through awareness raising, creating more opportunities for children's education, income earning opportunities for families of child labour and capacity building of partner organizations (ILO-IPEC, 2004).

Despite that one in every eight children is working in the country (UNICEF, 2007). Magnitude of boys as child labour is doubled than that of girls (18% versus 8%). Again nearly one-fifth of children from slum and tribal areas are engaged as child labour to earn livelihood for themselves and their families. A quarter of children engaged in child labour do not attend schools (UNICEF, 2007). Existing

<sup>10</sup> "The Child Labour Deterrent Act of 1993", popularly known as "Harkin Bill", named after Senator Tom Harkin played a significant role in eliminating child labour from the industry worldwide. Child labour elimination in Bangladesh was facilitated by a memorandum of understanding (MOU) between UNICEF, ILO and BGMEA that aimed to establish rights of children through rehabilitation and elementary education for those under age children eliminated from the factory.

estimates also suggest that 149,000 children are engaged in five hazardous industries – welding, auto-workshops, road transport, battery recharging and recycling. They are also found in *bidi* (hand-rolled cigarettes) factories, construction industry including brick breaking, leather tanneries, fisheries, agriculture and informal sector and in domestic services (ILO-IPEC, 2004). There is no law and regulation requiring building and public space including roads, shops and establishments and public offices among others to be made accessible to person with disabilities and many public spaces still remain inaccessible for persons with physical disabilities.

### **(i) Gaps in Labour Laws and its Application**

Rehabilitation and reintegration programmes for child labour should be the basic priority of child labour laws. Notwithstanding the Labour Law, 2006 some ambiguities about the age limit of children who can be employed remain. The age for entering into labour force under existing laws varies from 14 to 18 years (3<sup>rd</sup> and 4<sup>th</sup> Periodic Report, 2007). For example, on the one hand the Mines (Amendment) Act, 2004 has revised the age of children who can be engaged in mines from 15 years to 18 years (3<sup>rd</sup> and 4<sup>th</sup> Periodic Report, 2007). Bangladesh Labour Law 2006, published in 11 October 2006 on the other, defines the child labour by setting the cut-off point at 14 plus.

However, the law also has other inconsistencies. Article 34 of Labour Law 2006 prohibits the employment of child and juvenile in any type of work if not certified to be capable enough to work by a registered doctor. Moreover sub article 34(3) allows juvenile employment as intern. At the same time Article 44 of Labour Law 2006 disdains all previous articles from 34 to 43 and allows employment of children up to 12 years in works that does not hamper the mental and physical growth of children (Bangladesh Labour Law, 2006).

However, what is good for physical and mental growth and who would determine that remain vague in the law. Moreover given its resource crunch it is hard to monitor which work is good for mental and physical growth of children. Article 44 also conflicts with the basic definition of child in CRC, which sets age limit up to 18 years. It is not only a matter of definition but also of implementation. Evidence suggests weak implementation of the labour law. Between the ages of 5 and 14 years approximately 6.6 million children are engaged in labour force in the country (The Global March against Child Labour, 2007).

### **(ii) Domestic Child Labour– A Neglected Arena**

Domestic work is one of the most hazardous and exploitative forms of work since it entails long hours, in a risky and unhealthy environment, and deprives children of health, nutrition and education. There is no accurate survey of child domestic workers, the official figure of 125,000 appears to be a gross underestimation (BBS, 2004). A micro-survey by Shoishab Bangladesh in 1997 found 300,000 children working in Dhaka city (ASK, 2005). Existing estimates also suggest that 131 incidence of violence occurred against domestic child workers and 50% of domestic child worker died because of violence (ASK, 2005). A comparison between the rights enunciated in the Convention and the present condition of domestic work explains the extent of deprivation that children are exposed to (Table 4.2).

## **b. Gaps in Implementation of Optional Protocol**

Ratification of Optional protocol to the CRC on “the Involvement of Children in Armed Conflict”, and ILO Convention 182 on Elimination of Worst Form of Child Labour in 2001 is another basic point of CRC committee. Despite its commitments to Optional Protocol for not allowing under 18 citizens to serve in the positions in armed forces, police, Bangladesh Rifles (BDR) and Ansar (Auxiliary Force) and Village Defence Party (3<sup>rd</sup> and 4<sup>th</sup> Periodical Report, 2007), recruitment in the Army starts from 17 years.

From the Bangladesh Army recruitment circular it was observed that a Bangladeshi citizen aged 17-19 (for non technical person) and 17-20 (for technical person) respectively were invited to submit application for recruitment as soldiers in the armed conflict (Daily Prothom Alo, October 05, 2007).

**Table 4.2: Conditions of Child Domestic Workers and Deviations from International Standards**

<b>CRC Article</b>	<b>Deprivation of Child Domestic Workers</b>
Art 7: To be cared for by parents	Employers do not substitute parents
Art 8: To preserve identity, nationality, name and family relations	Some employers rename domestic helpers, insist that they speak the employer's language, and nullify their language
Art 9: To maintain regular contact with parents when separated	In some cases, child domestic workers lose contact with their homes; rarely visit their homes
Art 12: Freedom to express his/her own views	Rarely contacted in matters such as pay or terms of employment. Their preferences not sought.
Art 15: Freedom of Association	Some child domestic workers are not allowed to make friends or join local associations.
Art 16: Protection from interference with a child's privacy, and from unlawful attacks on his/her honour or reputation	Child domestic workers have no privacy, and may be unfairly accused for any loss in the household without opportunity of redress.
Art 18: To be brought up by parents or guardians whose basic concern is his/her best interest	Employer's primary concern is his/her best interest
Art 19: Protection from physical or mental ill-treatment, neglect or exploitation	No recourse to protection; ill-treatment occurs with impunity.
Art 24: Access to optional health care	Inadequate health care and no preventive care
Art 27: Conditions of living necessary for development	Long hours and isolation preclude many opportunities for development
Art 28: Access to education	Most child domestic workers are not allowed to go to school or to informal centres of learning
Art 31: Rest, leisure, play and recreation	No hours off at work in the day, and no weekly days off
Art 32: Protection from economic exploitation and from performing any work that interferes with child's education or is harmful to mental, spiritual or social development	Domestic workers have no protection under the law
Art 34: Protection of all forms of sexual exploitation and abuse	Vulnerable to sexual abuse by employers. This can expose them to HIV/AIDS. In case of pregnancy girls are dismissed and forced to have abortions
Art 37: Protection from cruel or degrading treatment, and arbitrary deprivation of liberty	Children live in isolation with no access to redress

Source: *Ain o Salish Kendro (ASK)*, 2005.

Articles 34 and 35 of the Convention on the Rights of the Child say that governments should protect children from all forms of sexual exploitation and abuse and take all measures possible to ensure that they are not abducted, sold or trafficked. The Convention's Optional Protocol on the sale of children, child prostitution and child pornography supplements the Convention by providing States with detailed requirements to end the sexual exploitation and abuse of children. It also protects children from being sold for non-sexual purposes—such as other forms of forced labour, illegal adoption and organ donation. The protection of a child as victim as well as witness has been mentioned under the Optional Protocol as a part of the protection of child rights and ensuring the best interest of a child. There is no specific law on the protection of child victim and child witness in Bangladesh. The children are prohibited from keeping in safe custody by the law, but in practice due to lack of proper service support the children are very often sent to the jail in the name of the safe custody (Table 4.1).

### **c. Gaps in Addressing Disability and Marginalisation Issues**

#### **(i) Disability**

Children with physical and mental disabilities, resulting from both traumas and congenital causes, often face an uncertain future. These children are often humiliated and stigmatised for bringing curse to the family and considered as economic burdens. They are also victims of poverty and for integration and healthy life they require treatment, education and protection. As may be seen from Table 4.1 there are serious anomalies in the data on the magnitude of the disabled population in Bangladesh. Based on 2001 census around one percent of the population is suffering from disability whilst WHO estimates suggests around 14 million populations are disabled (Rahman, 2005). Studies suggest that the cases of disability are more prevalent among the boys than among the girls. Major causes of disability are often preventable such as -- malnutrition, infectious diseases; complications arising from poor pregnancy monitoring accidents, marriage between close relatives, road accidents, etc.<sup>11</sup> Children deprived of educational opportunities is a challenge, which must be taken in to account. This will not only require flexibility, but also innovation within the core curricula. Similarly, parental education, female literacy, public awareness, continuing education for neo-literates and others and life skills based education are areas where more need to be done. Many disabled children do not attend regular schools, but have special schools for the visually and hearing impaired children. However, more intervention programmes are needed for these children.

Disabled children have no or little facilities in higher studies system. Dhaka University currently offers a quota only for the visually-impaired persons. Persons with other disabilities, however, remain outside the higher education orbit (the Daily Star, 28<sup>th</sup> November 2007). Jahnagirnagar University enrolls only five persons with disabilities every year, Rajshahi University takes three, Islamic University promised to admit whoever applies and BRAC University offers special discount for them. Though Bangladesh signed the UN Convention on the Rights of persons with Disabilities (CRPD) on 9 May 2007 and ratified on 30 November 2007([www.un.org/disabilities/](http://www.un.org/disabilities/)), only 9000 of disabled get education opportunity (the Daily Star, 9<sup>th</sup> December 2007). There are 3 primary level special schools in the centre -- one for Blind children, one for Hearing & Speech Impaired Children and one for Intellectual Disabled Children.<sup>12</sup> Process is going on to upgrading the schools up to secondary level.

The children with disabilities are extremely vulnerable to different forms of abuses. These include emotional, social, verbal, physical and sexual abuses. What is disconcerting is that in many cases abusers are the people that the victims know or do trust. They experience abuse from their families, community, peers and other members of the society. The risk of sexual abuse of the girl children with intellectual disabilities and the speech and hearing impaired children are likely to be higher as they are either unable to protest or unable to communicate. There have been many cases in the country where healers in the name of treatment have sexually abused girls with disabilities. These children are also subject to emotional and verbal abuse at home and within the community. They are at times blamed and accused for their disability, considered as the burden and families are often ashamed of having such members. These types of emotional abuses diminish the level of self-esteem of the child, forcing the child to withdraw into a shell. Verbal abuse is a very common experience that children with disabilities face, which severely affects the mind setup of the children.

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<sup>11</sup> Injury related mortality rate was 48/000 in 1995 which though declined at 16.4/000 in 2005 and yet quite high, and needs to be addressed adequately.

<sup>12</sup> It is learnt from relevant authorities that process of upgrading these schools up to secondary level is under process.

## (ii) Marginalised, Stateless and Street Children

Among the marginalised group of children stateless and street children are the largest groups. 'Biharis' is the largest group of stateless children in Bangladesh (Second Periodic Report, 2000). According to a survey conducted by the UNHCR, there are around 250,000 to 300,000 Urdu speaking people in Bangladesh (the Daily Star, 28<sup>th</sup> November 2007). Among them 160,000 who live in inside 116 camps across the country have uncertainties to be the voter of Bangladesh this year. It means they are still fighting for their national identity and their children also have no national identity. In 1991-92 some 250,000 *Robingyas* from Myanmar sought asylum in Bangladesh. Government is giving protection to their children with the help of UNHCR, but refugee children have no national identity in Bangladesh.

The national identity of child comes from her/his father's identity not from mothers; the committee also marked this gap and recommended the government to take proper initiative. Inequality in citizenship rights prevents Bangladeshi women from transmitting their nationality to their foreign spouse and their children. Presence of large number of street children remains a big scar for the children rights. Despite government's commitment and initiative for the care of street children e.g. Protection of Children at Risk (PCAR) project, the number of street children has increased from 2,44,000 in 2000 to 6,74,000 in 2005 (BIDS, 2006). Alarming increase of street children demands greater attention of the government to the preventive side that is addressing multi-dimensions of poverty that give rise to street children in addition to providing them with opportunities for development and protecting their rights.

## (iii) Economically Marginalized and Victims of Violence

Mainstreaming disadvantaged community including women, children, and the disabled into the country's development efforts is a major challenge. Social safety net programme should address marginalized people like ultra poor, extreme poor, ethnic and minority communities, socially excluded and untouchable community, refugee, migrant groups, etc. Government needs to relate gender parity and poverty sensitivity as a guide to help the marginalized people. Under the umbrella of social safety net government introduced several projects<sup>13</sup>. Among all these programmes for marginalized people only Food for Education, Safe Delivery and Nutrition Project is directly related to the child rights under the social safety net. In 2005 social safety net budget together with Food for Education programme consists only 8.40% of the total budget (BBS, 2006).

**Table 4.3: Distribution of household receiving benefits from Social Safety Net Programmes, 2005**

Division	% of Household received Benefits		
	Total	Rural	Urban
National	13.02	15.64	5.45
Barisal	13.34	14.79	5.00
Chittagong	11.06	12.89	5.72
Dhaka	14.27	19.98	4.94
Khulna	9.58	11.03	4.23
Rajshahi	12.07	13.02	6.71
Sylhet	22.42	24.31	11.25

Source: BBS, 2006.

<sup>13</sup>Government run social safety net projects include -- 'Maternity Allowance for the Poor Lactating Mothers' (which will ensure safe motherhood, and better health and nutrition of hardcore poor mothers as well as safe birth and sound upbringing of infants), 'Widowed and Destitute Women Allowance', 'Vulnerable Group Development (VGD)', 'Stipend for female students', 'Maternity voucher scheme', 'Community-based nutrition and vocational training for women', 'Fund for Acid-Burnt Women and the Disabled', 'Rural Employment Opportunities for Protection of Public Property', 'Subsistence allowance of the children of orphanages', 'Freedom fighters' welfare', 'Allowances for the senior citizens' and 'Extension of micro-credit programmes for *monga* and river erosion affected people'.

From table 4.3 it is clear that from the perspective of coverage and needs, the social safety net programmes are not fully adequate. Only 13.2% people are getting benefit from this programme, but the share of urban people is very low. Regional variation is also striking – Sylhet’s share is 22.42% whereas less than 10% of those in Khulna get the benefits. Rural urban disparity as well as regional disparity has to minimize, and at the same time government has to increase the total coverage of social safety net. There is no direct social safety net for the migrant and ethnic children of the country.

### **a. Gaps in Protection against Sexual Abuse, Violence and Child Trafficking**

Violence, trafficking and sexual abuse are the crucial threats against child protection. Official estimates from Ministry of Home Affairs and Ministry of Social Welfare and Ministry of Women’s and Children Affairs suggests that at least 13,220 children have been trafficked out of the country over the last five years (The Global March against Child Labour, 2007). Most of them have trafficked to the neighbouring countries like India and Pakistan where they were sold to brothels and/or transferred to sex industries of other countries and even to organ traders. Over the last decade, 200,000 Bangladeshi girls were lured with false promises and sold to the sex industry of many countries including Pakistan, India and the Middle East (The Global March against Child Labour, 2007). About 10,000 Bangladeshi children are in brothels in Bombay and Goa, India (The Global March against Child Labour, 2007).

Girls children are also engaged commercial sexual activities even inside the country. Bangladesh police estimates suggest that there are between 15,000 and 20,000 children engaged in street prostitution (The Global March against Child Labour, 2007). Sexual abuse of refugee women and girls by the law enforcement agency often remain neglected by the state party. In March UNHCR received reports that a police inspector and his staff severely beat and attempted to rape 6 female, including 2 girls aged between 8 and 12. UNHCR strongly protested to camp authorities but the government took no action (<http://www.state.gov/g/drl/rls/hrrpt/2005/61705.htm>, 2007). Between 50 and 100 boys, aged about 8-15 years, some even younger, are being trafficked from Bangladesh to the Gulf States for use as camel jockeys in the Gulf States in 2004-05 (IOM, 2005). There is monitoring cell to monitor the trafficking situation headed by the Ministry of Home Affairs with six other ministries. BNWLA is one of the members of this cell.

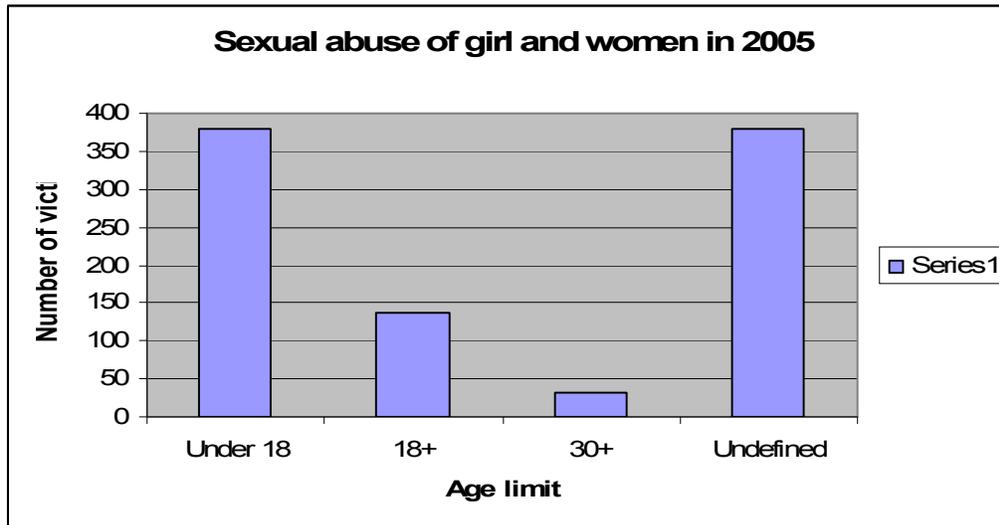
About 13 percent of the marginal households in the survey areas reported cases of missing children. Only half of these missing children have been recovered. The experience of the trafficked children engaged in prostitution reveals that missing children are at high risk of being victimised by the trafficking network (ILO/IPEC, 2002). Trafficking routes vary depending on changes in the legal environment, geography, destination, means of transportation, and area of recruitment. Specific routes may be identified for some specialised destinations such as brothels. Cross-border trafficking generally occurs in the existing migration routes, both legal and illegal.

In second periodic report the government party that training has been provided to police officers and judges on children’s rights regarding the administration of juvenile justice. Moreover, there are plans to incorporate child rights into the crucial of training institutions for police officers, judges and magistrates (2<sup>nd</sup> Periodic report, 2000). UNICEF is trying to help Bangladesh government on juvenile justice issue. As a part of this cooperation UNICEF helped develop a “Handbook for Police” and “Bench Books” for judges and magistrates on children in contact with the juvenile justice system. International standards on juvenile justice have also been translated and widely distributed (UNICEF background paper on “Child Sexual Abuse, Exploitation and Trafficking in Bangladesh”). This is the clear example that international organization is trying to help on capacity building of Bangladesh government to ensure a secure world for children, however whether these have impacts on their behaviour needs to be examined.

Research suggests that children are often arrested under Special Power Act and Narcotics Act and are kept with convicts and under-trial prisoners flouting the legal provision. Although only in recent years attempts have been made to provide education and a few recreational facilities to children of female inmates of the jails but these are limited. A large of children in prison suffers from poor food and filthy environment, lack of education, health and recreational facilities. According to Justice K.M. Hasan that the government's success in rehabilitation of accused children is limited despite establishing juvenile correction centres and shelter home (quoted in [www.hrea.org/lists/child-rights/markup/msg00106.html](http://www.hrea.org/lists/child-rights/markup/msg00106.html) accessed on the 23rd September, 2007).

According to government, 'the Suppression of Violence against Women and Children Act, 2000' gives major protections of women and children (2<sup>nd</sup> Periodic Report, 2000). This act gives safeguard against major offences such as sexual harassment and the maiming of children to be used for begging, maintenance of a child born of a rape victim, and gives the power of Tribunal to award any fine imposed on an accused to the victim of the offence by way of compensation (2<sup>nd</sup> Periodic Report, 2000). Regarding gang rape govt. takes all responsibilities of that fruit of child. Acid control act 2000 gives more security of women and children, especially girl children, than the previous Act of 2000. However figure 4.1 and table 4.4 reveal that violence against women and children including sexual abuse and trafficking remain widespread. Rape is the worst form of sexual abuse and the number of reported cases was as high as 928 in 2005 not to talk about non reported cases. Worst still is the fact that children constitute a very large group (41% were under 18) among the rape victims. So, children are more vulnerable to sexual harassment and sexual abuse compared to other age-cohorts.

**Figure 4.1: Extent of Sexual Abuse of Girls and Women, 2005**



Source: BNWLA, 2005.

**Table 4.4: Violence against Women and Children from 2002 to 2005.**

Types	2002	2003	2004	2005
Rape	776	1550	1072	928
Dowry Related Violence	271	124	371	385
Acid Victim	238	254	218	140
Murder	411	740	328	319
Trafficking	335	329	377	267
Fatwa	10	27	32	40
<b>Total</b>	<b>2041</b>	<b>3024</b>	<b>2398</b>	<b>2079</b>

Source: BNWLA, 2005.

Among all other types of violence rape featured most prominent between 2000 and 2005. So, the government law enforcing agencies have to be more careful to protect children from rape related crimes.

### **b. Gaps in Protection of Ethnic Children against Violence**

Ethnic children are the main marginalized group in Bangladesh who are frequently threatened by the illegal settlers and security forces in their homeland. CRC members are concerned for the ethnic children and they suggested the government to give more emphasis on the protection of ethnic children. In an organized attack on 26 August 2003 Bangladesh army and illegal plain land settlers launched a pre-planned attack on indigenous Jumma villages and completely burnt down ten indigenous Jumma villages-Babupura, Nua Para, Pahartuli, Durpujyanal, Herenjanal, Boidoy Adam, Basanta Para, Saw Mil Para and Lemuchari under Mahalchari Upazilla (sub-district) under Khagrachari district of Chittagong Hill Tracts, Bangladesh. Hundreds of indigenous people fled from their villages and displaced. Nine month old baby, Kiriton Chakma was snatched from grand mother, strangled to death in front of his grandmother, who was then raped by army personnel. Around 10 Jumma women including four girls were raped by the illegal plain settlers and security forces during the attack (AITPN-ACHR Report 2003). In September 2005, indigenous peoples of Maheschhari under Khagrachari district were attacked by Bangali settlers, where two hill women were raped, a Buddhist monk was assaulted and many others were injured (Ain o Salish Kendra, 2005). Evidence shows children and women are the main victims of plain land settlers and security forces in Hill Tracts.

### **c. Gaps in Addressing Domestic Violence**

Violence against women at family level and by family members is a big issue of concern. UNICEF statistics shows that in about 40% to 80% cases physical torture is afflicted by the family members. According to UNFPA State of Population report 47% of adult women were victims of violence by their male partners in 2000. Among them 54% are victims of forced sex. BNWLA (2003) estimate shows that violence against women is increasing at the rate of 1.5% per year. During the year 2006-2007 a total of 1334 instances of domestic violence were reported in nine leading dailies where only 531 cases were filed against domestic violence. This is considered to be a tip of the iceberg, only 39% of the victims reported the cases and in 61% cases, the victims did not take any legal measures.

Forms of domestic violence constitute torture by husband, in laws, relatives, murder by husband, in laws. In at least 14 instances the victims were murdered as they protested polygamy of their husband and 3 women were reported to be tortured for the same. 287 women and children committed suicide because of domestic violence and 67 were forced to suicide. It is alarming that during 2007 more than 43 children under 6 were murdered by their relatives. ICDDRDB (2006) conducted qualitative research and a survey of 3,130 women of reproductive age (15-49 years) in urban and rural areas of Bangladesh reveals that sixty percent of women reported ever being physically or sexually abused during their lives where their husbands were the most common perpetrators.<sup>14</sup> Two-thirds of the abused women have never talked about their experience of violence and almost none accessed formal services for support. To address this major public health problem, the prevailing attitudes that permit and encourage male violence against women must be directly addressed. Child domestic workers are also the victim of domestic violence by their employers. But the issue regarding child domestic workers were not addressed in the proposed Domestic Violence Act.

BNWLA has developed a community mechanism to address domestic violence with view to ensure door steps legal aid services which includes sensitization of the local elected people especially the Women

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<sup>14</sup>The study focused on the prevalence and consequences of domestic violence against women and their coping strategies.

Members of the Union *Parishad* having facilities of counselling of the possible victims of domestic Violence. Right this moment a national platform named “Citizen’s Initiative against Domestic Violence” has been floated by some NGO alliances, which has been discussing the technical aspect of the proposed draft to further the efforts of the Women Rights Groups to ensure independent legislation to address Domestic Violence.

Socio cultural reasons and weakness in the existing laws are factors that help perpetuate Domestic Violence. So programming against Domestic Violence requires measure to change social attitudes and beliefs that legitimises male violence and essence of male superiority. Such measures may include changes in education, incentive to enhance the moral quality during the tender age. Urgent initiatives are needed to creating a Board for ensuring social safety net based on community participation that includes supports like counselling and legal aid as protective measures. In addition capacity building of local government representatives must be given priority in order to identify the possible victims. Media can also play a pivotal role in changing the attitudes of the society along with a specific legislation on Domestic Violence, which requires urgent and immediate response. Despite that there is no legislation to stop violence against women at the family level although there are laws against child marriage, dowry, acid throwing, women and children repression, etc. Moreover India and Malaysia have distinct legal provisions in this regard.<sup>15</sup>

#### **d. Child Pornography**

In Bangladesh child pornography is an uprising issue. The issue is yet to be addressed though the offences are committed very often in our country. Recently, there is a trend to trap girls by their boy friends and record the love scenes through hidden camera. Later on, they blackmail the girl and her family or put up the video for sale as pornography. The victims come to the organizations for legal support, but still are not ready to file any written complaint for privacy purpose and social stigma. In the last month information about several incidents were heard, but due to lack of cooperation from the victim and victim’s family and not having proper information, legal action couldn’t be taken by the organizations against Pornography. The easy accessibility to the internet is the major cause behind that. The Government is also not fully capable technically to fight against the crime. The awareness raising programs are largely focused on trafficking and sexual abuse, but the child pornography issue is often ignored.

Though there are some provisions against child pornography in the Penal Code of 1860 and the Emigration Ordinance 1982, it is important to assess the need for enactment of new law or include the issue with clear definition with specific punishment under the special law like the Women and Children Repression Prevention Act of Bangladesh (BNWLA, 2007).

#### **4.4 Major Concerns of the CRC Committee Members with Regard to Child Protection**

The Committee members raised concern about the various legal minimum ages, which are inconsistent, discriminatory and/ or too low. Domestic legislation and customary law are not fully compatible with all the principles and provisions of the Convention and implementation process often flout the CRC conditions, particularly in rural areas (CRC/C/15/Add.221). In particular it has raised concern about ineffectiveness of the Majority Act 1875 that set 18 years as the age-limit for children “on the capacity of any person in relation to marriage, dowry, divorce and adoption or on the religious customs of any children” (CRC/C/65/Add.22). Low age of criminal responsibility (9 years) is another issue raising concern of CRC members (CRC/C/15/Add.221).

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<sup>15</sup> Some NGOs have prepared draft legislation on Domestic Violence, but that draft never saw light of the day.

**Table 4.5: Major Recommendations of the CRC Members of Child Protection**

Child Protection Issues	Major Recommendations
Child labour	Ratify and implement ILO Convention No. 138 that stipulates Minimum Age for Admission to Employment (CRC/C/15/Add.221). Raise the minimum age of criminal responsibility to an internationally acceptable level; ensure that domestic legislation on minimum age is respected and implemented throughout the country (CRC/C/15/Add.221). The government needs to approve the Draft National child labour policy and take initiatives to implement the policy.
Disability and marginalization	Gather additional information on all minorities and marginalized groups; ensure the implementation of their rights without discrimination, taking into account the Committee's recommendations (CRC/C/15/Add.221).
Migration and trafficking	Adopt a national refugee legislation and accede to the Convention relating to the Status of Refugee of 1951 and its Protocol of 1967; register all refugee children born in Bangladesh (CRC/C/15/Add.221); undertake all necessary efforts to prevent and combat domestic and cross-boarder child trafficking, take all necessary measures for the recovery and reintegration of children victims of trafficking;
Sexual exploitation and violence	Assess the scope, nature and causes of child abuse, particularly sexual abuse, with a view to adopting a comprehensive strategy and effective measures and policies; changing mindset and derogatory customary practices; provide adequate protection and assistance to child victims of abuse in all possible places including home, work places, other institutions, and take appropriate measures to prevent the stigmatization of victims; investigate, prosecute and sentence perpetrators of trafficking, including through international cooperation; seek assistance from international development agencies, which among others include UNICEF and the International Organization of Migration (CRC/C/15/Add.221).
Criminality and juvenile justice	Make amendments to legislation so that citizenship can be passed on to children from either their father or their mother, and also introduce proactive measures to prevent statelessness (CRC/C/15/Add.221). Review existing legislation and explicitly prohibit all forms of corporal punishment in the family, schools and institutions (CRC/C/15/Add.221). Ensure that the imposition of death penalty for crimes committed by persons while under 18 is explicitly prohibited by law (CRC/C/15/Add.221 7). Ensure the full implementation of the right to fair trial, including the right to legal or other appropriate assistance; protect the rights of the children deprived of their liberty and improve their conditions of detention and imprisonment, including by guaranteeing separation of children from adults in prisons and in pre-trial detention places all over the country; seek technical assistance in the area of juvenile justice and police training to OHCHR and UNICEF among others (CRC/C/15/Add.221).
Children in armed conflict	Ratification of Optional protocol to the CRC on "the Involvement of Children in Armed Conflict, and ILO Convention 182 on Elimination of Worst Form of Child Labour in 2001" are the other issues emphasises by CRC committee.
Data Related to Child Protection	Child expert of the committee Lucy Smith is concerned about the lack of data in Bangladesh in general, and particular on the sale of children, child prostitution and child pornography. Given the sensitive nature of these issues and stigma attached to victims reporting is very low on these types of crimes. The committee is interested to know the government's initiatives to address these problems.
Capital Punishment	CRC remains seriously concerned that capital punishment can be imposed for offences committed by persons from the age of 16 years and over, contrary to article 37 (a) of the convention (CRC/C/15/Add.221). The Committee strongly recommends that the State party take immediate steps to ensure that the imposition of death penalty for crimes committed by persons under 18 is explicitly prohibited by law (CRC/C/15/Add.221).
Corporal Punishment	The Committee recommends that the State party, as a matter of urgency, review existing legislation and explicitly prohibit all forms of corporal punishment in the family, schools and institutions, as well as carry out public education campaigns about the negative consequences of ill-treatment of children, and promote positive, non violent forms of discipline as an alternative to corporal punishment, particularly at the local level and in traditional communities (CRC/C/15/Add.221).

The Committee remains seriously concerned that capital punishment that can be imposed for offences committed by persons from the age of 16 years and over, contrary to article 37 (a) of the convention (CRC/C/15/Add.221; p 7). The Committee members expressed their concern over discrimination against children with disabilities, street children, child victims of sexual abuse and exploitation, tribal children and other vulnerable groups.

In the light of their concerns they have made a series of recommendations for the State party to implement. Some of the major recommendations are listed below in table 4.5.

#### **4.5 Gaps in initiatives and Institutions: Government's Response to CRC Members' Concern**

From institutional perspective we have mainly focussed on disability, juvenility and criminal justice and sheltering victims of violence as these are directly related to institutional care.<sup>16</sup> Overall institutional arrangements and the gaps are also covered.

##### **a. Institutional Arrangement for Physically and Mentally Challenged Population**

Through its various programs Department of Social Service (DSS) covers 1500 disabled each year. The government runs integrated and special schools for different categories of disabled children and provides technical and financial support for inclusion of physically challenged students in mainstream education through local NGOs. Under the purview of the inter-ministerial task force of disability, National Forum of the Organisations Working with the Disabled (NFOWD) having a total of 70 members (relevant NGOs), has prepared a National Action Plan in line with the existing governmental policy and rules. The enactment is still awaiting approval of the Government. However, these activities remained limited within the clinical and socially rehabilitative interventions. Projects/programmes directed toward awareness-raising and motivations of the married couples and intending and eligible couples to avoid the aforesaid preventable reasons for children's disability have not emerged significantly. There is conspicuous lack of preventive and punitive measures to arrest or reduce road accidents are lacking.

Mentally challenged children need special attention for their growth and development and MoSW runs institutions for those children with a limited capacity of 100 children, who can get vocational training with their general education. Seven residential Schools are established to cater to the special educational needs of the hearing and speech impaired children in addition to five special schools for blind children and only one computerised Braille. However, in comparison to the total number of disabled in the country the institutional facilities are too inadequate not to talk of the quality of such institutions.

##### **b. Criminality and Juvenile Justice**

Following the High Court Division order the number of children confined in jail was decreased 395 in June 2007 that was 1233 in 2003 (3<sup>rd</sup> and 4<sup>th</sup> Periodic Report, 2007). The High Court issued a *Rule Nisi* in July 2007 demanding 'show cause' explanation from government as to why imprisonment of children in jails should not be declared illegal. Upon hearing a writ petition filed by Bangladesh Legal Aid Services Trust (BLAST) and Ain O-Salish Kendra the High Court issued directives on standards trial for juvenile-*Suo moto* order no 248/03. The order was- immediate transfer of 1233 children prisoners from jail to correction centre and withdrawal of cases against prisoners age under 12 years (The Daily Star, 25<sup>th</sup> July 2007) (3<sup>rd</sup> and 4<sup>th</sup> Periodic Report, 2007). This clearly suggests that Bangladeshi Judiciary is aware about the child protection. Despite that often civil society including NGOS, lawyers and legal aid institutions need to play role of a watchdog to ensure implementation of child protection measures by the government.

#### **4.6 Gaps in Budgetary Allocations**

In his budget speech of 2007-08 the finance advisor proposed increase in yearly per capita subsistence allowance from Taka 1,000 to 1,200 for the children of orphanages, Shishu Sadan, Shishu Paribar,

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<sup>16</sup> Moreover most of the other concerns raised by the CRC members have been critically examined in Section 4.3 and 4.4.

Chotomoni Nibash, Safe Home. Per capita allocation for children in private orphanages is also increased by Taka 200. Day care centres are established for the children of low-income families. A program has been taken up to ensure children's right as ensured in international convention and child laws dealing with the prosecution of juvenile delinquent. The Daily Prothom Alo on 25<sup>th</sup> November, 2007 reports that the environment of safe homes are not safe at all for the children and they (children) do not want to live in these homes for long time. At the same time, the process of sending children to safe custody from jail is currently stalled due to the limitation of meeting of National Children Task Force (the Daily Prothom Alo, 25 November 2007)

According to the finance advisor the Government has taken up a comprehensive programme to ensure the rights of the disabled and the disadvantaged communities. Meanwhile, Bangladesh has signed the UN Charter on the Rights of the Disabled adopted in 61st regular session of the General assembly. Implementation of a comprehensive work plan for the welfare of the disabled is underway through various ministries. Finance Advisor proposed to allocate Taka 528 million for increasing allowance of the disabled from Taka 200 to Taka 220 on a per capita basis and for the expansion of beneficiary coverage from 166,000 to 200,000. He also proposed to allocate Taka 50 million for the education of retarded children. However, in the context of a large number of disabled population, ranging between 1 million and 14 million from different estimates, the coverage is highly inadequate. Moreover an increase of only TK 20 will not be able to make any effective change in the life of disable persons.

## **5. Child Participation**

### **5.1 Child Participation in CRC Implementation**

Although child participation is still a relatively new concept in Bangladesh, it is increasingly acknowledged that involving children and adolescents as partners in policy planning and programming that affect their well-being is essential for ensuring sustainability of those policies. Children and adolescents are important change makers for their peers and for the community at large. The National Plan of Action for Children (2004-2009) identifies child participation as one of its overarching strategies in the following words: “Children will be involved in making decisions and in the organisation and management of activities affecting their lives, and will not be treated just as passive beneficiaries or recipients of services.”

Children's views were also taken into consideration in course of the development of the PRSP. In the non-formal education project for working children, for instance, consultation with children and their families about the strengths and weaknesses of the project have led to some significant modifications in the project design (MOWCA, 2007). The children in *Kishore Unnayn Kendra* (KUK-child development centre, formerly known as a juvenile correctional centre) formed a children's council to raise their concerns in management and decision-making in the KUK. A children's Poll was conducted in 2005.

In 2004 a National Children's Conference was organized in collaboration with MOWCA, Save the Children Alliance and UNICEF. A total of 1,000 children participated in the conference to discuss the rights of the children, the NPA-SEACT and the Concluding Observations made by the Committee on the Rights of the Child in September 2003. Between 2003 and 2005 three Children's Polls/Consultations were successfully organized to collect their opinion on various issues that affect their lives (3<sup>rd</sup> and 4<sup>th</sup> Periodic Report). During NPA preparation stage 33 district levels, 12 divisional levels and 2 central level consultations were held with the children (SCSD, 2004). However, later Government did not take any initiative to ensure children's participation in monitoring and implementation of NPA. The media is also involved in raising awareness among parents/guardians, and a number of NGOs are developing innovative projects and activities based on the principle of child participation.

The Bangladesh Shishu Adikar Forum (BSAF), for instance, has been regularly implementing short and long term programs in developing awareness about various child participation issues throughout the country through its 235 organizations. It utilises both print and electronic media to this effect (3<sup>rd</sup> and 4<sup>th</sup> Periodic Report). SCSD and its partner NGOs are trying to create more space for the child participation. One of their initiatives is ICHCHEY media house, which was formed in October 2003 by arranging a meeting with children's friends in SCSD. From this meeting they formally announced a media platform for the children called ICHCHEY Media Group. All together 90 children from Dhaka and Chittagong were present in that meeting. Children from ETV, NPA formulation process, SCSD partners facilitated child clubs for member and some of the children organizations were attended in this meeting (SCSD, 2007).

Before starting ICHCHEY Media Group, a group of children's from different economic background started work with ETV as child journalist since 2000. Total 32 children have developed a news-based programme on rights of the children with ETV (SCSD, 2007). The title of the program was Mukto Khobor. This programme was supported by save the children and UNICEF. Children were looking for a platform to work on media after closing down the channel and started discussion with Save the Children Sweden Denmark. They developed a concept note on children and media. Save the Children Sweden Denmark facilitate the process and they have formed a group called ICHCHEY Media Group. These groups of children have a golden past in participating NPA formulation process before joining ETV to enlighten them through media production related work.

## 5.2 Gaps in Child Participation

During the NPA process, government and the NGOs committed to provide information on NPA to the children particularly to those who participated in that process. Nevertheless, as indicated earlier that has not been implemented by the government.

However SCSD already initiated a process to send alternative report prepared by the children themselves. Ultimately 5,000-6,000 children will participate in this process from three categories (1) Children related with NGO activities, (2) Children from government and private schools, and (3) children from marginalised or excluded groups like street children and others. Three methods are followed by the children to gather information which are: consultation with other children, call for information, and questionnaire survey. 75 children already took training as facilitator who will go to 21 districts to consult with their friends and collect the information from them. Children from poor families who cannot read or write express their opinion through drawing and photography, while those from well-off family transcribe and translate those reports in English. All these proposal of reporting came from the children. This process, initiated by SCSD, is important for three basic reasons which are:

- 1) Highest participation of children
- 2) Keeping track of government activities and how far those reaching the children
- 3) Recommendation from children for effective implementation of CRC

Gaps in government's initiatives and measures taken for ensuring children's participation are summarised in table 5.1.

**Table 5.1: Gaps in Government's Initiatives and Measures Adopted for Enhancing Children's Participation**

Policy/Programmes/ Institution	Gaps	
National Children Task Force	On 24 August 2003 National, District and <i>Upazila</i> Children Task forces were formed (The Daily Prothom Alo, 25 <sup>th</sup> November 2007)	The last meeting of National Children Task force was held on 3 <sup>rd</sup> September 2006. So, it is quite invisible (in terms of activities) now (The Daily <i>Prothom Alo</i> , 25 <sup>th</sup> November 2007).

Directorate of Children's Affairs	Still in proposed form in 2007	
Independent Commission for Children	In proposed form in 2007	
Inter-Ministerial CRC Committee	Coordinates the implementation of CRC, CEDAW, and the World Fit for Children	Need to make more effective through collaboration of officers from other ministries
	Meets a formative evaluation in 2006 and have a summary evaluation in 2009	
CRC Report Preparation	Children's Participation in the reflection of decision-making process	
	In 2000	In 2007
	No consultation meeting was held with the children in report processing	MOWCA in association with UNICEF organised two Children Consultation Meetings at Dhaka and Rajshahi

In order to implement the NPA for children and ensure that services reach the children, the governance and management roles and responsibilities and gaps to make up those have been defined below in table 5.2.

**Table 5.2: NPA for Children and the Gaps**

<b>Child Participation</b>	<b>Achievements/Expected Outcomes</b>	<b>Gaps</b>
Guidelines to ensure that children participate in (1) determining their needs and roles as beneficiaries, (2) programming design and implementation, and (3) evaluation	MOWCA in association with UNICEF and Divisional Commissioners' offices organised a total six consultations to prepare CRC report. Two children consultation meetings (at Dhaka and Rajshahi) were also organized for the purpose	Children's representation was followed at report preparation phase, not in decision-making process
Build capacity of children's organizations to participate in the development of policies and programs that affect them	Children participate in decisions affecting them at a local and institutional level	Lack of campaigns in formal schools, non-formal learning centres, private schools and <i>madrashas</i> and children's organisations/ clubs about the participation of children in the development of policies and programs that affect them
Establish national and district level forums of children to assess the progress of the NPA for Children	Through the child rights capacity development training (2006-07), with the support of UNICEF, MoWCA sensitised 150 Government and NGO officials and their on NPA was developed for implementation of CRC	Infrastructural and institutional facilities in the field of sports and culture like Shishu Academy are not expanded according to needs.

### **5.3 Major Concerns of the CRC Committee Members about Child Participation**

In the light of their concerns they have made a series of recommendations for the State party to implement. Some of the major recommendations are listed in the next page:

Committee's Recommendation	Gaps
<p><b>The Committee recommends that the State party continue and intensify its efforts to eradicate harmful traditional practices, by strengthening awareness-raising programs and enforcement of the law (CRC/C/15/Add.221).</b></p> <p><b>The Committee also recommends that the State party take all necessary measures to establish a separate Directorate/Department for Children and Youth to exercise a coordination and monitoring role. (CRC/C/OPSC/BGD/CO/1).</b></p>	<p><b>Awareness programme has not yet been introduced as recommended.</b></p> <p><b>Directorate or Department for Children is not yet established.</b></p>

## 6. Interactions among all the Major Themes and the Role of Institutions

Survival, development, protection and participation of children are interactive and linked with one another. Physical health is the part of survival at the same time it is the indicator of protection also. Street children's education is necessary for their development and at the same time it ensures the protection of children according to CRC. Both survival and development are the cross cutting issues for children's participation in the decision-making process for their own and the country's development. From 3<sup>rd</sup> NPA preparation phase (in a participatory way) children were mainly concerned about their health, education and environment. These three issues are the part of their basic rights and protection. One unified approach is needed to capture these four issues. A common set of institutions and mechanism should be in hand to monitor and implement child survival, protection, development and participation.

### 6.1 Institutional Gaps: MOWCA

As a lead ministry for monitoring the child issues in Bangladesh, MOWCA has targeted eight medium term strategic objectives for children and women. Only two of these are directly related to children.

- (1) *Empowerment and development of children's talent through integration and absorption in society*
- (2) *Reduce social violence against under-privileged children*

Under these objectives, the Ministry identified fourteen medium term targets and --plans including policies. These ranged from identifying the extent of violence to juvenile justice, minimum wage and child labour issues, welfare of indigenous children, mobilising police administration to improve working conditions and introduce necessary legislations to that end. According to ministry documents Shishu Academy and Directorate of Children's Affairs would be responsible to reach the objective targets of the Ministry. As indicated earlier the Directorate of Children's Affairs is not established yet and Shishu Academy's capacity is limited and its mandate is to develop mental and cultural faculty of the children. (Box 6.1). So, the government needs to expedite the establishment of the Directorate of Children's Affairs on an urgent basis for the implementation of its objectives and meeting the targets set to achieve children's rights. At the same time government must ensure child victims access to all necessary support services, which it has pledged under the medium term targets. This includes among others strict enforcement of laws related to child abuse, increase public awareness about incidence of sexual abuse, increase assistance for recovery and reintegration of children.

#### Box 6.1: Gaps in Implementing MOWCA's Medium-Term Objectives

1. **Many of the objectives and action plans are multi-sectoral that demand involvement of various Ministries and institutions. However according to MOWCA framework Shishu Academy and Directorate of Children Affairs are the only implementing agencies (and the latter is non-existent).**
2. **Question arises regarding the mandate, capability and efficiencies of Shishu Academy as an executing wing of MOWCA.**
3. **There is conspicuous absence of inter-ministerial coordination strategy that MOWCA would need to accomplish these objectives.**

Major activities of MOWCA appear to be project oriented to support vulnerable women. It runs micro-credit, food security programme, widow allowances, legal and assistance to destitute women. It runs only two programmes that are directly related to children and these are -- children's fund and central cell for prevention of violence against women and children.

From the Medium Term out-put targets of the Ministry one could clearly see that children are completely by-passed. Similarly from its expenditure pattern one may observe that only Bangladesh Shishu Academy spends budget on children. However, this is mainly spent for peripheral activities e.g. for awards giving ceremony and children's day celebration. The overall institutional gaps and the gaps in government's initiative may be summarised in table 6.1.

**Table 6.1: Overall Gaps in Institutions and Initiatives**

<b>Commitments</b>	<b>Gaps</b>
Ministry of Women's and Children's Affairs (MoWCA) set medium term strategic objectives, targets and policies/programmes and National Plan of Action 21005-10	However, without establishing Directorate of Child Affairs, it is difficult to implement those objectives. Shishu Academy which was mainly established to develop cultural and mental faculty of children is neither mandated nor capable to achieve these goals. Moreover in the absence of disaggregated budget data by programmes and regions, it is difficult to monitor government commitment and implementation progress. Though there are number of strategic actions were inserted for the development of children with disability in the 3 <sup>rd</sup> NPA for children but no single program or activities were done so far by MOWCA.
National Children Task Force	National Children Task Forces were established at the national and district level on 24 <sup>th</sup> August 2003 for monitoring the child protection issues. However the national level task force is now inactive, the last meeting of national task force was held on 3 <sup>rd</sup> September 2006. Some of the district level task forces 32 out of 57) met in last October (the Daily Prothom Alo, 25 <sup>th</sup> November 2007). Due to discontinuities of the meeting the monitoring system are hampered, which affect child protection prospect in general and child custody in particular.
National Children Council	Currently this Council is inactive. Independent Human Rights Commission is not implemented
Ministry of Women and Children's Affairs	Its current activities are largely geared toward women's welfare. As a lead Ministry it is expected to play major role in monitoring and protection of women's and children's rights and enhance their development.

## 6.2 Major Concerns of the CRC Committee Members with Regard to Institutions and Initiatives

In the light of their concerns, they have made a series of recommendations for the State party to implement. Some of the major recommendations are listed below:

<b>Child Institution and Initiatives Issues</b>	<b>Major Recommendations</b>
Directorate of Children Affairs	Providing the Ministry of Women and Child Affairs, including the Directorate of Children's Affairs, with a clear mandate and adequate human and financial resources to carry out its coordination functions (CRC/C/15/Add.221).
National Institutions for the promotion and protection of human rights	Expedite the process to establish an independent and effective mechanism in accordance with the Principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles, General Assembly resolution 48/134, annex) and the Committee's general comment No. 2 on the role of independent human rights institutions

## **7. Summary of Major Findings**

### **a. Survival**

Research shows that injuries and accidents make up 29% of child (under five) mortality (ICMH and UNICEF, 2003). Members of CRC also expressed concern on high rates of accident related death and little initiative from the government to prevent these deaths. Low quality of health care services remains a major problem despite having rural based and the most elaborate public sector health facility arrangements. Few government hospitals have been set up exclusively for children (The US Department of State, 2005).

Low progress in arresting infant mortality and maternal mortality is largely associated with a low rate of institutional delivery, low birth attendance by skilled personnel, high incidence of birth with low weight (LBW) mainly due to malnutrition, and low utilization of antenatal care.

Large rich-poor differential exist in childhood immunization coverage (rich/poor ratio 1.4), proportion of children with ARI taken to a medical facility (2.2), proportion of birth attended by a medically trained person (1.5) and proportion of women who received at least one ante-natal care consultation from a medically trained doctor (World Bank, 2003).

There is a clear rich-poor divide in the health expenditure pattern where poorest 20% households spend only 7.5% of total household health expenditure as opposed to 42% spent by the richest quintile. Clearly it suggests that poor segments of the population cannot afford to bear the health expenditure and have to rely on government subsidy in the absence of third party payments through health or social insurance.<sup>17</sup>

### **b. Development**

Empirical evidence suggest that the quality of education at the primary level is deteriorating (Latif, 2004; Sedere, 2001). Studies on students' performance revealed low score in achievement level which suggests the schools are not providing quality education (Greaney et al. 1998; Chowdhury et al. 2001; Hossain et al. 2003). Quality of education is a matter of serious concern that demands enabling condition as suggested by the CRC members along with a high quality of teaching-learning practices and students' cognitive development. Like health sector equity and quality of education remain major concerns.

Poor governance is a key constraint to improving the quality of education. Accountability, supervision, incentives, administration etc. are far from satisfactory in the schools. Civil works' construction, textbook development, printing and dissemination, teachers' recruitment, training, assignment to schools, salary payment etc. are often sabotaged by vested interest groups.

### **c. Protection**

Birth registration rate, which is the key to protect child from all kind of discrimination, is lower than South Asia, Developing Countries and even than the Least Developed Countries of the world (UNICEF, 2007).

Article 44 of Labour Law 2006 conflicts with the basic definition of child in CRC, which sets age limit up to 18 years. It is not only a matter of definition but also of implementation. Evidence suggests weak

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<sup>17</sup> HIES (2000) estimates suggest that the bulk of the health spending came from household's regular income (70%), followed by its savings (19%) and from borrowing and distress sale of assets (11%).

implementation of the labour law. Between the ages of 5 and 14 years approximately 6.6 million children are engaged in labour force in the country (The Global March against Child Labour, 2007).

Among the marginalised group of children stateless and street children are the largest groups. ‘Biharis’ is the largest group of stateless children in Bangladesh (Second Periodic Report, 2000). Government’s initiative for the care of street children through Protection of Children at Risk (PCAR) project appears to be marginal in the context of staggering increase in the number of street children from 2,44,000 in 2000 to 6,74,000 in 2005 (BIDS, 2006).

Both in terms of coverage and addressing needs of the poor population, the social safety net programme appears to be inadequate. It covers only 13.2% of the populations with glaring disparity between rural and urban areas and among different regions. There is no direct social safety net for the migrant and ethnic children of the country.

#### **d. Participation**

In the NPA preparation stage 33 district levels, 12 divisional levels and 2 national level consultations were held with the children (SCSD, 2004). However, later Government did not take any initiative to ensure children’s participation in monitoring and implementation of NPA.

#### **e. Data**

Often different data sources are not compatible. Difficulty remains to have clear picture beyond Division level although research suggests that one needs to get disaggregated data at sub-district level for a through spatial and class based analysis.

### **8. Recommendations**

Following gaps should be taken into considerations for effective implementation of CRC:

- 1) **Need to expedite the establishment of Directorate of Children’s Affairs with appropriate legal and regulatory powers to look after all the necessary child related issues**
  - 2) **Child Rights Commission must take action and carry out investigations of all the necessary matters as indicated above.**
  - 3) **Reactivation and capacity building of the Independent Commission for Children, and National Children’s Task Force.**
  - 4) **Children’s Ombudsperson should be introduces as a priority issue.**
  - 5) **Supporting and facilitating increased children’s participation in the NPA for Children.**
- Appointments of teachers in primary and secondary schools, capability development and quality training of teachers; and subvention for schools should follow a system of inclusion of the local people in decision-making. Teaching professional should be more dignifying in terms of their social status and compensation package.
  - Ensure the quality of health care services for the poor household.
  - Government should address the root cause of increasing number of street children increasing along with providing necessary support and services to them.
  - Research suggests that Government needs to be more serious in following the commitment it has made in the periodic report.

<b>Legislation/Programme/Policy</b>	<b>Gaps that have to address</b>
<b>Bangladesh Labour Law 2006</b>	<b>Definition of Child Labour is fourteen years that should increase up to 18 years.</b>
<b>Child Labour in Armed Conflict</b>	<b>Govt. should strictly follow the rule of CRC to admit children in Army, BDR, Air force etc.</b>

- Definition and implementation of labour law should be followed the international rule.
- New laws to protect children who are working as domestic labour and strengthening the investigation process of domestic worker violence issues. Draft Domestic Violence Act prepared by some NGOs to protect violence inside family has to be approved.
- Government's must fulfil its commitment for implementation of CRC and ensure the participation of civil societies and NGOs in child protection aspects.
- The Ministry of Women and Child Affairs, along with the Directorate of Children's Affairs, must have a clear mandate and adequate human and financial resources to carry out monitoring, implementation and coordination functions.
- Flow of information such as disaggregated and updated data should be more modern and comprehensive to get real picture of child situation in Bangladesh.
- Create accessible and enabling environment in education institutions including teachers training and making available the necessary education material equipment for different types of Children with Disabilities. Also undertake special social security measures for Children with Disabilities.
- Provide opportunities for education of child domestic and informal sector workers and make it a condition of their employment.
- Develop legal norms and code of conduct for employers of child domestic workers and other informal sector.
- Keep special budgetary allocations for education and cultural institutions for indigenous peoples and socially excluded and untouchable community.
- Government should develop a National Child Protection Policy. There should be a core budgetary allocation only for the children based on the NPA and PRSP.
- Life skill based safety education on child sexual abuse and exploitation should be incorporated in the national school curriculum.
- Psychological care structure and mechanism should be developed to support the sexually victimised children.
- Formation of an Advisory Body to Special Affairs Division composed of representatives of indigenous peoples from different regions of the country for the implementation of NPA.
- Special Forum has to establish in absence of family court in Hill Tracks.
- Increase social safety net programs for covering larger number of poorer populations giving greater weight to more depressed regions; migrant and ethnic children.
- Replicate SCSD developed mechanism and in-built system of child participation in decision making and implementation process of NPA.



# Annex I

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## Annex II

### List of Addresses of Participating Organizations:

1.	<b>Ain O Salish Kendra (ASK)</b> 26/3 Purana Paltan Line Dhaka 1000, Bangladesh Phone: 8315851, 9360336, 9337173 Email: <a href="mailto:ask@citechco.net">ask@citechco.net</a> Website: <a href="http://www.ask.org">www.ask.org</a>	2.	<b>ANTAR Society for Development</b> <b>Head Office:</b> 8A/4, (3 <sup>rd</sup> Floor), Block-C Tajmahal Road, Mohammadpur, Dhaka 1207, Bangladesh Phone: 8123889, <b>Chittagong office:</b> House 458/F, Road 07 Block B, Chandgaon R/A, Chittagong Phone: 0312570474 Email: <a href="mailto:antarsd@agni.com">antarsd@agni.com</a>
3.	<b>Association for Community Development (ACD)</b> House 41, Sagor Para Rajshahi-6001, Bangladesh Phone: 0721-770660, 775383 Fax: 0721-775383 Email: <a href="mailto:salima_sarwar@yahoo.com">salima_sarwar@yahoo.com</a>	4.	<b>Bangladesh Protibondhi Foundation (BPF)</b> 12 New Circular Road 08 West Malibag, Dhaka 1217, Bangladesh Phone: 9351625, 9356568, 9335987 Email: <a href="mailto:bpfkal@bangla.net">bpfkal@bangla.net</a>
5.	<b>Bangladesh Institute of Theater Arts (BITA)</b> <b>Head Office:</b> 753 Mehedibagh, Chittagong-4000, Bangladesh Phone: 031-610262, 618562 Fax: 031-610262 Email: <a href="mailto:bita@spnetctg.com">bita@spnetctg.com</a> <a href="mailto:bita_cht@bttb.net.bd">bita_cht@bttb.net.bd</a>	6.	<b>Bangladesh Women Lawyers' Association (BNWLA)</b> Monico Mina Tower 48/3, West Agargoan, Dhaka-1207, Bangladesh Phone: 8123060, 8125866, 9143293 Fax: 8125866, 9121925 Email: <a href="mailto:bnwla@bdonline.com">bnwla@bdonline.com</a>
7.	<b>Braking the Silence (BTS)</b> 1/16, Humayun Road, Mohammadpur Dhaka-1207, Bangladesh Phone: 8111970 Email: <a href="mailto:btsbd@citechco.net">btsbd@citechco.net</a>	8.	<b>Campaign for Popular Education (CAMPE)</b> 5/14, Humayun Road, Mohammadpur Dhaka- 1207, Bangladesh Tel: (8802) 9130427, 8115769, 8155031-2, Fax: (8802) 8118342, E-mail: <a href="mailto:info@campebd.org">info@campebd.org</a> website: <a href="http://www.campebd.org">www.campebd.org</a>
9.	<b>Centre for Services and Information on Disability (CSID)</b> House 715, Road 10 Baitul Aman Housing Society, Adabor, Shaymoli Dhaka 1207, Bangladesh Phone: 8125669, 9129727 Fax: 880-2-8125669 Email: <a href="mailto:csid@bdonline.com">csid@bdonline.com</a> ; <a href="mailto:csid@bdmail.net">csid@bdmail.net</a>	10.	<b>Community Participation and Development (CPD)</b> House 9/24, Block-C, Humayun Road Mohammadpur, Dhaka-1207, Bangladesh Phone: 9132862 Fax: 9142424 Email: <a href="mailto:cpd@bdcom.com">cpd@bdcom.com</a>
11.	<b>Development Initiative for Social Advancement (DISA)</b> E-11 Pallabi Extension Mirpur 11-11/2, Dhaka-1216 Phone: 8023629, 8052818 Email: <a href="mailto:disabd@citechco.net">disabd@citechco.net</a>	12.	<b>Friends in Village Development Bangladesh (FIVDB)</b> House 9/24, Block-C, Humayun Road Mohammadpur, Dhaka-1207, Bangladesh Tel: 8118903, 9122207, 8112118 Email: <a href="mailto:fivdbdhk@citechco.net">fivdbdhk@citechco.net</a>

13.	<b>INCIDIN Bangladesh</b> 9/11, Iqbal Road Mohammadpur, Dhaka-1207, Bangladesh Phone: 8129733 Fax: 8129733 Email: <a href="mailto:incidinb@bol-online.com">incidinb@bol-online.com</a> <a href="mailto:incidinb@incidinb.org">incidinb@incidinb.org</a>	14.	<b>Nari Maitree</b> 393/B, Malibagh Chowdhury Para (1 <sup>st</sup> floor) Dhaka 1219, Bangladesh Phone: 7213408 (HO) Fax: 7217486 Email: <a href="mailto:nm@bdonline.com">nm@bdonline.com</a> <a href="mailto:nmhaq@bracnet.net">nmhaq@bracnet.net</a>
15.	<b>Social and Economic Enhancement Program (SEEP)</b> House 5, Road 4, Block A, Section 11 Mirpur, Dhaka 1216, Bangladesh Phone: 9012782 Fax: 9012782 Email: <a href="mailto:seep@matrixbd.com">seep@matrixbd.com</a>	16.	<b>Society for Underprivileged Families (SUF)</b> 475, Nayatola, Moghbazar Dhaka 1217, Bangladesh Phone: 9338637, 9358326 Email: <a href="mailto:suf@accesstel.net">suf@accesstel.net</a>
17.	<b>SOLIDARITY</b> New Town, Kurigram, Bangladesh Phone : 0581-61535, 61324, 61222 Email: <a href="mailto:solidarity_ban@yahoo.com">solidarity_ban@yahoo.com</a>	18.	<b>Underprivileged Children Education Program (UCEP)</b> Plot-2 & 3, Mirpur 2 Dhaka-1216, Bangladesh Phone: 8011014-6, 8017049 Fax: 8016359 Email: <a href="mailto:ucep@citechco.net">ucep@citechco.net</a>
19.	<b>United Development Initiatives for Programmed Action (UDDIPAN)</b> 9/25, Sir Syed Road, Mohamamdpur Dhaka 1207, Bangladesh Tel # 00-88-02-8115459, 8123848 (HQ) Fax: 912 15 38 E-mail : <a href="mailto:udpn@agni.com">udpn@agni.com</a>		

# UNCRC Alternative Report: Bangladesh 2007

*Jointly Prepared and Submitted by:*

- **Ain o Salish Kendra (ASK)**
- **ANTAR Society for Development (ANTAR)**
- **Association for Community Development (ACD)**
- **Bangladesh Institute of Theatre Arts (BITA)**
- **Bangladesh Protibondhi Foundation (BPF)**
- **Bangladesh Women Lawyers' Association (BNWLA)**
- **Breaking the Silence (BTS)**
- **Campaign for Popular Education (CAMPE)**
- **Centre for Services and Information on Disability (CSID)**
- **Community Development and Participation (CPD)**
- **Development Initiative for Social Advancement (DISA)**
- **Friends in Village Development Bangladesh (FIVDB)**
- **INCIDIN Bangladesh**
- **Nari Maitree (NM)**
- **Social and Economic Enhancement Programme (SEEP)**
- **Society for Underprivileged Families (SUF)**
- **SOLIDARITY**
- **Under Privileged Children's Education Programme (UCEP) Bangladesh**
- **United Development Initiatives for Programmed Action (UDDIPAN)**

*Supported by:*



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