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MASTER PLAN OF OPERATIONS

FOR

**A PROGRAMME OF SERVICES FOR
CHILDREN AND WOMEN IN
BANGLADESH
JULY 1988—JUNE 1993**

**THE GOVERNMENT OF THE PEOPLE'S
REPUBLIC OF BANGLADESH
AND
UNITED NATIONS CHILDREN'S FUND**

1988

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JUNE 1988

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LIST OF ACRONYMS

ARI	-	Acute Respiratory Infections
AUEO	-	Assistant Upazila Education Officer
BCG	-	Bacilli, Calmette and Guerin (tuberculosis) vaccine
BARD	-	Bangladesh Academy for Rural Development
BBS	-	Bangladesh Bureau of Statistics
BCSIR	-	Bangladesh Council of Scientific Industrial Research
BRAC	-	Bangladesh Rural Advancement Committee
BRDB	-	Bangladesh Rural Development Board
CIDA	-	Canadian International Development Agency
CS	-	Civil Surgeon
CHW	-	Community Health Workers
CLC	-	Community Learning Centre
CDD	-	Control of Diarrhoeal Diseases
DANIDA	-	Danish International Development Agency
DPHE	-	Department of Public Health Engineering
DTW	-	Deep Tubewell
DSTW	-	Deepset Tubewell
DSS	-	Department of Social Services
DPT	-	Diphtheria, Pertussis, Tetanus
DPEO	-	District Primary Education Officer
ELC	-	Essential Learning Continuum
EPI	-	Expanded Programme on Immunization
ERD	-	External Resources Division
FWA	-	Family Welfare Assistant
FWVTI	-	Family Welfare Visitor Training Institute
FAO	-	United Nations Food and Agriculture Organization
GI	-	Galvanized Iron
GOB	-	Government of Bangladesh
GB	-	Grameen Bank
HA	-	Health Assistant
IEMU	-	Information, Education and Motivational Unit
IFST	-	Institute of Food Science and Technology
IPHN	-	Institute of Public Health Nutrition
IDA	-	International Development Agency
IFAD	-	International Fund for Agricultural Development
IDD	-	Iodine Deficiency Disorders
IRP	-	Iron Removal Plant
JGUAG	-	Joint Government-UNICEF Advisory Group
Kcal	-	Kilocalorie
LGEB	-	Local Government Engineering Bureau
LGRD&C	-	Ministry of Local Government, Rural Development and Co-operatives

MIS	-	Management Information System
MEP	-	Mass Education Programme
MBSS	-	Mohila Bittahin Samabaya Samiti
MCH	-	Maternal and Child Health
MCH-FP	-	Maternal and Child Health - Family Planning
MCHTI	-	Maternal and Child Health Training Institute
MPO	-	Master Plan of Operations
NAPE	-	National Academy for Primary Education
NCTB	-	National Curriculum and Textbook Board
NIPORT	-	National Institute for Population Research and Training
NIPSOM	-	National Institute for Preventive and Social Medicine
NNC	-	National Nutrition Council
NGO	-	Non-Governmental Organization
NORAD	-	Norwegian Agency for International Development
OPV	-	Oral Polio Vaccine
ORS	-	Oral Rehydration Salts
ORT	-	Oral Rehydration Therapy
ODA	-	British Overseas Development Agency
PHC	-	Primary Health Care
PPA	-	Project Plans of Action
PTI	-	Primary Teacher Training Institute
PVC	-	Plasticized Polyvinyl Chloride
PSF	-	Pond Sand Filter
SFYP	-	Second Five Year Plan (1980-85)
SST	-	Shallow Shrouded Tubewell
SAARC	-	South Asian Association for Regional Co-operation
SAE	-	Sub-Assistant Engineer
SDE	-	Sub-Divisional Engineer
SPIC	-	Sub-Project Implementation Committee
SIDA	-	Swedish International Development Agency
TT	-	Tetanus Toxoid
TFYP	-	Third Five Year Plan (1985-90)
TBA	-	Traditional Birth Attendant
TB	-	Tuberculosis
UCI	-	Universal Child Immunization
UEO	-	Upazila Education Officer
UHC	-	Upazila Health Complex
UHFPO	-	Upazila Health and Family Planning Officer
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations Children's Fund
UPE	-	Universalization of Primary Education
USAID	-	United States Agency for International Development
VAC	-	Vitamin A Capsule
VSST	-	Very Shallow Shrouded Tubewell

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WES - Water and Environmental Sanitation
WAD - Women's Affairs Department
WFP - World Food Programme
WHO - World Health Organization

FISCAL YEAR (FY)

1 July - 30 June

CURRENCY EQUIVALENT

US\$ 1 = Taka 30.65

Taka 1 = US\$ 0.033

(UN Rate as of September 1987)

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PREAMBLE

The Government of the People's Republic of Bangladesh, hereinafter referred to as the Government, and

The United Nations Children's Fund, hereinafter referred to as UNICEF,

Being desirous of obtaining mutual agreement on a programme of activities benefitting children and women in Bangladesh for the period from 1 July 1988 to 30 June 1993, with particular reference to the objectives of the programme and the responsibilities that shall be assumed by each of the parties hereto,

Declaring that these responsibilities will be fulfilled in a spirit of friendly co-operation,

HAVE AGREED AS FOLLOWS:

1. BASIS OF RELATIONSHIP

1.1 The Basic Agreement concluded between the Government and UNICEF on 7 December 1973 provides the basis of their relationship and this Master Plan of Operations is to be interpreted in the light of that Agreement.

2. MANAGEMENT OF PROGRAMME

2.1 The External Resources Division of the Ministry of Planning will be responsible for overall co-ordination in the implementation of this Programme under the guidance of the Joint Government-UNICEF Advisory Group, hereinafter referred to as JGUAG.

2.2 JGUAG was established in 1977 under the Chairmanship of the Member, Socio-Economic Infrastructure and Programme Division, Planning Commission. The current members of JGUAG are representatives of the rank of Joint Secretary or above from: the Socio-Economic Infrastructure Division, Planning Commission; the Ministries of Health and Family Planning; Education; Social Welfare and Women's Affairs; Agriculture; Local Government, Rural Development and Co-operatives; the External Resources Division, Ministry of Planning; the Cabinet Division; the Ministry of Foreign Affairs; plus the Representative of UNICEF and one Senior Officer nominated by him. The JGUAG Chairman may from time to time co-opt representatives of any other Ministry/Division as members as and when it becomes necessary. The JGUAG Chairman may also invite other persons to participate at specific meetings as appropriate and at the request of the members.

- 2.3 In relationship to this Programme JGUAG shall perform the following functions as per its terms of reference:
- 2.3.1 To promote a co-ordinated analysis of the status of children and women in Bangladesh and thus to identify the specific basic needs of these children and women in order that appropriate programmes can be formulated within the context of national development planning;
 - 2.3.2 To advise UNICEF and other allied International Organizations on how their resources could be allocated to provide these basic services for children and women in Bangladesh through specific projects/programmes;
 - 2.3.3 To review implementation of these approved projects/programmes for children and women in Bangladesh;
 - 2.3.4 To advise the concerned Ministries/ Divisions/ Agencies in the Government on the development of systems of monitoring and evaluation of approved projects/programmes.
- 2.4 A JGUAG Secretariat shall continue to be maintained within the institutional framework of the External Resources Division of the Ministry of Planning. This Secretariat shall be headed by the Deputy Secretary (UN), External Resources Division, and shall be provided with the staff and resources necessary to enable it to support JGUAG and the External Resources Division in the performance of their responsibilities under this Master Plan of Operations. The Secretariat shall operate under the guidance of the JGUAG Chairman and the overall co-ordination of the Additional Secretary (UN) of the External Resources Division.
- 2.5 The Ministries of Education; Social Welfare and Women's Affairs; Health and Family Planning; Agriculture; Local Government; Rural Development and Cooperatives; the Cabinet Division; Finance; Planning (including ERD); Foreign Affairs and other concerned Ministries shall be responsible for the implementation of this Programme. The concerned Ministry will specify an executing organization, and designate a specific official as Project Director who shall be directly responsible for the day-to-day operations related to project implementation. The concerned Ministries will also ensure that these projects are provided with adequate staff and resources necessary for efficient and effective project implementation.

- 2.6 The expenditure of project funds shall be guided by this Master Plan of Operations and detailed in individual Project Plans of Action and such other documents as the Government and UNICEF shall agree. The Government shall be consulted in the establishment of posts charged to specific projects. In addition, UNICEF will continue to favour the use of national consultants where such consultants are qualified and available for the provision of particular services, and will be alert to opportunities for the local procurement of supplies and equipment where such goods are of acceptable quality, and are available at a competitive price, in the amounts necessary, according to an appropriate schedule.

3. COUNTRY PROGRAMME PROCESS

- 3.1 This Master Plan of Operations, hereinafter referred to as the Plan, has been developed during the course of 1987 by the Ministries of Education; Social Welfare and Women's Affairs; Health and Population Control; Agriculture; Local Government, Rural Development and Cooperatives; Foreign Affairs; Finance; Planning; and the Cabinet Division working closely with UNICEF and under the overall co-ordination of the External Resources Division of the Ministry of Planning. There have also been necessary consultations with other United Nations agencies, as well as with other multilateral and bilateral aid agencies in Bangladesh.
- 3.2 This Plan has been developed according to a mutually agreed process of joint consultations and review that includes the annual country programme reviews held under the aegis of JGUAG, as well as the support given by UNICEF and related donors to the sectoral Ministries in the preparation of their sectoral Plans and the Project Proformas in which these sectoral Plans are elaborated.
- 3.3 In addition a joint country programme exercise was undertaken under the aegis of JGUAG. This exercise included a four-day Programme Strategy Meeting held in February 1987 to identify priority problems, discuss suggested strategies, recommended activities, and also recommend a proposed portfolio of projects for the 1988-1993 period. Some 70 officials from Government, UNICEF, UNDP, UNESCO, UNFPA, WFP, FAO and WHO participated. The Master Plan of Operations, as well as the Project Plans of Action, prepared consequent to this Programme Strategy Meeting, were further discussed at a joint "preview" held in June 1987, and a joint "review" held in October 1987, both under JGUAG auspices. These activities involved in-depth ongoing discussions between Government implementing agency officials and their UNICEF programme counterparts throughout the country programme process.

- 3.4 The entire process was facilitated by background information contained in Annual Country Programme Reviews, a special Project Rating Exercise to review ongoing projects, an Analysis of the Situation of Children in Bangladesh, and the Government's Third Five Year Plan (1985-1990) document.
- 3.5 This Plan will be reviewed and amended, as and when necessary, in the light of further implementation experience, as well as the policies and objectives of the Government's forthcoming Fourth Five Year Plan (1990-1995).
- 3.6 This Plan gives due consideration to the policies and priorities of UNICEF as laid down in Executive Board documents and Secretariat directives.

4. PROGRAMME BACKGROUND

4.1 UNICEF ASSISTANCE IN BANGLADESH

4.1.1 UNICEF assistance to Bangladesh commenced in 1952 when it was still a part of Pakistan. The volume of assistance increased substantially after independence in 1971. The period between 1971-74 was predominantly a relief and rehabilitation phase. After 1975 the assistance was diversified into a broader range of basic services areas. UNICEF support expanded to cover a broad range of activities in maternal and child health and nutrition, safe water supply and sanitation, primary and non-formal education and literacy promotion, area development and social services, women in development, and urban development. The stress in more recent times has been in promoting a greater convergence of activities both within and between programme areas, and in enhancing the communication and information component within programmes. Another recent emphasis has been the support to Government in its programming for the attainment of universal targets such as Universal Child Immunization by 1990 (UCI 1990), and reaching universal awareness of how to use oral rehydration therapy, with usage by at least 50 percent of families by 1990 (ORT 1990).

4.1.2 In the first six years since independence UNICEF channelled about US\$ 65 million worth of support to Bangladesh. This was more than in all the preceding years put together. In the course of its First and Second Country Programmes (July 1978 to June 1982) nearly US\$ 53 million was provided by UNICEF. During the Third Country Programme period (July 1982 to December 1985) another US\$ 44.5 million was provided.

- 4.1.3 The Third Country Programme period was further extended to June 1988 to take account of unexpended resources. During this period another US\$ 38 million is likely to be spent.
- 4.1.4 This Fourth Country Programme of cooperation will cover the period from July 1988 to June 1993. Subject to the availability of funds an estimated US\$ 65.0 million in general resources, and another US\$ 70.5 million in supplementary funding will be sought by UNICEF for expenditure during this period on activities in the fields of primary and non-formal education and literacy; women in development; health and nutrition; communication and information; programme planning and development; integrated basic services for the rural and urban poor; water and environmental sanitation; programme support services; and monitoring and evaluation.

4.2 SITUATION OF CHILDREN AND WOMEN

Child Survival

- 4.2.1 The children of Bangladesh face some formidable obstacles in the exercise of their very basic right to survival. The current infant mortality rate of about 124 per thousand live births, and under-5 years child mortality rate of about 196 per thousand live births is very high by even developing country standards. Statistics indicate that some 540,000 infants die every year, and another 313,000 children die before reaching their fifth year of life.
- 4.2.2 The vast majority of these deaths are caused by disease conditions that are amenable to control through programmes for universal child immunization, diarrhoeal disease control, acute respiratory infections, and maternal and neonatal child care.
- 4.2.3 Therefore primary emphasis must be directed to the lowering of the unacceptably high rates of infant and child mortality and towards supporting interventions that either directly reduce the wastage of precious infant and child lives, or that have a beneficial convergence with such programmes.
- 4.2.4 An interesting case of convergence is provided by an ICDDR,B study in the Teknaf area of Bangladesh in 1983 which suggested that the use of sanitary latrines reduced post-neonatal (1-12 months) mortality by 3 times. Yet the coverage of sanitary latrines in Bangladesh is less than 4 percent.

Child Health

- 4.2.5 The children of Bangladesh who survive through infancy and childhood face further formidable constraints in the exercise of their basic right to growth and development. Some 30,000 children are blinded every year due to Vit A deficiency. About 10 percent of children nationwide and as many as 30 percent in endemic areas are exposed to the risk of various physical and mental handicaps due to iodine deficiency disorders. The diseases preventable by immunization kill about 270,000 children annually and probably cause handicaps of various types in at least as many children. Diarrhoeal diseases kill over 200,000 children annually, and burden the growth of the survivors through about 57 million episodes of diarrhoea every year.
- 4.2.6 There is a need for continued support to Government in providing basic health services to women and children, with special reference to primary health care, Vit A deficiency, iodine deficiency, immunization of women and children, diarrhoeal diseases control, acute respiratory tract infections, and essential drugs.
- 4.2.7 In this respect attention needs to be given to the promotion of maternal health, with particular reference to the promotion of safe birth practices. The loss every year of up to 26,000 mothers due to maternal mortality is unacceptable, especially since the means to prevent this are at hand.
- 4.2.8 Despite the encouraging 400,000 public tubewells sunk with UNICEF assistance since 1971 to provide safe water, and despite the fact that some 80 percent of users say they use tubewell water for drinking, only about 12 percent use tubewell water for all their needs. The vast majority of people still appear to use pond and other surface water for most of their needs. The vast majority of children are exposed to fecal pollution in their surface water and home environments. There is the related problem that in underserved areas such as the coastal belt and low water table areas the average coverage per public tubewell is as low as 1:880 and 1:1240 respectively compared to 1:100 for the shallow tubewell areas.

- 4.2.9 Much work then remains to be done, with greater emphasis given to improving coverage, and in such largely neglected aspects of the programme as environmental sanitation, health education (with particular reference to family and food hygiene), and social mobilization.

Nutrition

- 4.2.10 Malnutrition is a widespread and persistent problem in Bangladesh. According to one estimate less than 5 percent of the population consume an adequate quantity and quality of food (World Bank, Bangladesh Food and Nutrition Sector Review, January 1985). The Nutrition Survey of Rural Bangladesh indicates that about 76 percent of all rural households were calorie deficient and about 48 percent were protein deficient in 1982. In general the situation appears to be worse for the lower income groups, and within households, for mothers and children. While the production of foodgrains has increased gradually over the years, per capita food intake had actually declined from about 2,301 Kcal in 1962-64 to about 1,943 Kcal in 1981-82 (the FAO recommended level for Bangladesh was 2,273 Kcal). There appears to have been a progressive decline in the production and intake of such common but essential nutritional food items as fish, pulses, oils and vegetables.
- 4.2.11 A high percentage of children are malnourished from birth. The percentage of low-birth weight babies in Bangladesh is as high as 50 percent. The proportion of under-5 children suffering from second and third degree malnutrition could be as high as 70 percent (based on the Gomez classification of low weight-for-age); the proportion of 5-11 years age group children suffering from second and third degree malnutrition could be higher than 80 percent (Nutritional Survey of Rural Bangladesh 1981-82). Probably about 50 percent of children (the poor) are at risk of long term extreme growth retardation, detected as stunting by cross-sectional surveys.
- 4.2.12 The factors that contribute to undernutrition and long term extreme growth retardation are low and unstable family incomes, underutilization and/or inadequate access to productive resources (such as land) and social services, some traditional dietary practices, repeated episodes of illnesses with growth faltering against a background of maternal undernutrition and low birth weight, constant parasitic infestation, and habitually low food intake levels.

- 4.2.13 Whereas a UNICEF programme of assistance cannot be expected to alter the international economic order, it can address some of the fundamental causes of growth retardation that can be altered by public policies: it can support the introduction of nutritional considerations in development activities. The principal targets would be the poorest (rural landless and urban unskilled), and the strategy would include, as a priority, the promotion of household food and nutrition security. Appropriate projects within such a programme and strategy could be expected to reduce the prevalence of stunting.
- 4.2.14 Malnutrition among women has not been as well studied as the foregoing topics. However, it is fairly certain, from studies done elsewhere, that if the energy balance of poor pregnant women were raised, there would be a reduction of the prevalence of low birth weight babies. This in turn would have a significant impact on the prevalence of wasting and stunting.
- 4.2.15 Programmes that successfully address the poverty conditions which cause preschool malnutrition should go a long way towards resolving this problem. In addition, programmes need to address the possible introduction of technologies for reducing the energy expenditure of women and children should be supported by appropriate health and nutrition education.

Education

- 4.2.16 It appears that as much as 35 percent of the primary school age children do not go to school (Gross Enrolment Ratio of about 65 percent in 1985) and that of those who do only about 20 percent complete their primary education (Grade 5). It seems that despite improvements, the participation rate for girls is much lower than that of boys. The rate of repeaters could be as high as 20 percent, with the situation being worse at the lower grades.
- 4.2.17 The teaching-learning situation also merits attention. Despite improvements the proportion of female teachers is still only about 13 percent of primary school teachers. There is scope for further improvement in curriculum development, the quality and content of textbooks, the increased enrolment of primary school teachers and their more even distribution, the quality of teaching, and the level of supervision of primary schools.

- 4.2.18 The physical condition of schools is a cause of concern. The School Mapping Exercise completed in 1983 indicates that among government primary schools some 73 percent were in need of major repairs; 78 percent were unusable during the wet season; 30 percent were unusable throughout the year; about 80 percent had no working tubewells on the premises; and about 94 percent did not have working toilets.
- 4.2.19 The resource allocation and availability situation merits serious review in the light of the above problems, and of such specific policies as free textbook distribution and Universal Primary Education.
- 4.2.20 There is also scope for some serious attention to early childhood education, non-formal education, and literacy (with special reference to the literacy of out-of school children and youth, and women). At present the adult literacy rate in Bangladesh is a very low 29 percent; the rate for women is lower still at 18 percent.

Development Resources

- 4.2.21 In the current Third Five Year Plan (1985-1990) the public sector allocation for Health and Primary Education is 2.2 percent each of total public sector outlay; that for Rural Water Supply and Sanitation and Social Welfare is 0.3 percent each; and that for Women's Development is 0.2 percent. For Population Control the allocation is 3.5 percent. It appears that apart from Population Control and Primary Education all other social development sectors received proportionately lower allocations than for the previous Second Plan period (1980-85), though in nominal terms the figures are higher for the Third Plan.
- 4.2.22 If the most valuable resource of Bangladesh is its people then the women who represent about 49 percent of the population are probably its most underutilized national development resource. In a country where most of the socio-economic indices of the quality of life are already very low, the situation of the female population is even more disadvantaged. The average woman is married at 17 and has seven pregnancies. By the time she reaches the 45-49 age group her chances of being either widowed or divorced are one in four; for men in the same age group it is slightly lower than one in a hundred. The traditional value system which continues to emphasize the domestic and reproductive role of women within the family is beginning to come into increasing conflict with

present day socio-economic realities which demand a more multi-dimensional and economically active role for women. More needs to be done to promote the role of women in the national development process, both for themselves and for their children. More attention needs to be paid to the problems of maternal health and nutrition, to the social mobilization of women, to enhancing their functional literacy, and to enhancing their economic ability to provide for their children through income generation and household food production schemes.

4.2.23 Due to the Government's decentralization policy there is slowly emerging at the Upazila level an amalgam of political will, administrative capability, and development grants that merits closer attention for social development purposes.

4.2.24 Bangladesh also possesses another widespread resource, that of its very many NGOs, many of whom are spread out in rural areas and doing good work too. Like any other resource, this one too has its strengths and weaknesses, its problems and its potential. The Government has been considering ways and means of maximizing the use of this resource for social development. UNICEF will cooperate with Government in doing what is possible in this respect.

4.2.25 Poverty is an overwhelming socio-economic reality in Bangladesh. The estimates of the incidence of poverty vary according to the indicators used. According to one estimate the proportion of functionally landless rural households (owning less than 0.5 acres of land) increased from 35 percent (2.9 million households) in 1960 to 46 percent (6.2 million households) in 1984. Another estimate based on minimum FAO recommendations of poverty line incomes (minimum calorie needs plus basic needs items) indicates that the number of rural households below the poverty line went up from 75 percent in 1963/64 to 83 percent in 1976/77. There is no indication that there has been any notable improvement. Poverty alleviation remains the major socio-economic imperative of the Third Plan, as it was of the previous Plan. The reality of endemic poverty must shape all national development programmes. It must encourage more careful social targetting and more optimal use and allocation of resources. It gives added importance to the UNICEF mandate to cooperate with Government in ensuring the survival of children, and in enhancing their development prospects and the situation of their mothers, with the primary emphasis being given to the children and women of the rural and urban poor.

4.3 PROGRAMME STRATEGY FRAMEWORK

4.3.1 In February 1987 a four-day Programme Strategy Meeting was held with the participation of some 70 officials from Government, UNICEF, and other UN agencies (see para 3.3 above). The purpose of the Meeting was to develop jointly a country programme framework for the Fourth Country Programme of cooperation between Government and UNICEF. The framework that emerged had the following major elements:

1. GENERAL CONCERNS to guide the nature and scope of the emerging country programme. These concerns stressed the importance of the process of joint programming with Government, beginning with interpretation of the current problems ("Situation Analysis") and proceeding to selection of strategies, technologies and intervention packages, as well as the determination of corresponding inputs and the elaboration of administrative procedures to ensure their proper utilization. Emphasis was also given to complementing the decentralization policy of Government, especially in area-based programmes; promoting convergence of interventions; integrating assistance and delivery mechanisms; synchronizing objectives and schedules of operation; monitoring of impact, effectiveness and efficiency; communication for information, motivation, and social mobilization; and community participation.
2. SECTORAL OUTLINES which listed for each sector the priority problems, status and impact objectives, suggested implementation strategies, and recommended major activities.
3. PROJECT PORTFOLIOS which gave for each sector a list of proposed projects, with an outline for each sector of the problems to be addressed, general and specific objectives, and major activities.

4.3.2 In addition the Programme Strategy Meeting decided that the Fourth Country Programme should be guided by the following policy objectives of the Government's Third Five Year Plan and of UNICEF's Medium Term Plan:

Third Five Year Plan

1. Alleviation of poverty;
2. Satisfaction of the minimum basic needs of people;
3. Universal primary education and human resources development; and
4. Reduction of population growth through appropriate measures such as raising the socio-economic status of women and MCH.

Medium Term Plan

1. To accelerate the reduction of infant and child mortality, and maternal mortality;
2. To protect and, wherever possible to improve the situation and well-being of children through support for a broad range of child development policies and actions;
3. To help improve the situation, well-being and status of mothers and poorer women; and
4. As part of support for the above three goals, to encourage more attention to improved child spacing, which, together with increased prospects for child survival, would also help to slow population growth.

4.3.3 These objectives, and the general concerns, sectoral outlines and project portfolios referred to above, constituted the strategic framework within which this Master Plan of Operations and its related Project Plans of Action have been prepared.

5. PROGRAMME COMPONENTS

5.1 EDUCATION

Background

- 5.1.1 The universalization of primary education and the eradication of illiteracy are two of the basic goals of the Government's Perspective Development Plan for the period 1980-2000. Although commendable efforts towards these goals were made in the formal education sector during the Second Five Year Plan (SFYP), 1980-85, and continue under the Third Five Year Plan (TFYP), 1985-90, full universalization of primary education (UPE) remains a distant goal. Reasonably high rates of enrolment in Grade I continue to be offset by high dropout and repetition rates and low quality of output. In 1986 the gross enrolment ratio reached around 65 percent of the primary age-group (6 to 10 years) though this figure actually includes many over- and under-age children.
- 5.1.2 On the other hand, the ambitious efforts launched at the beginning of the current decade to increase literacy through non-formal channels but abandoned shortly afterwards have yet to be revived. While literacy rates are thought to have risen slightly due to the efforts of the formal system, the overall literacy rate for the population aged 15+ is not thought to have risen significantly, making universal literacy an even more distant goal.
- 5.1.3 The major problems and issues in the education sector as well as the challenges it faces can be summed up as follows:
1. Relatively low enrolment and high wastage in primary education.
 2. Low quality of the teaching-learning process in primary schools.
 3. Inadequate relevance of the content of curriculum to the problems and needs of the individual and society.
 4. Inadequate provision (in qualitative and quantitative terms) of primary school facilities.

5. Inadequate supervision and management within the formal primary system.
6. The lack of early childhood learning and stimulation resulting in serious difficulties for many children in bridging the gap between the disadvantaged home environment and the formal primary school, manifested in the incidence of early dropout.
7. The lack of alternative or supplementary forms of basic education relevant to the needs of those who fail to benefit from the formal system.

5.1.4 The major strategies through which UNICEF cooperation will be focussed for the period 1988 to 1993 were identified at the Country Programme Strategy Meeting held in February 1987. These are:

1. Continuation of the ongoing National Universal Primary Education Programme with particular emphasis on: continuous appraisal and renewal of the curriculum to improve its content; developing a holistic approach to the articulation of the curriculum in the classroom involving development of teaching-learning materials, improving teaching skills and providing relevant/ affordable teaching aids; and the restructuring of teacher training (pre-service, in-service and recurrent) through strengthening the institutional arrangements.
2. Innovations - For UPE to be achieved in both qualitative and quantitative terms the primary education system must be able to try out new approaches to a number of various concerns and issues that constitute major stumbling blocks. Among special efforts which have to be made on a micro-level before replication on a larger scale are: exploring alternative approaches to the provision of adequate physical facilities; recognising the incidence of poverty and its implications in terms of opportunity costs as a barrier to enrolment and retention, and introduce more flexibility within the system (timing and seasonality); and selective economic incentives such as continuation of free textbooks. These interventions would relate to ensuring access to primary education for all social and economic groups, enhancing the relevance and quality of primary education, and improving the efficiency of the system from financial as well as social points of view.

3. Participation of Women - Specific strategies and interventions will be developed to ensure greater participation of girls and women in basic education programmes and related activities:
- (a) In the primary school curriculum, textbooks and other instructional materials conscious efforts will be made to incorporate the concept of equality of opportunities. Since participation of women in national life is a national philosophy, efforts will be made to include in the curriculum and textbooks some of the skills required of girls later in life.
 - (b) The teacher training curriculum, both pre-service and in-service will focus on improving education of girls. Skills in preparing and using communication/motivational materials should be a practical component of the teacher training programme.
 - (c) Social mobilization efforts through involving socio-political structures and the community will focus on:
 - (i) the importance of the education of girls in assisting women to fulfill their roles in the family and society;
 - (ii) the tackling of social/religious factors affecting the participation of girls in education; and
 - (iii) the need for more female teachers if the participation of girls in education is to be enhanced.
4. Early Childhood Learning and Stimulation - Low-cost home and community-based opportunities for early childhood learning and stimulation will be encouraged as a strategy for bridging the gap between the primary school and disadvantaged home environments, and contributing to child survival and development. The focus will be on developing the role of parents (particularly mothers) as facilitators, and on increasing their level of consciousness to make them aware of their role in child development.

5. Communication - A key strategy for achieving all objectives will be the use of varied communication techniques. Emphasis will be placed on:

- (a) Increasing the general public awareness about key issues in primary education and literacy.
- (b) Promoting the education of girls.
- (c) Mobilizing community resources in support of primary education.
- (d) Using the primary education system to support other priority developmental activities, particularly those focussed on child survival and development issues.

6. Collaboration with other donor agencies such as UNESCO, UNDP and World Bank in the field of primary education will continue. Donor involvement will be channelled into the National UPE Programme where the need arises, and efforts will be made to ensure that assistance and support from donors is complementary. The Government and UNICEF will continue to seek technical assistance and advice as necessary from UNESCO to support and complement UNICEF's support in such areas as Curriculum Development, Teacher Training and Management Training.

7. Interlinkages with other sectors

- Child Survival and Development concerns will be strengthened in primary curriculum and in textbooks and other learning material, in collaboration with the Directorates of Health and Public Health Engineering (DPHE).
- Effective linkages will be established between the school tubewell and latrines component under the UPE programme and the water and sanitation programme being implemented by the DPHE.
- The Education Sector will facilitate the implementation of the national Universal Child Immunisation (UCI 1990) programme by involving primary school teachers and students in mobilizing communities and providing necessary support to the vaccination centres.

- The Education Sector will provide technical support in material development and training for the education component of community development programmes, such as the Slum Improvement Project, and the NGO project on Community Based Services for Poor Women and Children.

8. Monitoring and Evaluation - A yearly workplan for the UPE programme has been recently introduced by the Ministry of Education. This workplan will be reinforced by a six-monthly workplan of UNICEF assisted activities. Progress and problems will be reviewed on a quarterly basis. Flow of information to and from the field will be strengthened by the Management Information System of the Directorate of Primary Education and corrective measures will be suggested for improved project implementation on a monthly basis.

Similar monitoring and evaluation system for the non-formal education programme will also be developed. Efforts will be made to gear up regular monitoring and follow-up of the Education programme through field visits by both UNICEF and Government staff.

Projects

- 5.1.5 In the light of the problems and issues identified and the broad strategies recommended, two broad but inter-related areas of collaboration between UNICEF and the Government have been determined. These are:

1. Universalization of Primary Education.
2. Non-Formal Education and Functional Literacy.

Within these two broad areas, various activities constitute a continuation and consolidation of ongoing efforts while others constitute an effort to introduce new and innovative elements without which the achievement of universal basic education -- in qualitative as well as quantitative terms -- will be difficult if not impossible. In addition an attempt has been made to regard Education not just as a sector working in isolation but also as an essential support to the attainment of the broad goals of child survival and development that are the basis for UNICEF's collaboration with the Government of Bangladesh in such fields as health, water supply and sanitation, nutrition, and women in development.

UNICEF will provide an estimated US\$ 14,072,000 from general resources for this Education programme during the July 1988 to June 1993 period. In addition UNICEF will seek an estimated US\$ 12,500 000 in supplementary funding for this programme for the same period.

UNIVERSALIZATION OF PRIMARY EDUCATION (UPE)

- 5.1.6 The "Revised Scheme for Universalization of Primary Education (National)", or National UPE Programme, represents the main thrust of Government efforts in the field of formal primary education development under the Third Five Year Plan (1985-1990) and constitutes the overall framework within which formal primary education activities to be supported by UNICEF for the period 1988-1990 will be implemented. It is expected that Government efforts to achieve UPE will continue to be reflected beyond 1990 by similar major programmes within which UNICEF support will be provided since many of the activities within the current National UPE Programme will need to be continued and sustained through the Fourth Five Year Plan (1990-1995).
- 5.1.7 The ongoing National UPE Programme encompasses a number of component activities all essentially designed to expand the formal primary education system and substantially improve its quality. Component activities include construction and renovation of primary schools, training of teachers and other education personnel, curriculum development, technical assistance, development and production of textbooks, provision of instructional materials and teaching aids. The National UPE Programme has been supported by a number of multilateral and bilateral donors including UNICEF, as well as by a major loan from the International Development Agency (World Bank). UNICEF co-operation will continue to be an integral part of the National UPE Programme, but will focus on the main areas and concerns identified in the Country Programme Strategy Meeting which constitute a renewed attempt to come to grips with some of the most serious issues and problems hindering the universalization of primary education in terms of coverage and quality.
- 5.1.8 UNICEF's support to the Government universalization efforts began in 1982. Many of the approaches and activities supported in the 1985-88 period will continue, with however a slight narrowing of focus, a greater emphasis on

qualitative improvements, and greater stress on supporting innovative approaches and experiments rather than provision of budget support. There is also greater reflection of linkages between project sub-components, such as between curriculum renewal, the development and production of teaching/learning materials, and teacher training. There will also be greater emphasis than hitherto in developing stronger linkages with other UNICEF-supported programme activities in health and nutrition, water and sanitation, and women in development.

- 5.1.9 The activities to be supported by UNICEF are integral components of the package of activities that constitute the UPE Programme. As such they are expected to contribute to the UPE Programme's general objectives of increasing primary school enrolment from 60 percent to 70 percent of the 6-10 age group by 1990; ensuring that the great majority of children who enrol complete the basic five year cycle of primary education; and improving the internal efficiency of the primary school system through better management supervision and quality instruction.

Objectives

- 5.1.10 UNICEF cooperation in the National UPE Programme is intended to assist in:
1. Increasing enrolment rates of the 6-10 year age group from 60 percent in 1985 to 70 percent by 1990, especially for girls and those not currently reached by the system.
 2. Reducing dropout and repetition rates.
 3. Increasing completion rates by ensuring that at least 50 percent of children who enrol complete the basic 5 year cycle of primary education.
 4. Strengthening the primary education delivery system through improved national implementation capacity at various levels and enhanced cost effectiveness.
 5. Improving the quality and relevance of primary education.
 6. Promoting specific child survival and development concerns.
 7. Promoting the importance of primary and basic education, especially for girls.

8. Contributing to the attainment of higher levels of literacy, especially among girls.

Project Sub-Components

5.1.11 UNICEF cooperation in UPE will cover the following major interlinked sub-components:

1. Curriculum Development.
2. Production and Provision of Instructional Materials and Teaching Aids.
3. Teacher Training.
4. Strengthening of Management, Supervision and Community Participation.
5. Experiments and Innovation.

Curriculum Development

5.1.12 This project sub-component will be implemented by the National Curriculum and Textbook Board (Curriculum Wing) in close collaboration with the Directorate of Primary Education, under the sponsorship of the Ministry of Education. There has been a growing recognition among concerned authorities that the quality of the curriculum and of teaching-learning in the classroom require greater attention if the present rates of enrolment and retention are to be improved. In 1986 the Government with the support of UNESCO/UNDP, World Bank and UNICEF, began a long term process of curriculum renewal as part of the National Universal Primary Education (UPE) programme. The continuation of this process constitutes the core of the programme of activities in the area of curriculum development to be carried out during the period 1988-93. It will have the following broad activities.

1. Curriculum Renewal and Modification: This consists of the design and development of subject-wise and grade-wise Essential Learning Continuum (ELC) for grades I to V of the primary system (as part of this process the contents of the existing readiness books on language and mathematics will be incorporated into the Grade I primer); the review, modification and finalization of existing curricula and syllabi based on the ELC above; the design and development of materials and procedures for continuous Pupil Assessment; the design and development of teaching-learning strategies for remedial instruction; and the development of training packages for effective dissemination of the renewed curriculum.

2. Preparation of Instructional Materials and Teaching-Learning Aids: This consists of the preparation, review, modification and development of new textbooks and teachers editions for grades I to V; the identification and development of supplementary and complementary reading materials (such as teachers guides, charts, supplementary readers, and remedial teaching materials); and the development of basic teaching-learning aid kits.
3. Studies and Research: Some areas where curriculum-related studies and research will be carried out are the identification of learning difficulties of disadvantaged children; the use of the local environment as a teaching aid for language, mathematics and environmental studies teaching; and the identification of teaching difficulties in language and mathematics.
4. Strengthening of the Curriculum Wing of the National Curriculum and Textbook Board: This includes in-country training courses and workshops; short-term external consultancy and advisory services; and provision of supplies and equipment.

5.1.13 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	168.0	250.0	250.0	250.0	107.0	75.0	1100.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	168.0	250.0	250.0	250.0	107.0	75.0	1100.0
B. MAJOR TARGETS							
1. Curriculum renewal and modification							
(a) Workshops	2	4	4	4	4	2	20
(b) Training/Orientation of experimental study personnel (75 persons)	75	75	75	75	75	75	75 *
2. Development and preparation of Instructional materials							
(a) Revision of textbooks	5	9	9	9	0	0	32
(b) Teachers' edition books	5	9	9	9	0	0	32
(c) Supplementary readers	2	3	3	3	3	2	16
(d) Teaching aid kits	0	2	1	1	1	0	5
(e) Workshops for textbooks writers/illustrators for 5 days each	1	1	1	1	1	1	6

* Repeat orientation/refresher training every year for 75 persons.

Production and Provision of Instructional Materials and Teaching Aids

5.1.14 This project sub-component will be implemented by the National Curriculum and Textbook Board (Textbook Wing) under the supervision of the Ministry of Education (for textbook production activities), and by the Directorate of Primary Education of the same Ministry (for distribution activities). It will have the following broad activities:

1. Production and Distribution of Textbooks: This consists of the provision and distribution of Grade I to V textbooks; and the strengthening of the Textbook Wing of the National Curriculum and Textbook Board (NCTB) in the areas of production management and scheduling and printing and binding quality control, through on-the-job training, workshops, and project support. UNICEF support will cover part of the overall primary school textbook requirement. The number of textbook sets to be produced through UNICEF assistance will depend on fund availability, as well as the evolution of Government policy on textbook provision (currently free) and reuse (currently not encouraged).
2. Production of other Teaching/Learning Materials: This consists of the printing and distribution of "teachers editions" of all 19 primary textbooks; the printing and distribution of supplementary readers to supplement primary school textbooks; and the distribution of teaching aid kits. Encouragement will be given to the utilisation of local expertise and materials in the development and production of teaching aid kits, with a view to promoting economy, relevance, and longer-term sustainability and self-sufficiency. The quantities of the supplementary readers and teaching aid kits provided through UNICEF assistance will depend on fund availability.
3. Research, Studies, Action Research and Evaluation: Some possible areas of study are textbook design and layout, the reusability of textbooks, the community based production of teaching aids, and the establishment of school cooperatives for consumable school supplies. Individual studies will be assisted by UNICEF based on mutual agreement of the Government and UNICEF.

5.1.15 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	190.0	1128.0	1105.0	1005.0	845.0	242.0	4515.0
Supplementary Funds (SF)	*	3250.0	3250.0	2500.0	2500.0	1000.0	12500.0
Total	190.0	4378.0	4355.0	3505.0	3345.0	1242.0	17015.0
B. MAJOR TARGETS							
1. Textbook Production							
(a) White offset 60 gsm printing paper (tonnes)	-	1130	930	680	900	-	3240
(b) White offset 60 gsm printing paper (tonnes)(SF)	-	3330	3330	1875	1250	-	9785
(c) Staff development in printing technology (staff)	10	10	10	10	-	-	40
2. Production of Teaching Aids/ Materials							
(a) Teacher's edition of books: 32 ('000 copies)	-	-	200.0	360.0	360.0	360.0	1280.0
(b) Supplementary readers: 16 ('000 copies)	-	200.0	400.0	400.0	400.0	200.0	1600.0
(c) Other materials like maps, charts, booklets('000 sets)	40.0	40.0	40.0	40.0	40.0	-	200.0
(d) Teaching aid kits for grades I - IV ('000 sets)(SF)	-	20.0	20.0	40.0	40.0	40.0	160.0

*Additional inputs available under existing 1985-88 commitments.

Note: Inputs from General Resources, except where indicated as (SF).

Teacher Training

5.1.16 This project sub-component will be implemented by the Directorate of Primary Education under the sponsorship of the Ministry of Education. It will have the following broad activities:

1. Cluster Training: This is a low-cost, recurrent, in-service training approach revolving around the use of field-based Assistant Upazila Education Officers (AUEOs) as supervisor-trainers at the primary school level. UNICEF supported the development and introductory of this system in the 1985-88

period. The activities to be supported in 1988-93 are training in the management, supervision and monitoring of cluster training to 64 District Primary Education Officers, 481 Upazila Education Officers, and 2,100 AUEOs; and the development and production of teachers leaflets (90,000 copies each of 15 leaflets per year) for use during the school-based primary school teacher training sessions.

2. Training for Introduction of Competency-based Curriculum and Materials: This includes short-term group training and cluster training activities for primary school teachers and supervisors to facilitate the introduction of competency based curriculum (Essential Learning Continuum) and related materials from 1991 onwards. An appropriate strategy for reaching all primary teachers will be developed as an integral part of the Curriculum Development sub-component.
3. Strengthening of Primary Training Institute (PTI) based Training: Specific elements within overall plan for restructuring the Primary Teacher Training Institutes system and improving its effectiveness in terms of pre-service and in-service training will be supported. Support will be given to the modification and development of PTI curriculum and related training materials and the revision and reprinting of PTI textbooks; for staff development of the PTIs and the National Academy for Primary Education (NAPE) through training, institutional inter-change of experience, and short-term inputs from relevant regional institutions; and the strengthening of the PTIs for their enhanced role in teacher training through selective inputs of supplies and equipment.

5.1.17 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	176.0	527.0	731.0	975.0	937.0	148.0	3494.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	176.0	527.0	731.0	975.0	937.0	148.0	3494.0
B. MAJOR TARGETS							
1. Cluster Training							
(a) Training/Orientation of 2709 supervisors	-	2,709	2,709	2,709	2,709	2,709	2,709*
(b) Training leaflets ('000 copies)	675	1,350	1,350	1,350	1,350	675	6,750
(c) Cluster centres	-	525	525	525	525	525	2,625
2. Training on Curriculum							
(a) Training of 3,200 trainers	3,200	3,200	-	3200	-	-	3,200 *
(b) Training of 158,000 teachers	-	-	37,000	121,000	37,000	-	158,000 *
(c) Training materials ('000 copies)	-	180	180	180	180	-	720
3. Pre-Service Training							
(a) Revision of PTI Books	-	-	-	14	-	-	14
(b) Production of 14 PTI Books ('000 copies)	-	-	-	-	210	-	210
(c) Staff development:							
PTI Instructors - 460	-	460	460	-	460	-	460 *
NAPE Trainers - 40	-	40	40	40	40	40	40 *
4. Supplies to PTIs (Sets)							
	-	53	53	53	53	-	212

*Net trainee figures after accounting for refresher training.

Strengthening of Management, Supervision and Community Participation

5.1.18 This project sub-component will be implemented by the Directorate of Primary Education under the sponsorship of the Ministry of Education. The project sub-component aims to tackle the inter-related problems of weak management at various levels of the primary education system and low levels of community participation. It is aimed at the following three levels:

1. The field level educational management system consisting of District Primary Education Officers (DPEOs), Upazila Education Officers (UEOs), and Assistant Upazila Education Officers (AUEOs).
2. The decentralized socio-political structures (Upazila Parishads, Upazila Education Committees).
3. The community and school level structures (School Management Committees, Parent-Teacher Associations) and the community as a whole.

5.1.19 This project sub-component will have the following broad activities:

1. Orientation Training for Field Level Supervisors: Some 64 DPEOs, 64 Assistant DPEOs, 481 UEOs, and 2,100 AUEOs will be given regular orientation and training in management, administration (especially local development administration), planning, and social mobilization.
2. Orientation and Mobilization of Support Structures: Briefings and/or orientation training on UPE issues, local resources mobilization, social mobilization, social development sectoral linkages, and local level administration of primary education will be given to members of some 460 Upazila Parishads, 460 Upazila Education Committees, 40,000 School Management Committees, and 40,000 Parent Teacher Associations.
3. Social Mobilization: Social mobilization activities will be undertaken to increase general public awareness of UPE and literacy issues, promote the enrolment and education of girls, mobilize resources in support of primary education, and use the primary education system in support of other child survival and development related activities.

5.1.20 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	101.0	175.0	175.0	175.0	175.0	74.0	875.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	101.0	175.0	175.0	175.0	175.0	74.0	875.0
B. MAJOR TARGETS							
1. Training/orientation of 609 field supervisors	609	609	609	609	609	609	609 *
2. Training/orientation							
460 Upazila Parishad Chairmen	460	460	460	460	460	460	460 *
460 Upazila Nirbahi Officers	460	460	460	460	460	460	460 *
3. Training materials ('000 copies)	115.0	230.0	230.0	230.0	230.0	115.0	1150.0

* Net trainee figures after accounting for refresher training.

Experiments and Innovation for UPE:

5.1.21 This project sub-component will be implemented by the Directorate of Primary Education and the Curriculum Wing of the NCTB, under the supervision of the Ministry of Education. It will have the following broad activities.

1. Community Learning Centres: This innovative approach was developed in 1982 and comprised a variety of interventions aimed at ensuring greater access to and success in primary education. Under this approach the school was to become the focus for all types of learning for the entire community. During the period 1983-87, a total of 200 primary schools were taken up as "Community Learning Centres". During this period the project was able to develop a number of interventions which have influenced UPE policy and been introduced throughout the primary system (e.g. readiness learning materials, standard class routine, increased community participation through SMCs and PTAs). Not much headway could be made, however, in terms of providing other forms of learning opportunities and of creating linkages with other sectors' activities except through some limited horticultural extension activities. Moreover, as the project has evolved it has become increasingly clear that it did not represent a total "model" that

could be gradually expanded to all primary schools but an approach the essential features of which could be introduced into various aspects of the UPE programme and thus reach all schools.

During the 1988-93 period these Community Learning Centres will be used to facilitate curriculum renewal and modification; to promote the primary school as a centre for community education and inter-sectoral co-operation; to introduce extra-curricular activities and community-based services such as school consumer cooperatives for school supplies and school-based and homestead-based food production activities, and health education and promotion of safe water supply and sanitation; to test innovative approaches such as "feeder-schools" for Grade I and the use of para-professionals; and to tackle such concerns as the enhancement of enrolment and retention of girls, and the provision of early learning opportunities for socially and economically disadvantaged children.

2. Promotion of Primary/Basic Education in Deprived/Disadvantaged Urban Areas: This activity will seek to address the particular problems of depressed urban areas through a series of studies, workshops, orientation programmes for teachers, supervisors and community leaders, and development of appropriate teaching/learning materials. The focus will be on the primary and basic needs of urban poor children and ways and means of gearing the system to meet them, and on the roles of the many and various NGOs active in urban based education.
3. Development of Upazila-Based Integrated Basic Education: This will be an experimental activity, focusing initially on about 2 Upazila per Division (i.e. 8 Upazilas in total) with a view to enhancing the capabilities of the Upazilas in terms of planning, management, supervision and support of primary education. It will involve intensive motivation, training, monitoring, and planning and review exercises for relevant local officials.

5.1.22 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	61.0	126.0	136.0	146.0	132.0	74.0	675.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	61.0	126.0	136.0	146.0	132.0	74.0	675.0
B. MAJOR TARGETS							
1. <u>Community Learning Centres</u>							
(a) Training of:							
- 700 teachers	700	700	700	700	700	700	700 *
- 162 supervisors	162	162	162	162	162	162	162 *
- 400 community members	400	400	400	400	400	400	400 *
(b) Supplies & equipment (sets)	200	200	200	200	200	200	1200
2. <u>Urban Education</u>							
(a) Workshop (20 participants each)	1	1	1	1	1	-	5
(b) Training of 20 programme implementors	-	-	-	20	20	20	20 *
(c) Pilot projects (centres)	-	2	2	4	4	2	14
3. <u>Upazila Planning</u>							
Training/Orientation of 20 personnel in each Upazila (Upazilas)	3	4	4	4	4	3	22

* Net trainee figures after accounting for refresher training.

NON-FORMAL EDUCATION AND LITERACY

5.1.23 For a variety of reasons formal primary education will continue to be unable to attract and retain large numbers of children (non-enrolled and dropouts). Despite remedial measure undertaken through the UPE programme it is clear that a significant number of children, especially from the most underprivileged strata of society will remain beyond the reach of the formal system.

5.1.24 If the goals of universal primary or basic education and literacy are to be achieved, concerted efforts must be made to encourage, develop and expand basic education opportunities through non-formal channels and approaches as a necessary complement to the formal system.

5.1.25 A national policy on the provision of educational and learning opportunities outside the formal school system has not yet emerged. This is an area that has been left in large part to local and international NGOs.

- 5.1.26 In 1980 the Government launched a Mass Education Programme (MEP) which attempted to establish a national framework for a Joint Government-NGO effort in literacy and non-formal education. In 1982, however, the programme was discontinued for a variety of organizational and financial reasons. Various NGOs, however, have continued to function in this field, albeit on a limited scale. While the Government has continued to try to develop a viable strategy for a nation-wide literacy activities, it has also come to recognize the need for a national literacy programme as the first step towards a broader effort aimed at providing functional education and literacy for children in the primary school age group who have never been to school or who have dropped out, and for youth and adults who constitute the vast backlog of illiterates.
- 5.1.27 For the period 1982-85, UNICEF made extensive provisions for supporting functional education and literacy activities through the Mass Education Programme and a proposed project to develop non-formal mosque-based education activities. Unfortunately, due to the discontinuation of the MEP on the one hand, and difficulties in identifying appropriate implementing and sponsoring agencies on the other, no substantial progress was made in either field up to 1985.
- 5.1.28 In 1984, with the revival of Government interest in the form of the National Literacy Programme proposal and the development of new opportunities for cooperation in the field of mosque-based education and community-based learning centres a new perspective for UNICEF-Government cooperation in the field of non-formal education and literacy emerged. While considerable progress has been made since 1985 in the area of mosque-based education and the development of learning centres under the Grameen Bank there has been no support provided to literacy activities per se as the Government has continued to seek an implementation strategy that will ensure that past failures are not repeated.
- 5.1.29 The activities that UNICEF will support for the period 1988-93 therefore represent a continuation of some ongoing efforts as well as a commitment to continue helping the Government in its search for viable strategies for literacy activities as well as non-formal education in general. In addition the activities also represent an initial attempt to look at the largely ignored yet highly

important area of early childhood learning and stimulation both in terms of its contribution to the achievement of UPE and as an important child development intervention in itself. The exploration of opportunities for early learning activities is a natural extension of UNICEF's past and future involvement in primary and non-formal education and a reflection of the need to focus on crucial child development issues.

Objectives

5.1.30 UNICEF cooperation through this Non-Formal Education and Literacy Project will be geared to achievement of the following broad objectives:

1. Supporting UPE by providing supplementary and complementary basic education activities for deprived and unreached target groups.
2. Creating greater awareness of the importance of basic education, including literacy.
3. Increasing literacy rates, especially for women and girls.
4. Increasing community involvement in, and support to, basic education activities.
5. Promoting priority issues related to child survival and development.

Project Sub-Components

5.1.31 The Non-Formal Education and Literacy project will have the following sub-components:

1. National Literacy Programme.
2. Development of Makhtabs.
3. Development of Non-Formal Community Based Learning Activities.
4. Promotion of Early Childhood Education and Stimulation.

National Literacy Programme

5.1.32 In mid-1987 the Government launched a small scale literacy effort that constitutes the preparatory phase of a major programme under the forthcoming Fourth Five Year Plan (1990-95). This preparatory exercise aims at:

1. Setting up a national-level implementation cell responsible for overall planning and coordination of the programme.
2. Establishing a capability at the Upazila level (based on existing structures) for taking up direct responsibility for implementing the literacy programme.
3. Creating 16,000 mosque-based literacy and non-formal education centres.
4. Creating 4,000 literacy centres specially for girls and women.
5. Providing support to literacy activities organized by various Government sectors and NGOs.
6. Developing a long term strategy for implementation of literacy and non-formal education activities.

5.1.33 UNICEF will assist the attainment of these objectives through support for the following broad activities:

1. Programme Planning (1988-90): This will cover planning workshops at the national and Upazila levels; staff development and training; the collection and dissemination of teaching/learning materials; monitoring and evaluation; and social mobilization.
2. Training of Trainers and Literacy Teachers: This will cover the training of national and Upazila level training groups and of Upazila level literacy workers.
3. Establishment of Literacy Centres: This will cover the provision of primers and other instructional materials for 4,000 literacy centres for girls and women. (These centres are expected to produce 350,000 literates between 1988-90).
4. Development and Production of Teaching/Learning Materials with special attention given to materials related to key child survival and development issues.

The scope of support for these activities for the 1990-93 period will be mutually agreed to between GOB and UNICEF following review of progress of the National Literacy Programme during its initial phase.

5.1.34 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	227.0	233.0	272.0	251.0	326.0	239.0	1548.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	227.0	233.0	272.0	251.0	326.0	239.0	1548.0
B. MAJOR TARGETS							
1. Programme Planning and Development							
(a) Workshop at national level (50 participants each)	1	1	1	1	1	-	5
(b) Workshops at Upazila level	25	25	25	25	50	50	200
(c) Establishment of Literacy Centres	500	500	500	500	1,000	1,000	4,000
2. Training/Orientation of Upazila Level Literacy Workers							
- 1,125 trainers	125	125	250	250	250	125	1,125
- 22,500 workers	2,500	2,500	5,000	5,000	5,000	2,500	22,500
3. Development and Production of Materials							
- Primers ('000 copies)	50.0	50.0	50.0	50.0	100.0	100.0	400.0
- Follow-up materials ('000 copies)	50.0	50.0	50.0	50.0	100.0	100.0	400.0
- Special interest materials ('000 copies)	50.0	50.0	50.0	50.0	100.0	100.0	400.0

Development of Mosque-Based Makhtabs

5.1.35 There are an estimated 120,000 mosques in Bangladesh. The mosque is an indigenous community centre and its Imam a natural community leader. These Imams also provide Koranic and religious education in "Makhtabs" attached to their mosques usually to 4-12 year age group girls and boys. Many of these children have never been to school, or are dropouts. Makhtabs can be used as community-based feeder schools for the primary school system, and as non-formal education centres for out-of-school children, if their traditional "curriculum" of religious education can be supplemented with literacy, numeracy, and functional education components.

5.1.36 UNICEF has supported a pilot project on non-formal education through makhtabs since 1985. Since then curricula for Imam training and the makhtabs have been developed; teaching learning materials have been developed and produced; and 750 Imams have been trained as Makhtab Teachers. The UNICEF assistance for the 1988-93 period is therefore an expansion of previous support for such activities. This project sub-component will be implemented by the Mosque Society (a national NGO) under the sponsorship of the Ministry of Education. It will have the following broad activities:

1. Training of Imams: Some 4,500 Imams will be trained as Makhtab teachers based on the curriculum for provision of literacy, numeracy, and functional education components.
2. Community Orientation/Mobilization: This will be done through the use of appropriate information materials delivered via Imams to local Makhtab Management Committees to facilitate effective community support to Makhtabs.
3. Curriculum and Materials Development: To support the teaching-learning process in makhtabs, a continuous process of curriculum and materials development will be undertaken so as to provide makhtabs with a wide variety of relevant instructional and educational material.

5.1.37 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	160.0	124.0	124.0	154.0	226.0	151.0	939.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	160.0	124.0	124.0	154.0	226.0	151.0	939.0
B. MAJOR TARGETS							
1. Programme Planning and Development							
(a) Workshops (40 participants each)	1	-	-	1	-	-	2
(b) Establishment of maktabas	500	500	500	500	1,000	500	3,500
2. Training of Imams for 21 days (Imams)							
	500	500	500	500	1,000	500	3,500
3. Development and Production of Materials							
- Primers: 2 ('000 copies)	50.0	50.0	50.0	50.0	100.0	50.0	350.0
- Drill books ('000 copies)	50.0	50.0	50.0	50.0	100.0	50.0	350.0
- Follow-up materials ('000 copies)	12.5	12.5	12.5	12.5	12.5	12.5	82.5
3. Teaching aids (sets)							
	500	500	500	500	1,000	500	3,500

Development of Community Based Non-Formal Learning Activities:

5.1.38 An overall Government policy on the provision of educational and learning opportunities outside the formal school system has yet to emerge. However, there exist several community-based/NGO efforts aimed at providing learning opportunities for out-of-school children both as non-formal feeder systems into primary education and as alternative channels for children who are unable to attend formal primary schools. Many of these offer viable opportunities for complementing the main UPE programme. There is a need to support some of these, define their role within the overall UPE/basic education effort, and develop linkages with the formal system.

5.1.39 The Grameen Bank-supported learning centres are an example of community-based initiatives for promoting basic education by:

1. providing early learning opportunities for pre-primary age children to ensure their entry into and success in Grade I of primary schools and above all promoting among their parents the importance of sending their children to school;
2. encouraging utilization of the centres for children who are already enrolled in primary schools but are unable to get support from their homes to work in peer groups and develop group learning practices;
3. providing opportunities for functional education and literacy to drop-outs and children and youth outside the normal primary age-group.

5.1.40 Promoting the creation and expansion of these non-formal learning centres supported by the Grameen Bank will be the main initial focus of activities in this area. This is a continuation of UNICEF support for these centres since 1985. In addition, support will be given to explore and develop other forms and models of non-formal learning and education activities and to develop appropriate linkages with mainstream education activities.

5.1.41 This project sub-component will be implemented under the sponsorship of the Ministry of Education. It will have the following broad activities:

1. Analysis of the learning needs of the learning centres.
2. Development and production of instruction and learning materials.
3. Training and orientation of teachers and local organisers.
4. Experimental activities designed to provide learning/training for skills development and income generation for out-of-school children and youth.
5. Monitoring and evaluation of the activities of the centres and their effectiveness in terms of promotion of basic education.

6. Other activities for the development and promotion of community-based non-formal education activities resulting from such initiatives as the on-going Policy Study on Non-Formal Education.

5.1.42 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	57.0	102.0	102.0	109.0	102.0	57.0	529.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	57.0	102.0	102.0	109.0	102.0	57.0	529.0
B. MAJOR TARGETS							
1. <u>Support to Learning Centres</u> ('000 centres)	1.0	3.0	3.0	3.0	3.0	1.0	14.0
2. <u>Training of Facilitators</u> ('000 Nos.)	1.0	3.0	3.0	3.0	3.0	1.0	14.0
3. <u>Production of Basic Materials</u> ('000 copies)	75.0	150.0	150.0	150.0	150.0	75.0	750.0
4. <u>Supplies and Equipment for</u> <u>skill development centres (sets)</u>	50	100	100	100	100	50	500

Promotion of Early Childhood Education and Stimulation:

5.1.43 There is a clearly expressed wish to concentrate scarce resources on the primary level and to avoid for the foreseeable future the promotion of a formal system of pre-school education supported by the Government as an additional tier of the present primary school system. While this policy stand must be maintained for the foreseeable future, it should not preclude the exploration of various types of non-formal and informal interventions aimed at the basic concepts of early childhood education and stimulation particularly if these can effectively contribute to the crucial national goal of universal primary education while at the same time assisting child development.

5.1.44 Early Childhood Learning and Stimulation - The possibility of using parents as the agents for appropriate stimulation activities needs to be explored. It has been shown that the healthy development of young children can best be achieved by fortifying families, particularly mothers, in their task as the child's main educators. Any existing infrastructure that reaches the parents, homes and communities will be mobilized to contribute to this activity. Serious attention will be given to the possibility of promoting early childhood stimulation and learning activities through female education activities; among examples of these are the child survival and development oriented functional education components of poverty-oriented integrated basic services programmes. It is recognised that early childhood education activities have to be community-based if they are to have the maximum possible reach, relevance, and impact.

5.1.45 Being a new area of intervention, the activities to be carried out will initially revolve around research, advocacy, needs assessment, programme development, and staff development. The initial activities to be supported include: baseline surveys of existing institutions and programmes involved in early childhood learning/stimulation activities; evaluation of specific ongoing activities; identification of learning needs of young children in deprived environments; assessment of effects of lack of early childhood education and stimulation opportunities on later performance in primary schools; development and trial of prototype educational and motivational materials; seminars and workshops to examine the situation, promote the formulation of national policy on the subject, and do related advocacy; development of pilot projects; and study tours and staff development.

5.1.46 While the activities will be carried out under the sponsorship of the Ministry of Education, other agencies, to be identified, will be responsible for overall implementation. In their initial stages these activities will also require fairly regular short-term consultancies.

5.1.47 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	60.0	60.0	55.0	60.0	50.0	40.0	325.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	60.0	60.0	55.0	60.0	50.0	40.0	325.0
B. MAJOR TARGETS							
1. <u>Seminar/Workshops</u>	1	1	1	1	-	-	4
2. <u>Development and production of materials ('000 copies)</u>	10.0	15.0	15.0	15.0	15.0	10.0	80.0
3. <u>Pilot projects supported</u>	-	-	-	15	15	15	45

5.2 WOMEN IN DEVELOPMENT

Background

5.2.1 In the traditional Bengali value system a women's principal role is within the family. The women of the family are expected to look after hearth and home, while the male members (father, husband, son) are expected to be the bread winners, and the link to the outside world. The result is often a kind of ascribed social inferiority; domination by the male members of the family; social neglect of female health, nutrition and education; inadequate access to information; unequal access to the basic services provided by Government; confinement of women to traditional household activities; non-recognition of the economic role of women within the household; concentration of women in jobs with low productivity and lower wage rates than men; and a general situation that constrains the development of the the personality and potential of women within society. Thus it is not surprising that by most of the indices of the quality of life women are even more disadvantaged than their menfolk. However, women are increasingly having to assume a multi-dimensional role where, in addition to being mothers and homemakers, they are also providers of family income because of male unemployment/underemployment, abandonment by spouses and the disintegration of traditional social support networks.

5.2.2 Women play a vital role in all areas of common concern to Government and UNICEF. The women's dimension will be given increasing attention in all programmes. Support for women's socio-economic activities will be provided through group formation, income generation, and leadership development activities in the Integrated Basic Services and Women in Development programmes targeted to the poorest women in rural and urban communities. The social mobilisation of women for child survival and development will be given particular attention in the communication and community participation components of all programmes. The Education programme will seek to enhance female participation in primary and non-formal education, and will look into ways and means of promoting early childhood stimulation and learning through female education activities. The Water and Environmental Sanitation programme will take special measures to involve and influence women, to ensure that they participate more fully in the programme, and in the sanitation and personal and domestic hygiene activities necessary

to achieve the health impact. Women will continue to be a priority target in all Health and Nutrition programmes, both for their own sakes as well as because of the crucial role they play in the survival and development of children. The Integrated Basic Services and Women in Development programmes will seek to enhance the access of poor women and children to the basic services whose provision is supported by programmes in Education, Health and Nutrition, and Water and Environmental Sanitation; they will also provide additional channels for the implementation of components of these programmes.

- 5.2.3 The specific Women in Development programmes indicated hereunder do not represent alternative approaches to the enhancement of the situation of women, and of their fuller participation in the social development process. Rather they seek to promote women in development concerns through specific group formation, income generation, and leadership development activities as well as through the enhancement of access to, and inter-linkages with, the basic services activities supported through other programmes. Both government and UNICEF will promote women in development concerns through all sectoral programmes.

Objectives

- 5.2.4 The general objectives of the Women in Development programme are:

1. To raise the general level of awareness of the situation of women in society, and of their actual and potential role in national development.
2. To increase the participation of women in social development activities, with particular reference to activities aimed at enhancing child survival and development.
3. To develop further the role of Non-Governmental Organizations (NGOs) in women in development activities.
4. To assist the rural and urban landless poor women to enhance their family income, and promote the welfare of their children, through income generation activities integrated with child survival and development related functional education, and household food production activities. Also to promote the access of these women and their families to existing basic services.

5.2.5 The projects included for co-operation under this Women in Development programme are:

1. Advocacy, Awareness, and Strengthening of Information Base for Women in Development.
2. NGO Community Based Services for Poor Women and Children.
3. Socio-economic Development of Landless Women and Children through the Grameen Bank.

While the Advocacy project covers a new area of emphasis the other two projects are an extension and expansion of similar projects supported in the 1985-88 period.

UNICEF will provide an estimated US\$ 2,250,000 from general resources for the implementation of these Women in Development programme activities during the July 1988 to June 1993 period. In addition UNICEF will seek an estimated US\$150,000 in supplementary funding for this programme for the same period.

ADVOCACY, AWARENESS AND STRENGTHENING OF
INFORMATION BASE FOR WOMEN IN DEVELOPMENT

5.2.6 This project will be implemented by the Women's Affairs Department (WAD) under the sponsorship of the Ministry of Social Welfare and Women's Affairs.

Objectives

5.2.7 This project has the following specific objectives:

1. To do advocacy for, and build-up the information base on, women in development activities.
2. To provide management-oriented training course for 158 officials of the Women's Affairs Department, and to provide orientation to 360 other field-based Government officials on women in development activities.
3. To develop a national network on women in development with a view to promoting the better coordination of related activities of Government, the NGOs, and donors.
4. To facilitate planning for women in development activities at the macro (Fourth Five Year Plan: 1990-95) and project level through workshops and study tours.

Activities

5.2.8 Advocacy and Information Base: An annotated bibliography on women in development will be compiled. An inventory of experts and other resource persons available in the country in this field will also be compiled. Women in development related material will be prepared and published in national dailies and women-related monthly magazines. A video will be produced on women in development activities and the Situation of Women in Bangladesh study published in 1985 will be revised and reproduced for further distribution. Women-related studies will be undertaken with a view to strengthening the information base on women's issues.

- 5.2.9. Training and Institutional Development: Short courses in management, accounts and monitoring will be organized for some 158 District and Upazila (sub-district) level officials of the Women's Affairs Department with a view to enhancing their capability to manage women in development project activities. Some 20 discussion meetings on promoting women in development concerns will be organized for 360 Upazila-level elected and Government Officials.
- 5.2.10 Coordination and Networking: A national network on women in development will be established to promote better coordination of activities and exchange of experiences among the Government, NGO, and donor agencies involved in women in development activities.
- 5.2.11 Planning: Two national workshops will be held to review the situation of women in the country, and to provide sectoral policy inputs to the forthcoming Fourth Five Year Plan (1988-95). Other workshops and visits will be organized to facilitate experience sharing between planners, programmers, implementors, and women at the grassroots level.

5.2.12 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	13.0	28.0	27.0	10.0	10.0	10.0	98.0
Supplementary Funds (SF)	0.0	25.0	25.0	25.0	25.0	0.0	100.0*
Total	13.0	53.0	52.0	35.0	35.0	10.0	198.0
B. MAJOR TARGETS							
1. National Workshops	1	1	-	-	-	-	2
2. Network and Coordination Meetings	3	6	6	6	6	3	30
3. WAD Officials Trained	-	158	-	-	-	-	158
4. Local Officials Oriented	60	60	60	60	60	60	360
5. Reproduction of Situation Study (copies)	1,000	-	-	-	-	-	1,000
6. Video on WID	-	-	1	-	-	-	1
7. Bibliography/Inventory	-	1	1	-	-	-	2

* A tentative allocation of US\$100,000 in supplementary funding is made to accommodate possible donor interest, as well as expansion of project activities.

NGO COMMUNITY BASED SERVICES FOR POOR WOMEN AND CHILDREN

5.2.13 As of December 1986, there were 721 NGOs registered with the Women's Affairs Department of the Ministry of Social Welfare and Women's Affairs. These NGOs represent a potentially valuable though perhaps not yet fully utilised resource for national development. They tend to be community-oriented and possess the flexibility and outreach capacity to programme for the basic social services needs of poor women and their children. These NGOs do, however, suffer to varying degrees from multiple constraints such as managerial weaknesses, inadequate resources, lack of implementation capacity, and weak information management and monitoring systems. There is also a tendency to be weak in promoting an integrated, multi-faceted approach to development.

5.2.14 It is against this background that in 1982 UNICEF supported the Women's Affairs Department in a project to upgrade the developmental capacity of 6 women's NGOs, and to test the feasibility of using them to promote a multi-service approach to community development. The NGOs were supported

through leadership and management training, as well as training in providing child survival and development oriented functional education to women beneficiaries; with starter capital for women's income generation activities; and in the development of internal reporting and monitoring systems. The results were encouraging, and in 1985 another 22 new women's NGOs were brought into the programme, with increased emphasis given to the promotion of child survival and development concerns, and to enhancing access to basic services being provided through other UNICEF-supported programmes. During this period the starter capital was given to women beneficiaries as loans rather than as one-time grants, with the repaid sums going into a revolving fund to support other loanees and further income generation activities. From 1988 onwards this momentum will be sustained with particular attention given to moving NGOs towards self-sustainability by the end of the project period in 1993. It will be a principal selection criterion of NGOs that they be willing and able to move towards self-sustainability by 1993.

- 5.2.15 This project will be implemented by the Women's Affairs Department (WAD) under the sponsorship of the Ministry of Social Welfare and Women's Affairs. It will extend coverage to a further 158 local women's NGOs in Districts and Upazilas (sub-districts) in which the WAD operates. As before, all project management staff and costs will be provided by the WAD. The "old" NGOs will be provided with refresher training opportunities and will be invited to participate in zonal and national review sessions and group exchange visits.

Objectives

- 5.2.16 This project has the following specific objectives:

1. To strengthen the capacity of 158 local women's NGOs to programme for a package of income generation, child survival and development related functional education, and where possible household food production activities for rural and urban poor women.
2. To assist, 31,600 rural and urban poor women to enhance their family income through loans for income generation activities, as well as through child survival and development related functional education, and through assistance for family food gardening activities wherever possible.

3. To enhance the management capabilities of 163 national, District and Upazila level officials of the WAD, and 316 women NGO leaders through project oriented training and functional education training.
4. To provide functional education training and maternal health education to 31,600 rural and urban poor women.
5. To promote exchange of experiences, as well as monitoring and review activities through 158 community workshops, 2 national workshops, 112 zonal review meetings, and in-country exchange visits for 140 NGO members and WAD Officials.
6. To promote community organized and financed child-care activities for the children of rural and urban poor working mothers.

Activities

5.2.17 Selection of NGOs: As of December 1986 there were some 721 women NGOs registered with the Women's Affairs Department. Of this amount 158 local women's NGOs will be selected by a process of mutual consultation and agreement between the WAD and UNICEF after review of recommendations sent to the Centre by the field level officials of the WAD and by UNICEF Zonal Officers. The NGOs selected must satisfy the following criteria: they work with the poorest women in rural and urban locations; they work outside the Grameen Bank operational areas, and also do not cover the same beneficiaries supported by other UNICEF-assisted rural and urban basic services projects (see Section 5.4); they are geared to promoting income generation activities for the poorest women, and to integrating these activities with related functional education and family food gardening activities; they are willing to mobilize their communities for involvement in UNICEF-supported health, nutrition, water and environmental sanitation activities; they are oriented to moving towards self-sustainability by the end of the project period; they possess credibility and ability to manage project activities in the areas where they are to operate.

5.2.18 Training: Project management training will be provided to 163 national, District, and Upazila level Officials of the WAD, and to 316 women NGO leaders (2 per NGO). The latter will also be given functional education training so that they may do the same for their 31,600 women NGO members (200 per NGO).

- 5.2.19 Income Generation: Loans for income generation will be provided to 31,600 women NGO members (200 per NGO) using guidelines specially developed for the purpose by the WAD and UNICEF. The loans will be used on a revolving fund basis, with special attention given to reaching the poorest women in the community (especially women who are widowed, divorced, deserted or otherwise bereft of support, and who have very young children), and to the timely recovery and disbursement of loans to benefit the maximum possible number of beneficiaries.
- 5.2.20 Promotion of Child Survival and Development: The NGOs will promote the convergence of child survival and development related activities through functional education and the promotion of household food production activities, as well as by promoting access to basic services provided by Government. (such as immunization, Vit A Capsule distribution, growth monitoring, tubewells sinking, low cost latrine installation, family food gardening, and food aid to deserving NGO members through WFP-aided programmes). Emphasis will also be given to social mobilization for immunization, ORT, and safe water supply and sanitation activities.
- 5.2.21 Exchange Visits and Workshops: The monitoring and review of project implementation activities, in-term course corrections, and the exchange of experiences will be facilitated through 2 national workshops and 98 Zonal Review Meetings involving NGOs and Government and UNICEF officials, and in-country exchange visits for 140 NGO members and WAD officials.
- 5.2.22 Organization of Day Care Services: The NGOs will be encouraged to establish community organized and financed child-care activities for the children of rural and urban poor working mothers benefitting from this project.

5.2.23 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	23.0	217.0	503.0	72.0	57.0	38.0	910.0
Supplementary Funds (SF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	23.0	217.0	503.0	72.0	57.0	38.0	910.0
B. MAJOR TARGETS							
1. NGO Covered	-	158	-	-	-	-	158
2. WAD Officers Trained	82	81	-	-	-	-	163
3. NGO Leaders Trained	-	104	212	-	-	-	316
4. Women given Functional Education	-	10,400	21,200	-	-	-	31,600
5. Women Loanees (First round)	-	10,400	21,200	-	-	-	31,600
6. Exchange visits (participants)	-	-	40	40	40	20	140
7. NGO National Conventions	-	-	1	-	-	1	2
8. Zonal Review Meeting	-	14	21	28	24	11	98
9. Community Run Child Care Centres Organized	-	-	158	-	-	-	158
10. Women given Maternal Health Education	-	-	-	31,600	-	31,600	63,200
11. NGO Inventory Update produced	-	-	1	-	-	-	1
12. Project Evaluation Conducted	-	-	-	1	-	-	1
13. Plastic Passbook Covers printed with ORS messages	-	8,000	8,000	8,000	8,000	-	32,000

SOCIO-ECONOMIC DEVELOPMENT OF LANDLESS WOMEN
AND CHILDREN THROUGH THE GRAMEEN BANK (GB)

- 5.2.24 The Grameen Bank (GB) is a pioneering venture established to provide credit facilities to the rural and landless (and often illiterate) poor for self-employment and income generating activities. No collateral is required. The Bank operates with the active participation of village-level loanee groups of five loanees each who are further organized into centres of 5-6 groups each. Bank workers go out into the villages to help organize groups, explain Bank procedures, disburse loans, and collect repayment in weekly instalments. The income generation activities are selected by the loanees themselves, and are based primarily on available rural skills, opportunities, and infrastructure. The Bank was incorporated as an independent bank in 1983. The Government owns 25 percent of the share of the GB, with the other 75 percent owned by its male and female members in the proportion of about 25 percent and 75 percent respectively.
- 5.2.25 The GB has come a considerable way from the one villages it covered in 1976. By June 1988 it will be expected to have covered about 10,000 villages and have about 96,000 landless male and 504,000 landless female members. It will have by then disbursed about US\$ 14 million in loans to its landless male members and about US\$ 74 million in loans to its landless female members. Loan recovery rates have been very high (close to 100 percent for female loanees). In the 1988-93 project period the GB will cover an additional 150,000 landless male members, and 750,000 landless female members in 15,000 "new" villages. Thus by June 1993 the cumulative total of landless male members, landless female members, and villages will be about 246,000, 1,254,000 and 25,000 respectively. About US\$150 million in loans is planned for distribution to both "new" and "old" members during the 1988-93 period, thus making for a cumulative disbursement of US\$ 238 million by June 1993.
- 5.2.26 Until 1980 the Grameen Bank limited itself to credit extension services to promote income generating opportunities. In July 1980, UNICEF began its co-operation with the Bank with a view to integrating a social development component into its credit extension services with particular attention to the rural, landless, poor women. The experience has been very successful. The GB has developed into a leading advocate of women in development concerns. It has incorporated progressively stronger child survival and development elements into its social mobilization and

functional education components. It not only promotes demand for, and access to, basic services, provided by Government, but has in many cases itself taken a more direct role in the procurement and sale of vegetable seeds, saplings, sanitary latrines, tubewells, alum (for water purification), and iodized salt. It has started to develop a rural fisheries component, and is also moving into the appropriate technology area (such as the promotion of smokeless "chulas" or cooking-stoves). See also paras 5.1.39 - 40 regarding the "learning centres" established by Grameen Bank loanees.

5.2.27 UNICEF will continue to encourage the progressive growth and integration of these social development concerns with the Grameen Bank's group formation and credit extension services. As before, support is provided to the GB's training programmes in credit management, group formation, group leadership, and child survival and development-oriented functional education. Programme review activities will also be supported through zonal and national workshops, and a mid-term project evaluation. The GB members will be given enhanced "access" to the basic services components of other UNICEF-supported projects, such as the tubewells and sanitary latrines of the Rural Water and Sanitation programme. The GB funds its rural credit programme through loans secured from local credit institutions, and donor agencies such as IFAD, NORAD, and SIDA -- no UNICEF funds are involved in this rural credit component. The GB funds its programme management and staff costs out of the profits from its loan activities.

5.2.28 This project will be implemented by the Grameen Bank under the sponsorship of the Ministry of Finance. It will cover a cumulative total of about 25,000 villages and 1,254,000 landless, rural poor women in the 1988-93 period. Of these about 15,000 will be "new" villages and about 750,000 will be "new" women members/loanees.

Objectives

5.2.29 The specific objectives of this project are:

1. To promote income earning opportunities for about 750,000 "new" landless rural poor women in 15,000 villages so as to enhance their capacity to provide better care for their children.

2. To provide child survival and development related functional education and advocate home food production activities to about 750,000 "new" landless rural women members of the GB; also to facilitate their access to basic services provided by Government.
3. To promote leadership development and group efforts among the landless rural poor women members of the GB through training in leadership, group formation, and credit management for 60,000 women group leaders.
4. To promote project-oriented management among GB staff through appropriate orientation courses for 2,060 officials and 7,500 field workers; also to provide a one-month training course in Family Food Gardening, Applied Nutrition, and Maternal Care to 16 GB officers (2 per zone).
5. To promote exchange of experiences, as well as monitoring and review activities, through 16 zonal and 2 national workshops, one mid-term evaluation, and in-country exchange visits to project sites.

Activities

5.2.30 Income Generation: The Grameen Bank will follow its well-tested outreach methods in identifying and organizing some 750,000 "new" landless rural poor women into groups of 5 loanees each and centres of 5-6 groups each. The procedures for loan advance and recovery in the villages themselves through group participation and routine field visits by GB workers are also well established. UNICEF will facilitate this activity through support for training in credit management, group formation and group leadership for GB officials and workers, as well as loanee group leaders. The loans themselves will be provided with the GB's own funds, as well as credit provided by IFAD, NORAD and SIDA.

5.2.31 Promotion of Child Survival and Development: This will be done through the functional education training of GB workers and loanee group leaders, who will then provide child survival and development oriented functional education to the 750,000 "new" women loanees in about 15,000 villages. The family food gardening concept will also be promoted through this method. In addition, the

revolving funds used from past UNICEF support will be used to further promote the distribution and sale of seeds, saplings, alum (for water purification), tubewells, iodated salt, and loanee passbook jackets with ORS printed messages. In addition this project will promote access of GB members, and their communities, to basic services activities provided by Government (such as immunization, MCH, ORT, sanitation, primary and non-formal education). Some appropriate technology initiatives such as the production and sale of smokeless chulas (stoves) will also be encouraged.

5.2.32 Training: Training in credit management group formation, group leadership and child survival and development oriented functional education will be provided for 60,000 women group leaders and 7,500 GB workers. Some 2,068 GB officials will be given project-oriented training. In addition 16 GB officials will be given one-months trainers training in Family Food Gardening, Applied Nutrition, and Maternal Health. The GB workers and women group leaders will provide ongoing field-based functional education to some 750,000 "new" women loanees.

5.2.33 Workshops: The exchange of field experience, in-course corrections, and project oriented monitoring and review will be facilitated through 16 zonal and 2 national workshops for some 1,900 participants (loanees, GB officials and UNICEF staff). A mid-term evaluation will be done on project implementation, as well as impact on women's income and behaviour changes, and on child health and development.

5.2.34 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	124.0	260.0	227.0	196.0	232.0	153.0	1192.0
Supplementary Funds (SF)	0.0	0.0	25.0	0.0	25.0	0.0	50.0
Total	124.0	260.0	252.0	196.0	257.0	153.0	1242.0
B. MAJOR TARGETS							
1. GB officials trained	344	344	344	344	344	340	2,060
2. GB workers trained	1,250	1,250	1,250	1,250	1,500	750	7,500
3. Women group leaders trained	5,950	12,005	12,005	12,005	12,005	6,030	60,000
4. GB trainers trained (Nut/Health)	-	16	-	-	-	-	16
5. "New" Women loanees given Functional Education	-	-	-	-	-	-	750,000
6. Zonal workshops	-	8	8	8	8	-	32
7. National workshops	-	-	1	-	-	1	2
8. Project evaluation	-	-	1	-	-	-	1

5.3 HEALTH AND NUTRITION

Background

- 5.3.1 Most of the 850,000 or more children under 5 who die annually in Bangladesh die from preventable diseases. In addition hundreds of thousands other children are stunted or permanently handicapped by the same or related preventable causes. These major causes include tetanus, diarrhoea, respiratory infections, xerophthalmia, polio, and birth injuries. Major contributing factors include low birth weights, malnutrition, measles, and tuberculosis.
- 5.3.2 About 30,000 women die every year during pregnancy, during delivery, or in the first six weeks after delivery. These maternal deaths are from preventable causes mainly abortion, post-partum sepsis, tetanus, toxæmia, obstructed labour, or violent deaths. Important risk factors are high parity (average 7 pregnancies/women), and poor nutritional status.
- 5.3.3 The Government of Bangladesh has instituted a number of impressive national programmes to address these major causes of child and maternal mortality. The Health and Family Planning Services have more than 3,000 Upazila and Union level primary care facilities and more than 40,000 Upazila and field-based staff to deliver health and family planning services. Major national programmes are in place for family planning, TBA training, immunization, diarrhoeal disease control, nutritional blindness prevention, malaria, and tuberculosis. Bangladesh has also been one of the first countries to institute a National Drug Policy. An iodine deficiency disorders control programme is in the beginning stages of operation. The Government has adopted both the international goals of universal child immunization (UCI) and the attainment of a 50 percent oral rehydration therapy (ORT) use rate by 1990.
- 5.3.4 UNICEF has been assisting the Government with development of the health services through training; supply of drugs, equipment, and transport; and support to project design, monitoring and evaluation. Additional areas receiving support have included nutritional blindness prevention, diarrhoeal disease control (CDD), immunization (EPI), training of traditional birth attendants (TBA), iodine deficiency disorders (IDD), nutrition research and training, and family food production.

- 5.3.5 Areas which have not received much attention from both the Government and UNICEF are maternal health care, nutrition policy planning, and community based efforts at preventing calorie/protein malnutrition.
- 5.3.6 Other donors (World Bank with 5 cofinanciers, USAID, UNFPA, Ford Foundation) are assisting the Government with family planning and selected MCH support. WHO provides technical support and training funds to numerous projects, many of which are jointly supported by UNICEF such as diarrhoeal disease control, EPI and health management. DANIDA, SIDA, and WHO are sponsoring an experimental essential drugs project which is linked to the UNICEF-assisted essential drugs effort.
- 5.3.7 In order to increase child survival and improve child development in Bangladesh UNICEF will continue support to those projects which have potential to make a significant impact. UNICEF will cooperate with the Government on four new projects. One project will work to improve the capability of Upazila health planning and service delivery with a focus on management and convergence of health and health-related projects and activities. Another project is designed to help develop a maternal health care strategy programme including improved service delivery and increase maternal awareness for self care. This project will have related components supported by IDA and WHO. A new nutrition project will build on the past small scale efforts of the Institute of Public Health Nutrition and the Institute of Nutrition and Food Science in creating a community based approach to prevent malnutrition during pregnancy and in the neonatal period.
- 5.3.8 In addition to the identified projects UNICEF will explore with the Government and other agencies how to better address the need for national nutrition planning and policies.
- 5.3.9 UNICEF will provide an estimated US\$ 28,456,000 from general resources for the Health and Nutrition programme during the July 1988 to June 1993 period. In addition UNICEF will seek an estimated US\$24,412,000 in supplementary funding for this programme for the same period.

Projects

5.3.10 The projects included for cooperation under the Health and Nutrition programme are:

1. Control of Diarrhoeal Disease.
2. Essential Drugs.
3. Nutritional Blindness Prevention Programme.
4. Expanded Programme on Immunization.
5. Maternal and Neonatal Health Care.
6. Health Services Development and Management.
7. Control of Iodine Deficiency Disorders.
8. Community Food and Nutrition.

Objectives

5.3.11 The general objectives of the Health and Nutrition programme are:

1. To reduce morbidity, disability, and mortality of infants, children, and mothers.
2. To improve the nutritional status of young girls, mothers, newborns and infants up to 18 months of age.
3. To help create a quality basic health services delivery system, both preventive and curative.
4. To help create the awareness, commitment and planning capacity of the Government, donors, and NGO's to improve the nutrition situation.

DIARRHOEAL DISEASE CONTROL

5.3.12 This project will be implemented by the Directorate of Health Services under the sponsorship of the Ministry of Health and Family Planning.

Objectives

5.3.13 This project has the following specific objectives:

1. To reach the international target of 50 percent oral rehydration therapy (ORT) use rate by 1990. Bangladesh has already reached 90 percent for ORT awareness.
2. To have 75 percent of health workers knowing and practicing proper management of diarrhoeal diseases, acute respiratory infections (ARI) and epidemic control.

3. To establish 350 ORT demonstration and training units in health facilities with health workers teaching mothers proper diarrhoeal disease management.
4. To increase women's awareness and knowledge on proper feeding practices during and after diarrhoeal episodes, on hygienic practices to prevent diarrhoea, and on recognition and home management of acute respiratory infections.
5. To develop systems to monitor ORS distribution, effective ORT use, reporting of diarrhoeal disease and acute respiratory infection incidence and mortality.

Activities

5.3.14 Development of training modules

Depending upon the results of the assessment of existing training curricula and materials, training modules will be developed or adapted for standardized training in diarrhoeal management and epidemic control. Support will also be provided for development of training modules and materials for training of health workers in management of acute respiratory infections (ARI).

5.3.15 Training

Support for training of 30,000 field health workers in:

- proper diarrhoeal disease management, surveillance and epidemic control, including hands on experience of assessing and treating cases.
- simple diagnostic techniques and proper management of ARI.

5.3.16 Oral Rehydration Therapy (ORT) corners

2 ORT corners will have been set up in 2 established EPI Upazilas at the beginning of 1989. By 1993, 350 ORT corners will be established in health complexes to:

1. Develop skill and confidence of medical officers and other health workers in proper diarrhoea case management including the use of ORT.

2. Demonstrate the effectiveness of ORT as a therapeutic tool.
3. Train health workers in the proper diagnostic skills and appropriate use of antimicrobials.
4. Provide health education to mothers on how to prepare ORT solution (through demonstration), correct dosage, timing of administration, nutrition during and after an episode of diarrhoea, home management for future episodes and the danger of malnutrition.

5.3.17 ARI Control Programme Preparations

1. National Workshop

In March 1988, UNICEF supported a 3 day consultative meeting on ARI. The objectives of the meeting were to review ARI problem in Bangladesh, and develop strategies for a national ARI control programme.

2. Baseline Study

A baseline study will be conducted in 2 established EPI Upazilas and 2 non-EPI Upazilas. Monitoring will include the following:

- incidence and types of acute respiratory infections seen.
- degrees of severity - common cold Vs pneumonias.
- immunization status of the child.
- management and treatment of ARI.
- incidence of other types of ARI Vs immunization preventable diseases.

Evaluation of the baseline study will be carried out in mid-1989. The phasing plan will be worked out depending on the results of the baseline study.

5.3.18 Linkages with NGOs activities

Cooperation between the national CDD programme and NGOs involved in CDD activities will be strengthened through regular meetings.

An NGO forum will be formed where the Government and NGOs will meet every 3 months for coordination. UNICEF will facilitate and assist in coordinating the national programme with NGO activities.

5.3.19 Provision_of_ORs

ORs availability and other supplies to 2,000 health facilities will be supported. Some 60 million ORs packets (12 million per year) will be supplied through the government drug supply system.

5.3.20 Sentinel_Surveillance_System

UNICEF will provide funds for setting up a sentinel surveillance system. The sentinel surveillance sites will be used for epidemic detection and for monitoring case management of diarrhoea and ARI. The sentinel reporting system will be used to collect accurate and complete data on:

- incidence and types of diarrhoeal and ARI diseases.
- management of cases.
- ORs and antibiotic supplies and distribution.
- ORs/ORT use

The sentinel reporting system will be used to complement the current routine reporting system. At the end of 1989 a limited number of sites will be selected for sentinel sites from Upazilas at high risk of epidemics.

5.3.21 Health_education

Health education is planned to increase the capability of families in recognising signs of serious acute respiratory infections and dehydration in children, in using simple supportive measures for mild cases, in seeking timely immunization of children, and in protecting children against chilling. Also education on preventive measures --- proper hygiene, proper nutrition during pregnancy to prevent low birth weight, breastfeeding and proper weaning practices --- will be supported.

5.3.22 Monitoring

The sentinel reporting system will be used longitudinally to monitor changes in patterns of mortality due to programme activities, i.e. increased immunization coverage, diarrhoeal disease control and ARI control.

5.3.23 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	255.0	530.0	570.0	495.0	621.0	410.0	2,881.0
Supplementary Funds (SF)	275.0	500.0	400.0	150.0	180.0	50.0	1,555.0
Total	530.0	1,030.0	970.0	645.0	801.0	460.0	4,436.0
B. MAJOR TARGETS							
1. Development of curriculum and training materials/module	1	1					2
2. Training of:							
a) Medical Officers	332	1,000	1,000	1,000			3,332
b) Medical Assistants	168	500	500	500			1,668
3. Orientation seminar for Upazila Health Complex's staff.	22	847	847	847	847	440	3,850
4. Establishment of ORT Centres	22	57	77	77	77	40	350
5. Supply of Oral Rehydration Salt (million packets of 1/2 litre)(SF)*	6	12	12	12	12	12	66
6. Baseline study for ARI in 4 Upazilas.	1	Ongoing					1
7. Establishment of sentinel sites for epidemic detection and for monitoring case management of diarrhoea and ARI.	2	4	4	4	4	3	21

*Supplementary funds will be used for item 5 (partly).

ESSENTIAL DRUGS PROGRAMME

5.3.24 This programme will be implemented by the Directorate of Health Services under the sponsorship of the Ministry of Health and Family Planning. The National Institute for Preventive and Social Medicine (NIPSOM), a local training institution, will assist in the implementation of project activities.

Objectives

5.3.25 This project has the following specific objectives:

1. To promote awareness about the Essential Drugs Policy among health professionals.
2. To obtain accurate statistics on epidemiology of the most common diseases for planning the provision of adequate quantities and types of drugs.
3. To strengthen the national system of supply, production, distribution, and monitoring of D&DS kits.
4. To improve the level of diagnosis, drug use, health education and supervision by training of health staff.
5. To test a system of treatment of simple ailments by field level health workers.
6. To improve the coordination and information flow on essential drug utilization between NGO's, Government and other agencies.

Activities

5.3.26 Advocacy in Essential Drugs

UNICEF will assist the Government to develop and distribute to all categories of health personnel promotional materials on the government drug policy and selection of essential drugs.

5.3.27 Distribution and monitoring of Drug Kits

To improve distribution of D&DS kits, the Government and UNICEF are implementing and monitoring a new "Indenting System". D&DS kits will be supplied by Civil Surgeons (CS) upon request from Upazila Health & Family Planning Officers (UHFPO) along with a stock statement. This will avoid stockpiling of unused kits at Upazila Health Complex (UHC) level, ensure a distribution adapted to the individual needs of each Upazila Health Complex (UHC), and make health staff involved in and responsible for the procurement of drugs.

5.3.28 Training of health staff and education for patients

In order to obtain a more satisfactory cure rate of patients that is based on better prescribing practices and patient education, a trial intensification project is underway in eight Upazilas throughout the country. Based on the results of this intensification project, the lessons learnt will be expanded to 180 UHCs in the next five years. Training programmes are being developed for MOs, MAs, pharmacists and health workers.

In addition, the project will experiment with a "minikit" system for provision of a limited number of basic medicines for field workers to use on home visits. An education component will also be developed to improve patient knowledge on drug use and self care.

It is expected that about 1,800 MOs, 800 MAs, 720 Pharmacists and 1,600 Field Workers will be trained between 1988 and 1993.

5.3.29 Supply of Essential Drugs

A system for collecting and analysing information on various diseases and drug utilization will be developed. Based on this information, the GOB and UNICEF will procure up to US\$ 2 million in drugs each year. Drugs will be procured locally if the procurement conditions can be met. This local procurement will assist Bangladesh in becoming self sufficient in drug production.

5.3.30 Coordination and support to NGOs

UNICEF will continue to supply the Government with additional drug supplies for NGOs. As in the past, the Government-UNICEF-NGO Committee will review applications, select and monitor NGOs. NGOs will also be provided with the necessary information and training materials to improve drug use.

5.3.31 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	786.0	1,220.0	1,198.0	1,401.0	1,695.0	1,096.0	7,396.0
Supplementary Funds (SF)	540.0	1,129.0	1,409.0	718.0	718.0	432.0	4,946.0
Total	1,326.0	2,349.0	2,607.0	2,119.0	2,413.0	1,528.0	12,342.0
B. MAJOR TARGETS							
1. Supplies of Essential Drugs:							
a) D&DS Kits (SF)*	5,000	8,000	8,000	8,000	8,000	4,000	41,000
b) Mini Kits (SF)*	800	3,200	5,000	5,000	9,000	6,000	29,000
2. Training:							
a) Medical Officers		163	327	490	490	245	1,715
b) Medical Assistants		72	165	217	217	108	779
c) Pharmacists		65	130	202	202	101	700
d) Health Assistants	400	400	400	800	800	400	3,200
3. Training Evaluation	1		1	1	1	1	6
4. Provision of medical diagnostic equipment sets.	60	120	240	360	360	180	1,320

* Supplementary funds will be used for items 1a and 1b (partly).

NUTRITIONAL BLINDNESS PREVENTION PROGRAMME

5.3.32 This project will be implemented by the Institute of Public Health Nutrition (IPHN) of the Directorate of Health Services, under the sponsorship of the Ministry of Health & Family Planning.

Objectives

5.2.33 This project has the following specific objectives:

1. To increase the vitamin A capsule distribution coverage rate in rural areas, through enhanced health workers performance, from the present rate of 46 percent to 90 percent by mid 1993.

2. To establish a system, through Pourashavas/Municipal Corporations and non-government organizations (NGOs), for extensive vitamin A capsule distribution in urban areas and to reach a distribution coverage rate of 50 percent by 1993.
3. To train 14,000 Health Assistants (HAs), 13,500 Family Welfare Assistants (FWAs), 4,500 Family Planning Assistants (FPAs), 2,000 Assistant Health Inspectors (AHIs) and 700 Health Inspectors (HIs) in the proper diagnosis and treatment of xerophthalmia, the importance of vitamin A capsule distribution, and the importance of giving nutrition education to mothers, by the end of 1988.
4. To train Pourashava outreach workers and NGOs field workers in the prevention of blinding malnutrition and the importance of VAC distribution in urban areas in 57 district towns by end of 1988.
5. To experiment with promotion of home garden production of vitamin A rich foods and increase consumption of the same by children and pregnant/lactating women in the UNICEF-assisted Integrated Development of Rural Women and Children through Co-Operatives project areas (72,000 families).
6. To assess the impact of the training programme and develop a refresher training programme by the end of 1990.
7. To improve the VAC monitoring system for capsule distribution coverage.

Activities

5.3.34 Vitamin A Capsules

Provision of Vitamin A Capsules (VACs)

Vitamin A capsules will be provided for prophylactic distribution to children 6 months to 6 years and treatment of xerophthalmia in children up to 15 years.

In rural areas VAC supplies will continue to be distributed through the government health system and distributed at the household level by the government health workers.

In urban areas VAC supplies will be distributed through the government health system up to the district level (Civil Surgeon's Office). The Pourashavas health officials will pick up VAC from the Civil Surgeon's office. In districts where there are NGOs working in urban areas, NGOs will pick up VAC for distribution in the areas where they work. Distribution of VAC at the household level will be carried out by the Pourashavas outreach workers and NGOs field workers (in areas where there are NGOs). All district towns will have VAC distribution by the beginning of 1988.

Vitamin A capsules will also be provided to trained traditional birth attendants (TBAs) for administration to women after delivery. The UNICEF-assisted Essential Drugs Project will provide VAC through the Drugs and Dietary Supplementary (D&DS) kits to static health facilities. These capsules will be used by health workers to treat xerophthalmia and to administer to children during high risk periods, i.e. diarrhoea, measles and malnutrition.

UNICEF will provide some 200 million Vitamin A capsules for the above activities.

5.3.35

Training in Prevention of Blindness

During 1987 and 1988, 1112 District and Upazila managers and 1840 trainers (460 Upazila training teams - one team per Upazila) are to be trained by the 4 core training teams. From mid-1988, the core training teams will hold one-day orientation seminars for Pourashava and NGO field supervisors and 4-day training for Pourashava and NGO field workers in the remaining 57 District towns. Special emphasis will be placed on full coverage of children in urban slums.

The Upazila training teams (each Upazila team comprises of a Medical Officer, a Health Inspector, a Sanitary Inspector and a Family Welfare Visitor) will train all VAC distributors (HAs and FWAs) and their Supervisors (AHIs, HIs, FPAs) in the detection, diagnosis and treatment of vitamin A deficiency and the importance of administering VAC prophylaxis to children during the scheduled months. Training of all field workers will be completed by the end of 1988.

5.3.36 Evaluation of the training programme

Evaluation of the training programme will include assessment of the quality of training, the adequacy of supervisory functions and the impact of the training on performance of field workers. Random spot checks to assess the training will be conducted during training sessions. A survey to evaluate the performance of health workers will be carried out in 1990.

A curriculum for refresher training will be developed as indicated in the evaluation.

UNICEF will provide funds for the training activities.

5.3.37 Promotion of the Vitamin A message

Mass Media campaigns will be carried out through newspapers, radio and television before each round to stimulate consumer demand for capsules. Development of messages will be done in collaboration with NGOs involved in nutritional blindness prevention. Social marketing techniques will be used to promote vitamin A awareness and increase capsule distribution.

Surveys on eating habits of special groups will be supported. Focus will be on breastfeeding, weaning practices and dietary taboos for pregnant and lactating women. Educational messages will then be developed to improve dietary practices and increase consumption of vitamin A rich foods by pre-school children and pregnant/lactating women.

Mass media campaigns will be carried out through newspapers, radio and television to disseminate educational messages on consumption of vitamin A rich food.

The prevention of blinding malnutrition training programme will also emphasize the necessity of eating vitamin A rich foods, and the need to feed children during risk periods (i.e. sick, malnourished, diarrhoea, measles, etc.). Field health workers will be trained in how to communicate nutrition messages to mothers.

Each field worker will have a set of flash cards to use as visual aids in educating the mothers. Nutrition education will be given to mothers during VAC distribution to increase the

awareness of mothers in associating VAC with vitamin A rich foods. Nutrition education will also be given as part of treatment for xerophthalmia and related conditions.

5.3.38 Home gardening

Home garden production of vitamin A rich foods will be encouraged through establishment of kitchen gardens by 72,000 families under the UNICEF-assisted Integrated Development of Rural Women and Children through Cooperatives project areas. Vegetable seeds/fruit seedlings and saplings will be provided by the above project. Nutrition education materials will be provided by the Nutritional Blindness Prevention Programme.

5.3.39 Monitoring

A household monitoring system for VAC distribution will be developed and field tested in a few selected Upazilas during the 26th round (April-May 1988). The monitoring system will be implemented in October 1988. The monitoring system will be used to assess distribution patterns and to assess vitamin A capsule distribution coverage rate after each round.

5.3.40 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	400.0	600.0	502.0	352.0	600.0	300.0	2,754.0
Supplementary Funds (SF)	115.0	425.0	400.0	600.0	398.0	113.0	2,051.0
Total	515.0	1,025.0	902.0	952.0	998.0	413.0	4,805.0

B. MAJOR TARGETS

1. Training/Orientation:

a) Health Assistants, Family Welfare Assts. & Supervisors	30,000						30,000
b) Health workers of Pourashavas/NGOs.		2,000	2,000				4,000
c) Orientation of field Supervisors (health personnel)	7,000						7,000
d) Orientation of Community leaders.		5,000	5,000				10,000
2. Supply of VAC (million capsules) (SF)*	21	40	40	40	40	20	201
3. Evaluation Study					1		1

* Supplementary funds will be used partly for item 2.

EXPANDED PROGRAMME ON IMMUNIZATION

5.3.41 This project will be implemented by the Expanded Programme on Immunization (EPI) Project Office of the Directorate of Health Services, under the sponsorship of the Ministry of Health and Family Planning.

Objectives

5.3.42 The goal of the EPI is to provide universal child immunization at a level of 85 percent coverage of children under 1 year of age and pregnant women by 1990 and sustain this level of coverage beyond 1990 throughout the country. To achieve this, the following targets have been established:

1. The target population for BCG, DPT, OPV and Measles immunization is children under 1 year of age. Although children up to 2 years of age will not be denied immunization services, all coverage targets, all measures of immunization performance and all immunization efforts will be related or directed to infants. The target population for TT is women of childbearing age, but special emphasis will be placed on pregnant women.
2. Epidemiological surveillance: By the end of Fiscal Year 1987, a reliable epidemiological surveillance system for immunization coverage and EPI target diseases will have been developed: to (1) measure achievement of the programme, particularly in terms of immunization coverage, and (2) to measure impact of the programme, particularly in terms of reductions in EPI target disease, morbidity and mortality.
3. Universal access in all wards: By mid-1989, the EPI will provide immunization services through fixed centres and outreach sessions at least once per week in all wards of the country.
4. Morbidity and mortality reduction targets: By the end of 1989, the EPI will have established morbidity and mortality reduction targets to be achieved by the EPI during 1990-1995.

5. Universal child immunization: By mid-1990 the EPI will achieve an operational target of 85 percent coverage of children under 1 year of age with 1 dose of BCG and Measles and 3 doses of DPT and Polio vaccines. This target will be reached in a phased manner with an expected increase in immunization coverage, by year, as follows:

Phase	Target Year	Areas under Intensification				Percent coverage of Infants
		Upazilas		Cities & Towns		
		New	Total	New	Total	
I	1985-1986	8	8	-	-	3
II	1986-1987	62	70	10	10	15
III	1987-1988	120	190	20	30	35
IV	1988-1989	270	460	34	64	80
V	1989-1990	-	460	-	64	85
	1990-1991	-	460	-	64	85
	1991-1992	-	460	-	64	85
	1992-1993	-	460	-	64	85

6. Tetanus Toxoid coverage targets: By the end of 1990, the EPI will achieve a target of 85 percent coverage of pregnant women and women of childbearing age with 2 doses or a booster dose of tetanus toxoid (TT). The expected increase in coverage, by year, would be expected to parallel the coverage of infants.

Activities

- 5.3.43 Create Demand and Mobilize Support: The focus of social mobilization will continue to be the enhancement of the parents' demand for immunization against the six targeted EPI diseases as a right and the full and unreserved support of a wide cross-section of the society, locally and nationally, in active and practical support to the programme at every level.

At the local level, ways of contributing time, attention and resources to local programmes will be identified, particularly for the dissemination of basic awareness-creation messages about diseases, immunization and the EPI itself. Special attention will be paid to the morale and motivation of the vaccination teams themselves.

Nationally, support will be mobilized from the non-government organizations the commercial sector; the media; the religious groups; trades Unions and professional organizations; and a wide range of Government departments represented in the Upazilas, especially the Directorate of Primary Education and various extension services.

The knowledge and attitudes of the target groups will be continuously researched and efficiently used to pin-point and address attitudinal problems.

5.3.44 EPI Acceleration: The acceleration of EPI for universal coverage by 1990 and sustained coverage at a level of 85 percent thereafter is based on phased implementation of the outreach strategy in both urban and rural areas and provision of vaccination services (ideally on a daily basis) in hospitals, Upazila Health Centres (UHCs) and all fixed facilities.

By mid-1988, 190 Upazilas and 30 urban areas (including one Metropolitan Corporation) will have been fully absorbed within the UCI programme. The remaining 270 Upazilas and 34 urban areas are scheduled to start UCI between the last quarter of 1988 (100 Upazilas and 34 urban areas) and the last quarter of 1989 (70 Upazilas). By the end of 1989 therefore, there will be 13,500 rural and upto 800 urban outreach services every week.

The outreach strategy will be maintained until such time that all eligibles can be serviced by fixed centres in their localities.

UNICEF will supply the necessary vaccination equipment, cold chain equipment, vaccines, reporting forms and vaccination supplies to ensure that the acceleration will continue as scheduled. The Rotary International, IDA, and other agencies share in this commitment.

5.3.45 Management Strengthening: The strengthening of national management capability of the EPI involves the complete staffing of all posts at all levels and the activation of all managerial support and service delivery functions. Additional requirements (such as the assignment of one District Medical Officer to assist the Civil Surgeon on day-to-day management of EPI) also need to be reassessed periodically and be met as the programme expands.

At the national level, one Training Officer, one Logistics Officer, one Field Services Officer and one Communication and Social Mobilization Officer as well as three secretaries are committed to be funded by UNICEF until June 1990. So as to assure that there is at least one health assistant (HA) in every ward for a regular monthly vaccination service in each quadrant of a Ward, UNICEF is also committed to making funds available for the filling of about 760 HA vacancies for two years as of the date of posting in UCI Upazilas.

Three technical assistance personnel were also recruited initially for two years (i.e. mid-1986 to mid-1988) with the assistance of UNICEF to directly assist the EPI Project with health planning and epidemiology, evaluation and statistics, and training. (WHO maintains one Cold Chain and Logistics Advisor and four national Division Operation Officers). The assistance of two advisors continuing to mid-1990 focuses on helping the Government with the implementation of activities and, at the same time, establishing appropriate systems of operation pertaining to each area of activity and ensuring that counterparts develop required expertise in handling the specialized activities latest by mid-1990. According to need, short term consultancies will also be continued.

5.3.46 Physical facilities: Each District vaccine store and vaccination clinic still located at a TB clinic will be moved to a suitable alternative location at the District Headquarters to also provide office space for the District EPI Supervisor, Cold Chain Technician as well as one EPI Technician. Effort will be made to utilize available facilities within the health system. If unavailable, construction of 10 such stores will be undertaken.

5.3.47 Training: Between 1988 to mid-1989, an additional 630 mid-level managers and supervisors, 25,400 vaccinators and technical support staff, and 37,800 community involvers from 170 Upazilas, 2 Metropolitan Corporations and 34 District towns will be trained. Refresher training (once a year) will also be given to 2,100 mid-level managers and District supervisors, 43,200 vaccinators and technical support staff and 63,700 community involvers. Progressively refresher courses (of two-to-three days duration) will include aspects of other PHC components.

5.3.48

Programme Supervision and Monitoring: The objective will be to ensure that programmes are continuously evaluated and adapted so as to achieve maximum reduction in target disease deaths and cases, through optimal levels of immunization coverage. Routine reporting of immunization performance at all levels will be ensured to evaluate the progress of the EPI, as well as to identify problem areas and to make necessary modifications. Extra efforts and resources needed to establish and validate a reliable monitoring of the EPI target disease trends will be assured. Special emphasis will be placed on poliomyelitis, neonatal tetanus and measles. To achieve this, it may be necessary to use a combination of surveillance methods (including routine reporting, sentinel surveillance, disease surveys, and outbreak investigations).

5.3.49

Monitoring and evaluation: The EPI will monitor and evaluate programme implementation in relation to specific targets. Actions will be recommended to correct implementation problems. Specific activities are as follows:

1. Quarterly and yearly workplans will be designed by the EPI Headquarters to provide the basis for continuous monitoring of the programme nationally. Joint Government/UNICEF/WHO reviews as well as independent field trips and observations will be used to adjust plans of action.
2. District Civil Surgeons and lower level health staff will be actively involved in the monitoring of operations in the field. UNICEF Zonal Offices will assist in these activities.
3. Once a year, progress review meetings by all concerned at district and national levels will be conducted at convenient locations. These will provide the basis for adjustment of yearly plans of action. In 1988, the entire national programme will be fully reviewed by a joint Government/WHO/UNICEF team. The outcome of this review will establish the basis for any needed modifications.

5.3.50 Cold Chain and Logistics: The continuous supply of potent vaccines in a protected cold chain is essential for programme success. Currently, there is an adequate central cold plant for storage of air-freighted vaccines. At local levels, each district will have three ice lining refrigerators, one ILR, one ice pack freezer, and four cold boxes, and each Upazila Health Centre, one ILR, one ice pack freezer, three cold boxes and about 15 vaccine carriers. For each district, there is a Cold Chain Technician who looks after the smooth functioning of the cold chain in the District. EPI Technicians in each UHC also look after all logistics needs of vaccination teams. From the UHC, a vaccine runner (porter) will deliver vaccines in carriers to a minimum of six vaccination teams (two Unions) each working day of the week. When the programme is at its full operation by end-1988, there will be about 560 district and Upazila stores (including hospitals) serving about 14,560 outreach units all over the country each week.

Vaccine requirements and vaccination supplies will continue being established on the basis of indents made by the UHCs and consolidated by the District Civil Surgeons for the District. Requirements will be verified with targets for appropriate action at each level. Stocks will be developed to assure an adequate and uninterrupted supply of vaccines, needles, syringes, sterilizers, other vaccination and communication materials.

Currently, vaccines are collected by UHCs from district stores and likewise by district stores from the central store at EPI National Headquarters. This method will be substituted by a delivery system that will also be used to regularly check the safe-keeping and adequacy of supplies at the district as well as Upazila stores.

5.3.51 Support for Local Production of Vaccines: The Institute of Public Health currently produces all IT requirements and has the capacity of producing upto 10 million doses a year. It also has an installed capacity of 5 million doses of DPT a year. Efforts will be made to enable the Institute to produce an acceptable quantity of DPT vaccines for the requirement for local consumption.

5.3.52 Yearly Immunization Target by Phasing: 1988-1993

	1988		1989		1990		1991		1992		1993	
	0-1 yr	1-2 yrs	0-1 yr	1-2 yrs	0-1 yr	1-2 yrs	0-1 yr	1-2 yrs	0-1 yr	1-2 yrs	0-1 yr	1-2 yrs
1. CHILDREN												
(a) Nationwide eligibles	3,687	3,687	3,769	3,769	3,859	3,859	3,950	3,950	4,043	4,043	4,139	4,139
(b) Vaccination Targets:												
- 70 Upazilas	559	124	571	-	586	-	590	-	604	-	618	-
- 120 Upazilas	956	856	980	-	1,003	-	1,026	-	1,050	-	1,075	-
- 270 Upazilas	200	200	1,635	1,368	2,258	648	2,312	-	2,367	-	2,423	-
- Non-UCI areas	274	256	118	110	-	-	-	-	-	-	-	-
Total	1,989	1,436	3,304	1,478	3,847	648	3,928	-	4,021	-	4,116	-
(c) Full immunization Target: 85% of (b)	1,690	1,195	2,808	1,204	3,270	512	3,339	-	3,418	-	3,499	-
(d) Percent coverage of nation-wide eligibles	46%		75%		85%	85%		85%		85%		
2. WOMEN:	P.W.	N.P.W.	P.W.	N.P.W.	P.W.	N.P.W.	P.W.	N.P.W.	P.W.	N.P.W.	P.W.	N.P.W.
(a) Nationwide eligibles	4,332	17,329	4,435	17,740	4,540	18,160	4,647	18,590	4,757	19,030	4,870	19,482
(b) Vaccination Targets:												
- 70 Upazilas	656	734	672	200	688	204	704	208	721	213	738	218
- 120 Upazilas	1,128	4,082	1,155	342	1,188	350	1,216	358	1,245	366	1,274	375
- 270 Upazilas	235	941	1,852	6,544	2,660	3,610	2,723	798	2,787	817	2,583	636
- Non-UCI areas	160	618	68	267	-	-	-	-	-	-	-	-
Total	2,179	6,375	3,747	7,353	4,536	4,164	4,643	1,364	4,753	1,396	4,595	1,429
(c) Full immunization Target: 85% of (b)	1,852	5,418	3,185	6,250	3,855	3,540	3,946	1,159	4,040	1,186	3,905	1,215
(d) Percent coverage of nation-wide eligibles		43%		72%		85%		85%		85%		85%

Note: PW = Pregnant Women
N.P.W. = Non-Pregnant Women

5.3.53 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	906.0	1,563.0	1,218.0	1,881.0	1,403.0	778.0	7,749.0
Supplementary Funds (SF)	2,799.0	3,538.0	2,151.0	1,000.0	1,000.0	500.0	10,988.0
Total	3,705.0	5,101.0	3,369.0	2,881.0	2,403.0	1,278.0	18,737.0
B. MAJOR TARGETS							
1. Training (SF)							
a) Deputy Directors (Family Planning), Civil Surgeons, Deputy Civil Surgeons, Deputy Directors(Health)	50						50
b) Medical Officers(EPI HQs)	20						20
c) Upazila Health & Family Planning Officers, Medical Officers-EPI, District Health Education Officers, Dist.Health Superintendents & Dist.Sanitary Inspectors.	630						630
d) Health Workers/Technicians	12,400	13,000					25,400
e) Community involvers (volunteers)	24,000	13,800					37,800
2. Refresher Training (SF)							
a) Dy Directors(FP), Civil Surgeons, Dy Civil Surgeons, Dy Directors(Health)		50					50
b) Medical Officers(EPI HQs)		20					20
c) Upazila Health & Family Planning Officers, Medical Officers-EPI, Dist.Health Edn. Officers, Dist.Health Superintendents & Dist Sanitary Inspectors.		540	1,300	260			2,100
d) Health Workers/technicians		13,800	21,300	8,100			43,200
e) Community involvers(volunteers)	14,900	28,800	20,000				63,700
3. Supply of:							
a) Steam Sterilization Kit (SF)	8,200	500	600	700	800	900	11,700
b) Syringe Kits(SF)	9,400	53,000	28,000	28,000	28,000	14,000	160,400
c) Carrying bags	8,100	2,100	3,600	8,100			21,900
d) Vaccines:(in '000 vial)(SF)							
- DPT 20 dose vial	359	954	899	788	806	412	4,218
- OPV 20 dose vial	359	954	899	788	806	412	4,218
- BCG 20 dose ampules	153	406	383	336	344	178	1,800
- Measles 10 dose vial	190	352	457	438	450	230	2,117
e) Refrigerators/Freezers(SF)	475	205	100	50	50	-	880

f) Cold Boxes	400	200	200	100	100	100	1,100
g) Voltage Stabilizers	900	500	100	100	100		1,700
h) Vaccine Carriers (SF)	3,000	1,000	1,000	1,000	1,000	500	7,500
4. Com. Materials (set of 24) (SF)	82,000	5,000	6,000	7,000	8,000	9,000	117,000
5. Outreach sites	22,800	55,600					55,600

Note: Supplementary funds will be used fully for items 1,2,4 and partly for 3a,b,d,e and h.

MATERNAL AND NEONATAL HEALTH CARE

5.3.54

This project will be implemented by the Ministry of Health and Family Planning through the Directorate of Health Services and the Directorate of Family Planning. Key components are implemented by the Director Primary Health Care/Integrated Upazila Health Complexes/ Disease Control and the Directors MCH and TBA Training. The Maternal Child Health Training Institute (MCHTI) and the National Institute for Population Research and Training (NIPORT) will also be actively involved. The Womens Affairs Department and Department of Social Services of the Ministry of Social Welfare and Womens Affairs will be collaborating agencies.

Objectives

5.3.55

This project has the following specific objectives:

1. To train 36,400 TBA's (traditional birth attendants). Combined with previous training accomplishments 68,000 villages to have at least one trained TBA by 1990.
2. To train 2,400 Family Welfare Visitors (FWV) as TBA trainers and 315 Senior Family Welfare Visitors (SFWVs) to supervise and assist FWVs with MCH and TBA training.
3. To increase women's and families' awareness and knowledge of safe birth practices and maternal health care through education at the community level.

4. To develop maternal health care services, including strengthening both maternal health care within PHC and the referral and support system for maternity care.
5. To develop training capabilities for maternal health care, including the development of the Maternal and Child Health Training Institute (MCHTI) as a model training centre and the revision of existing curricula of health and family planning workers.
6. To monitor the impact of maternal health care services and education on maternal and neonatal mortality and morbidity.

Activities

5.3.56

TBA Training

Some 36,400 TBAs are to be trained for 21 days with a 21 month follow-up meeting schedule. The TBAs are trained in groups of 15 at the Union Health and Family Welfare Centres (UHFWCs). The Family Welfare Visitor is the trainer. Each TBA receives a TBA kit box of supplies to help with deliveries. In addition 10,000 TBAs will be retrained. A mid-term evaluation of the TBA Training Programme will be carried out in 1990. It will include a look at quality and impact of training. A final evaluation to be carried out in 1992.

5.3.57

Senior FWV Training

Some 315 Senior FWVs will receive 5 weeks clinical training at the Azimpur MCHTI and 5 weeks field training at selected UHFWC's. One month refresher training will be carried out from 1991 to 1993 for 460 Senior FWV's. An evaluation of the Senior FWV Training Programme will include a review of the quality of training, the proper utilization of the Senior FWV, and the impact on MCH-FP management.

5.3.58

FWV Refresher Training

One month refresher training will be provided to 2400 FWV's to help prepare them as trainers of TBA's. Selected Family Welfare Visitor Training Institutes (FWVTI's) will implement the training.

5.3.59 Community Education on Maternal Health

There are five sub-activities to be developed including:

1. Development of Cord Care Kits

Development and distribution of cord care kits with educational messages in an appropriate format for use through commercial channels, existing women's networks, and trained TBA's. UNICEF to help support local production capability as well as original kit and message design.

2. Development, production and distribution of discussion guidelines on safe birth practices

Educational messages in an appropriate format are to be developed by the end of 1987, and tested by mid-1988. They will be produced in large numbers and distributed by mid-1989. The guidelines are geared to different community groups, including men and women, and are to be used by various types of community level workers involved in governmental or non-governmental development programmes, such as the Upazila level women's programme officers, the Upazila and Union level social workers, the secretaries and managers of the women's cooperatives, and motivators working with rural works programmes.

A total number of 4,500 Trainers from 150 Upazilas having activities under The Women's Affairs Department, Department of Social Services, Bangladesh Rural Development Board, Grameen Bank and NGOs (e.g. the NGO project supported by the Women in Development programme) are to be trained. They in turn will act as a resource persons for teaching women and families on basic self care actions for maternal health care, focusing on safe birth practices.

3. Development, production and distribution of a package of training/education materials for maternal health care

The materials would include the main education messages, teaching/discussion methods and aid, and background technical information. The package could be used by trainers in women in development training programmes, by teachers in the education system (e.g. girls' high schools), or by other trainers in formal training activities. It could also be used by health and family planning workers for health education activities. Prototypes will be developed and tested in late 1988, and then produced and distributed in bulk from 1989-1993, with an evaluation in 1991.

A total number of 500 Trainers from Government and NGOs involved in women in development programme are to be trained. They in turn will act as a resource person for teaching local groups.

4. Development of public education programme on maternal health care

Educational messages on promotion of antenatal care and safe birth practices would be developed for use in the public media (e.g. radio) to be directed to the community as a whole, as part of Family Planning Information, Education and Motivation (IEM) and broader health education campaigns.

5. Socio-cultural research on maternal health care practices

There is a need for an evaluation of these educational activities, to measure a change in people's awareness and knowledge of maternal health care; this would involve the collection of baseline data and study of awareness/knowledge levels before and after the educational activities, to be carried out in selected areas. An appropriate national research group will be selected in agreement between the Directorate of Health Services and UNICEF to carry out the research. The research will begin with baseline data collection in 1989 and be finalized in 1993.

5.3.60 Strengthening of maternal care as part of PHC

The activities would primarily involve improving the training of health and family planning workers at the Upazila, Union and village levels including:

1. The introduction of appropriate technologies for safe birth practices and nutrition education, to be implemented along with other critical health activities affecting women such as family planning, IT immunization and disease/infection control; to be introduced in a phased manner to 10 Upazilas by 1993; to 50 Upazilas by 1992; to 100 Upazilas by 1993.
2. The strengthening of management functions such as the revision of job descriptions to describe maternal health care task accurately; the preparation of supervisory checklists on maternal care for the Sr FWV, by 1990.
3. The development of activities to encourage community involvement for the support of high risk pregnant women and complicated deliveries such as community arranged transport to a referral centre or reducing women's work load during pregnancy and the post partum period. To be introduced and evaluated in 10 Upazilas by 1993, with plans for further development.
4. The development of the referral system for maternity care to include services for the preventive and emergency treatment of high risk and complicated cases. UNICEF could contribute to the funding of activities in this critical area as it is expected that other donors are prepared to provide more substantial inputs. All collaboration and support will be provided as far as possible for the development of this area, including:
 - the assessment of the existing infrastructure, roles of health and family planning workers, and socio-cultural and economic barriers.
 - the action research on pilot implementation.

- strengthening of the referral and support systems by providing basic obstetrical instruments, supplies, and equipment to 100 Upazila Health Complexes.

5.3.61 Training: UNICEF will collaborate with other agencies such as WHO, UNFPA and the World Bank which are expected to provide funds and technical assistance for training activities, particularly with regard to the:

1. Development of the MCHTI/Azimpur as a "model" training centre for maternal health care to include:

- establishment of a Training Management Unit (staffing support, curriculum development and technical assistance), by 1989;
- revision and strengthening of services, including staff training; Phase-I to be completed by 1990; and
- the training of health and family planning workers in maternal care.

2. Strengthening of curricula on maternal health care with technical and materials assistance for the revision and improvement of existing curricula modules on maternal health care, including the modules in the FWAs, FWVs, and Senior FWVs refresher training.

5.3.62 Monitoring of maternal mortality: Support will be provided for activities such as maternal mortality studies, female morbidity studies, the maternal health care aspects of the Management of Information System (MIS), a survey system, and operations research on services.

5.3.63 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	330.0	627.0	640.0	496.0	441.0	146.0	2,680.0
Supplementary Funds (SF)	40.0	145.0	101.0	130.0	164.0	48.0	628.0
Total	370.0	772.0	741.0	626.0	605.0	194.0	3,308.0

B. MAJOR TARGETS

1. Training/Orientation							
a) Sr FWV's Basic Training	75	120	120				315
b) Sr FWVs Refresher Training				200	200	60	460
c) FWVs Refresher Training	240	560	600	600	400		2,400
d) TBAs Training	4,000	8,400	9,000	9,600	6,000		36,400
e) Orientation of Supporting Personnel (Deputy Directors Family Planning, Upazila Health & Family Planning Officers, Medical Officers-MCH, Upazila Family Planning Officers)	225	360	360				945
f) Reorientation of TBAs trained under I & II Phase.	1,000	3,000	3,000	2,000	1,000		10,000
g) Training of trainers on Community Education of Women and family (SF)*		1,750	1,750	750	750		5,000
2. Procurement of TBA Kit Box	4,000	8,400	9,000	9,000	6,000		36,400
3. Procurement of Safe Birth Kit (in '000')(SF)			100	200	300	100	700
4. Production of:							
a) Discussion Guide (Copies)	10,000						10,000
b) Training package for women's groups (Package)	5,000						5,000
5. Strengthening of referral centre-UHC (SF)			20	40	35	5	100

* Supplementary funds will be used partly for item 1g and fully for items 3 and 5.

HEALTH SERVICES DEVELOPMENT AND MANAGEMENT

- 5.3.64 This project will be implemented by the Directorate of Health Services under the sponsorship of the Ministry of Health and Family Planning.

Objectives

- 5.3.65 This project has the following specific objectives:

1. To develop model health systems in 50 Upazilas.
2. To train 460 Upazila Health and Family Planning Officers (UHFPOs) and Medical Officers (MOs) for planning and managing the health and family planning services.
3. To develop mechanisms for involvement of local authorities, community leaders and other groups in the planning, implementation, and evaluation of services.
4. To develop four Upazila-level health training centres to be used for pre-service and in-service training for health managers.
5. To develop systems to facilitate interlinkages and convergence of services within health, family planning, and other sectors.

Activities

- 5.3.66 To develop model systems of integrated health and family planning services in 50 Upazilas in 4 districts by 1993

A strategy will be designed based on an assessment of existing programme performance and potentials (especially EPI and Essential Drugs Project), and on existing operation research on integrated approaches.

1. To evaluate a model for integrated health and family planning services, which apply PHC approaches to decentralized planning and monitoring, community involvement and intersectoral linkages.

2. To support the management of these services through technical assistance and supervision from district and central levels, and provision of supplies as required.

5.3.67

Training on Health Services Management: Over the project period some 460 UHFPO's or Medical Officers will be trained in managerial skills to facilitate the implementation of health and family planning programmes. Important preliminary activities are:

1. Assessment: to assess training needs and prepare training modules in management functions required for the implementation of health and family planning programmes at Upazila level, including:
 - personnel management: development of workplans, team leadership, supervision (including in-service training and planning).
 - data collection and reporting.
 - planning and monitoring of services.
2. Develop training sites: To develop in 4 selected Upazilas capabilities for in-service training in health service management. These centres will become permanent bases for management training activities and provide in-service training opportunities for reorientation of new medical graduates and UHFPO's from curative to community health.

5.3.68

Local Health Planning

A counterpart agency will be selected to conduct problem solving workshops and devise approaches to increase local involvement in health planning and monitoring and create demand for health services. UNICEF will provide funds for workshops.

5.3.69

Supervision

A checklist with written guidelines on supervision and the frequency of visits per month will be developed for UHFPOs. UHFPOs will meet with other MOs weekly to discuss patients' attendance, disease patterns and problems. Regular meetings will facilitate early detection of epidemics or changes in disease patterns.

5.3.70 Develop and test New Interventions

The selected Upazilas will provide operational research and demonstration areas for developing strategies to control diseases. Teaching materials, health education materials, and monitoring systems will be tested.

5.3.71 Health Monitoring

Support will continue for efforts to standardize and improve data collection and reporting. Reporting forms and registers will be introduced to health facilities in a phased manner through the Essential Drugs Project and this project. During 1987, the 2 Upazilas under the DANIDA Essential Drugs Project were given the forms and registers. The 8 Upazilas under the first phase of the UNICEF assisted Essential Drugs Project and all Upazilas under Chittagong and Cox's Bazar also received the forms and registers. Data from those Upazilas will be carefully monitored through the Health Information Unit. Effectiveness of the forms and registers in improving the health information system will be assessed after a year, modifications will be made as needed before introducing the registers in other areas. The forms and registers will be introduced to 400 UHCs and 1600 Union sub-centres by 1993.

5.3.72 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	70.0	225.0	120.0	95.0	165.0	120.0	795.0
Supplementary Funds (SF)	30.0	60.0	60.0	60.0	60.0	60.0	330.0
Total	100.0	285.0	180.0	155.0	225.0	180.0	1,125.0
B. MAJOR TARGETS							
1. Development of training modules (SF)	1	5					6
2. Training/Orientation/Workshops:							
a) Training of Upazila Health & Family Planning Officers.	20	100	140	200		460	460
b) Orientation of Upazila staff	200	2000	2,800	4,000			9,000
c) Workshops for Community Leaders		500	2,000	1,500	1,000	1,000	6,000
3. Evaluation Study (SF)		1			1		2
4. Supply of reporting forms and registers to health facilities (copies)	500	650	850				2,000

* Supplementary funds will be used for items 1 and 3.

CONTROL OF IODINE DEFICIENCY DISORDERS

5.3.73 This project will be implemented by a multi-agency working group including the Bangladesh Small and Cottage Industries Corporation (BSCIC), the Institute of Public Health Nutrition (IPHN), the Institute of Public Health (IPH), the Institute of Nutrition and Food Science (INFS), The Institute of Food Science Technology (IFST) and the Department of Food.

Objectives

5.3.74 This project has the following objectives:

General

To control Iodine Deficiency Disorders (IDD) in Bangladesh with the help of nationwide production and supply of iodated salt.

Specific

1. To establish a nationwide capacity of universal salt iodation and distribute all edible salt in Bangladesh by June 1993.
2. To formalize legislation on the production, supply and control of iodated salt by June 1990.
3. To establish a public information campaign for the support of iodated salt consumption in conjunction with the legislation by June 1990.
4. To establish the quality control system for all iodated salt by December 1990.
5. To cover 1,000,000 "at risk" population in 10 hyper-endemic goitre Upazilas with iodine oil injection by June 1990.
6. To have established a system for monitoring and evaluating the impact of iodated salt and iodine injection campaign on the population by December 1990.

Activities

5.3.75 Formalize Legislation

UNICEF will continue to assist the Government to enact and enforce legislation for the nationwide introduction of iodated salt in Bangladesh. This is a necessary prerequisite for ensuring that iodated salt is unversally available at low cost to the most "at risk" members of the population.

The "First National Workshop on Control of IDD in Bangladesh" also recommended formulation of such legislation through the Ministry of Health and Family Planning, which will be the key Ministry for execution of the legislation. The Ministries of Food, and Law and Justice will also work together on the implementation and monitoring of the law.

The law enforcing agencies of the Government such as the Ministry of Home Affairs will be held responsible for overseeing the enforcement of the legislation. In addition, Inspectors of Food of the Ministry of Food, Health and Sanitary Inspectors of the Ministry of Health, or other agency(ies) as and when empowered will be responsible for enforcement of the act as proposed in the draft legislation.

5.3.76 Production and Distribution of Iodated Salt

Some 200 salt crushing/refining units will be equipped with salt iodation plants of three types - continuous 5 tons per hour, modified continuous 2 tons per hour, and batch 1 ton per hour.

5.3.77 Iodation Plants/Size/Approximate Number/Approximate Cost

Type of Plants	Capacity	Rate per Unit(US\$)	Number	Total Cost (US\$)
Continuous Plant	5 TPH	40,000	20	800,000
Modified Continuous Plant	2 TPH	12,000	150	1,800,000
Batch Plant	1 TPH	7,000	30	210,000
Total			200	2,810,000

For coordinating technical activities of the salt iodation programme with the salt crushing/refining units, the working group will formulate procedure and terms of agreements for the handover and distribution of the designated salt iodation plants to the refineries. The agreement will specify the terms and obligations between the refiner and the executing agency, and shall be entered into individually with each refinery.

On a yearly basis the executing agency will prepare a supply request receiving technical details from the working group and will submit to UNICEF for procurement. UNICEF will take the responsibility of importing/procuring supplies as per requirement. Upon receiving the plants and other supplies, the executing agency will distribute and assist in installation of the plants to the refineries as per "Deed of Agreement" with the individual refinery and will be responsible for periodic inspection and supervision.

During the beginning of the first phase, attempts will be made to identify those refineries/crushing units who supply salt to the most severely affected areas of iodine deficiency in the country, and ensure that these refineries receive the initial iodation equipment. The second phase will cover all remaining refineries.

Attempts will be made to manufacture/fabricate iodation plants locally based on the models already imported by UNICEF. Fabrication or manufacture of salt iodation plants will be under UNICEF terms and condition.

At the terminal year of the project the 200 salt iodation plants will be able to produce 430,000 tons of iodated salt against the requirements of over 427,000 tons (for about 117 million population) annually.

As implementation must be completed over several years, the schedule suggests two broad phases; 1988-1990 and 1990-1993 as shown below:

5.3.78 Implementation schedule of iodation plants

Type of Plants	1988-1989	1989-1990	Sub-Total	1990-1991	1991-1992	1992-1993	Sub-Total	Total
Continuous Plants 5 TPH	5	5	10	5	3	2	10	20
Modified Continuous Plant 2 TPH	20	30	50	40	30	30	100	150
Batch Plant 1 TPH	5	5	10	10	10	-	20	30
Total	30	40	70	55	43	32	130	200

Note: Three Batch Plants (2 TPH, 1 TPH and 0.5 TPH) have already been installed on pilot basis.

5.3.79 Communication for Iodated Salt:

A comprehensive communication plan is needed to support the introduction of iodated salt in Bangladesh. The communication possibilities can be summarized as general health education, clinical information, motivation for refiners, information for refiners, stimulation of demand, and technical training on quality control and testing.

5.3.80 The phase of the communication components are defined by (1) fixing of the implementation date of the law, and (2) the rate at which plants can be manufactured and installed to supply salt in identifiable geographical areas.

5.3.81 Quality Control

Iodated salt produced at the salt refineries should contain a minimum of 150 micrograms of iodine per capita per day. At a level of 40 ppm potassium iodate in the salt, and assuming 50 percent losses during transportation and storage, the iodate delivered would be 20 ppm. For a per capita consumption of 10 grams this will deliver 200 micrograms of iodine per day, sufficient to meet the minimum requirement.

Quality control will involve checking the iodate content in the salt by drawing salt samples at the various stages listed below:

1. Production Centres: Once every hour
2. Despatch - One sample for every truck load despatched.
3. Wholesalers - One sample per wholesalers per week.
4. Samples from retail dealers and consumers drawn at random every month.

5.3.82 The Institute of Food Science and Technology (IFST) of the Bangladesh Council for Scientific and Industrial Research, or the Institute of Public Health Nutrition (IPHN), or the Institute of Public Health (IPH) will be utilized as the central laboratory for salt iodation analysis. The Working Group will decide on the appropriate locations.

5.3.83 Every continuous/batch iodation plant will be provided with the required simple analysis kit developed by IFST/BCSIR with which they will be able to monitor the quality at the production level. In addition field analysis kits will be supplied to the District-level Food Inspectors of the Ministry of Food, and about 15,000 Sanitary Inspectors/Health Inspectors/Health Assistants for test/checking of the samples.

UNICEF will assist with the quality control by providing laboratory and field testing equipment plus expert technical advice if required. The Government will provide the manpower and space and basic infrastructure costs for the efficient implementation of this important aspect of the IDD Programme. For quality control at least two persons from each refinery will be trained on the preparation of iodate solution.

5.3.84 Iodine Oil Injection (Lipiodol) Campaign

As an interim and immediate measure, to cover hyper-endemic goitre areas, 'Lipiodol' injection campaign will be conducted to protect the "at risk" population from Iodine Deficiency Disorders. All females (0-45 years) and all males (0-15 years) of the selected hyper-endemic goitre Upazilas will receive one dose (1 ml. for above one year of age and 0.5 ml for below one year of age) of 'Lipiodol' injection, which will protect them upto 5 years, by

providing required supply of iodine. Ten out of 34 (target population 3.8 million) hyper-endemic Upazilas having a total population of about 1 million will be selected. In the present phase, the campaign will continue upto June 1990 and is expected to cover 1 million target population. Training of health and community workers on IDD control and 'Lipiiodol' injection campaign, along with monitoring and evaluation of the programme, will be done by the IPHN, and the overall field implementation of the programme will be done by the Upazila Health Complexes, under the Directorate of Health Services. The project office will continue at IPHN with a Project Manager and minimum project staff (one accountant, one field assistant/clerk and one messenger). The "Working Group" consisting of representatives from the IPHN, the Directorate of Health Services, the Institute of Nutrition and Food Science, the Institute of Nuclear Medicine, the Bureau of Health Education, the National Nutrition Council and UNICEF will continue to function at the central level for providing overall guidelines for the implementation of the project.

5.3.85 Monitoring and Evaluation

The Institute of Public Health Nutrition of the Ministry of Health, in collaboration with the Institute of Nuclear Medicine, will conduct periodical surveys evaluating the effectiveness of the programme. The surveys of prevalence will then be compared to the baseline data collected in the nationwide goitre prevalence survey during 1981-82.

5.3.86 Two comprehensive evaluations will be conducted; one at the end of Phase I, and the second at the end of Phase II. UNICEF will assist with the periodic and comprehensive surveys by providing expert technical advice, if required, and meeting essential costs. Every effort will be made to involve the field level officials (Division, District, and Upazila level) of the concerned agencies in all the relevant monitoring activities. UNICEF will also deploy its Zonal Offices to assist in monitoring and evaluation of the project.

5.3.87 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	353.0	880.0	527.0	0.0	0.0	0.0	1,760.0
Supplementary Funds (SF)	0.0	0.0	669.0	1,263.0	1,168.0	574.0	3,674.0
Total	353.0	880.0	1,196.0	1,263.0	1,168.0	574.0	5,434.0

8. MAJOR TARGETS

1. Fabrication and Installation of Salt Iodation Plants	10	20	40	55	43	32	200
2. Importation of Potassium Iodate (kg)	500	1,000	5,000	11,650	13,350	15,000	46,500
3. Production & distribution of Iodated Salt (in '000 tons)	20	50	160	275	360	430	1,295
4. Printing of legislation(copies)	5,500						5,500
5. Administering Ipiodol injection (in '000 doses)	250	250	250				750
6. Training:							
a) Salt refiners	30	60	120	165	129	96	600
b) Health/food officials	1,000	2,000	2,000	2,000	2,000	1,000	10,000
7. Evaluation			1			1	2

Note: The GR fund will be used upto June 1990 and from July 1990 to June 1993, supplementary fund will be utilized.

COMMUNITY FOOD AND NUTRITION

5.3.88 This project will be implemented by the Institute of Public Health Nutrition (IPHN) of the Ministry of Health and Family Planning and the Agriculture Extension Service, Food Crops Division of the Ministry of Agriculture.

Objectives

5.3.89 This project has the following specific objectives:

1. To develop a nutrition protection package to enable women to deliver babies of adequate birth weight and to prevent growth faltering from birth to 18 months of age by:
 - a) ensuring that mothers know about eating/feeding requirements during pregnancy, for newborns, and for children up to 18 months of age.
 - b) assisting mothers to monitor their growth during pregnancy and the weight of their children from birth to 18 months of age.
 - c) assisting mothers to acquire immunization services for themselves and their infants.
 - d) assisting mothers to recognise and care for bouts of diarrhoea, infections, and worm infestations.
 - e) assisting mothers to know and use safe hygiene and sanitation practices.
 - f) assisting mothers to produce additional food to meet nutrition requirements.
2. To develop a culturally relevant nutrition education package with practical messages to improve feeding/eating practices.
3. To develop a growth monitoring and promotion programme for both pregnant women and mothers to identify early growth faltering.
4. To develop a family gardening programme for providing sufficient food to households.
5. To reach 200,000 households with assistance in nutrition education, growth monitoring and promotion, and/or family food gardening.

Activities

5.3.90 The Community Food and Nutrition Project has three major components: (1) Nutrition Education, (2) Growth Monitoring and Promotion, and (3) Family Food Production. Each component is independent and can be selectively added to ongoing programmes such as the Bangladesh Rural Development Board (BRDB) Cooperatives, Grameen Bank activities, or NGO programmes. The nutrition protection package combines these three components with deworming, health education, child spacing, treatment for infections and other interventions to prevent malnutrition. The activities for the development of the protection package are as follows:

1) Preparatory Phase

This phase will include staff recruitment and training, procurement of supplies and equipment, development of evaluation system, selection of counterpart agencies, and identification of technical resources. A working group coordinated by the IPHN will develop the workplan and see that these preparatory steps are carried out.

2) Selection of Sites

Joint visits by the IPHN and the counterpart agencies will be undertaken to select sites.

3) Training of Field Staff

Union or ward level staff from the Ministries of Health, Social Welfare, and/or NGOs will be trained and supplied with the necessary equipment and support materials.

4) Formation of Nutrition Protection Groups - The field workers will identify pregnant women and mothers of newborns, by neighbourhoods, and organize informal groups. EPI registration will be an excellent source of lists of eligible women. The EPI sessions can actually be used to "enroll" mothers into this programme. Ten to twenty mothers would be a manageable size group.

- 5) Group Meetings - The groups of mothers will meet on a regular basis, at least once a month, to discuss nutrition education; discuss preventative health measures such as child spacing; handwashing; monitor the growth of the children and pregnant women; receive advice and treatment for worm infestation, diarrhoea, anaemia and infections; and learn how to improve their household gardens. Each mother should, through the group, be empowered to prevent malnutrition in her newborn child. The field worker will facilitate the group's activities and provide the necessary equipment and supplies.
- 6) Supervision and Support - The field staff will have back-up and support from the Upazila-level Nutritionist, Lady Health Visitor, or other specifically trained and designated staff member. The IPHN will provide supervision to the Upazila staff through regular field visits, workshops, and special studies to be commissioned by the IPHN and the working group.
- 7) Monitoring and Evaluation - As this is the first project in Bangladesh with such an integrated effort aimed at preventing malnutrition there will need to be extensive evaluation work to assess whether such a strategy is feasible. It will also be necessary to evaluate which components of the strategy can actually be delivered and which can be implemented by the household. The cost of the intervention will also be important in deciding on future replicability. Monitoring and formative evaluation should be done by the implementing agencies. By 1992 an external evaluation is required to assess the possibility of larger scale replication.

5.3.91 Nutrition Education Activities

- 1) Problem Identification - An indepth study of family practices will identify those factors which both promote and hinder the health and nutrition of pregnant women and children up to 18 months of age. Focus group studies, followed by a sample survey will be carried out.

- 2) **Message Design** - As a result of the problem identification phase messages will be designed, field tested, revised, and finally become the basis for all nutrition education activities. Audience targeting will require modifications to messages accordingly. Messages will be focused on easy to practice behaviour changes which will have a positive affect on child growth. Messages will reinforce positive practices and seek to change negative ones. The emphasis will be on giving colostrum, introducing semi-solids after 6 months, and feeding during illness.
- 3) **Curricula, Promotion and Media Packages** - The messages will be packaged into attractive discussion guidelines, curricula, teaching aids, handouts, radio messages, and field worker materials to match audiences, programme needs, and identified effective delivery channels.
- 4) **Formative Evaluation** - There will be a structured formative evaluation plan to collect information and make adaptations as required.
- 5) **Impact Evaluation** - An evaluation to show actual changes in behavior and impact on nutritional status will be designed to include an initial baseline study.

5.3.92 Growth Monitoring and Promotion Activities:

As available technology for growth monitoring is still too sophisticated for easy adaption to Bangladesh, the project will endeavor to learn from the experience of neighboring countries. Twelve to eighteen months will be required to test new scales which are more portable, reliable, and easier to read; test arm circumference tapes for pregnant women; and develop appropriate teaching/training materials.

- 1) Identify project sites - Project sites will be selected based on the availability of organized groups of women and an active field worker service such as cooperative groups and Women's Clubs.
- 2) Implementation - Provision of growth charts, scales, training, and promotional materials and technical support to 1,000 organized groups.

- 3) Formative evaluation, revision - As the approaches and materials are yet to be developed and tested, it is envisioned that frequent revisions will be required. The IPHN, INFS, NNC and other collaborating agencies will be involved in regular monitoring and formative evaluation work. UNICEF will also regularly collect feedback through the many other related sectoral programmes, (Slum Improvement, Integrated Basic Services, and Women in Development projects) which are expected to use the approaches and materials developed in this project. In addition the seven UNICEF Zonal Offices will periodically monitor different aspects of the project.
- 4) Evaluation - At the end of four years, a formal evaluation will be commissioned to review the project's potential, and recommend monitoring and promotion activities for the betterment of child survival and development in Bangladesh.

5.3.93

Household Food Production Activities:

- 1) Development of training modules - The first phase will be the development of training modules on bio-intensive gardening with an integrated health and nutrition education focus. The modules will be adapted for 3 levels of trainees --- the agriculture extension workers, other field workers, and household members (especially women).
- 2) Training - Training and orientation of 1,000 agriculture extension workers, 1,000 other field workers, and 20,000 household members in bio-intensive gardening techniques and health and nutrition education. The agricultural extension workers will train the field workers. Both the agricultural extension workers and the field workers will train the community members from 100 Upazilas.
- 3) Strengthening 10 horticulture bases/nurseries - Ten nurseries will be strengthened in order to produce adequate quantity of quality seeds, seedlings and saplings, for bio-intensive gardening by June 1990.

- 4) Training and visit to establish 20,000 bio-intensive home gardens - The agricultural extension workers and other field workers will assist families (especially women), to establish more productive gardens through provision of seeds, seedlings, saplings, and new technologies. Sites to be selected from areas already organised through Women's Affairs Department, DPHE, NGOs or others.
- 5) Monitoring, Evaluation - The project will have a system to monitor and evaluate progress so that appropriate adjustments can be made when required.

5.3.94 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	100.0	185.0	175.0	175.0	200.0	150.0	985.0
Supplementary Funds (SF)	0.0	50.0	50.0	50.0	50.0	40.0	240.0
Total	100.0	235.0	225.0	225.0	250.0	190.0	1,225.0
B. MAJOR TARGETS							
1. Nutrition Education:							
a) Sample Survey on problem identification	1						1
b) Message design	4	5					9
c) Development of curricula promotion & media (sets)	1	2	1				4
d) Formative evaluation	1	1					2
2. Growth Monitoring: (SF)							
a) Identify Project sites	10	10					20
b) Growth Charts (in '000)	10	20	20	20	20	-	90
c) Weighing scale (pieces)	100	500	400				1,000
d) Formative evaluation/revision		1			1		2
e) Evaluation						1	1
3. Household Food Production: (SF)							
a) Development of training module	1						1
b) Training:							
- Agriculture Extension workers	50	250	400	300			1,000
- Agriculture Field officials	50	250	400	300			1,000
c) Strengthening of Horticulture		2	2	3	3		10
d) Training of bio-intensive gardeners	1,000	4,000	5,000	5,000	5,000		20,000
4. Nutrition Protection:							
a) Selection of sites	2	8	10				20
b) Training of field staff	50	150	200	400	1,000	200	2,000
c) Formation of Nutrition Protection Group	20	180	200	400	1,000	200	2,000

* Supplementary funds will be used for items 2 and 3.

FOOD AND NUTRITION POLICY AND PLANNING

5.3.95 UNICEF will assist the Government in efforts to find appropriate means to tackle the high rate of malnutrition in Bangladesh. During both the Programme Strategy Meeting and the Country Programme Preview there was agreement on the need for a more effective mechanism to plan and coordinate nutrition and nutrition related policies.

While it will take time to identify and structure the appropriate mechanisms, UNICEF has agreed to set aside an amount of US\$56,000 from general resources to assist the Government with research, nutrition information systems, advocacy, training, and technical assistance. UNICEF's assistance will be coordinated with other donors, many of which have already expressed their interest in this area.

5.4 INTEGRATED BASIC SERVICES FOR THE RURAL AND URBAN POOR

Background

- 5.4.1 The socio-economic condition of the vast majority of the rural population (83 percent of the country population of 105.2 million in 1987) has been described as "appalling" in the Third Plan document. It is stated there that over 50 percent of the rural population are functionally landless and that 76 percent are unable to meet their minimum calorie requirements. A vast section of the rural people are said to be unemployed or underemployed.
- 5.4.2 Their access to basic services leaves much to be desired. Only about 30 percent have access to basic health services. About 5 percent only of births are attended by trained midwives or traditional birth attendants. Less than 4 percent have access to sanitary latrines. While about 82 percent of villagers claim to use tubewell water for drinking, less than 12 percent use it for all their water needs. About 35 percent of the 6-10 age group children are not even enrolled in primary schools. The adult literacy rate is a low 29 percent; for females it is 18 percent.
- 5.4.3 The average 4.7 percent GDP growth rate between 1972/73 and 1984/85 has not been enough to have any significant impact on income distribution or poverty alleviation. The population growth rate for roughly the same period has averaged around 2.8 percent. Per capita food intake levels in rural areas declined in recent years, with the decline in pulses, vegetables, fish and other animal protein, and fats and oils being especially notable (see para 4.2.10).
- 5.4.4 One of the major problems is that of access. There are sufficient stocks of food grain in the country, but it seems that a sufficient quantity of it cannot reach the poor through the market system, or through food relief. In the case of other nutritional foods the problem is also one of declining production and, possibly, non utilization of appropriate technology for household food production activities. It should be noted that the so-called "functionally landless" are not, in the majority of cases, "totally without land". In

the case of basic services such as health and education the problem seems to be both a lack of resources at the macro- or national level, as well as lack of motivation of outreach systems and participation of beneficiaries at the micro- or field level. The poor are more difficult to reach, and are often the most easily overlooked, in economic and social development programmes with macro perspectives and universal coverage targets.

5.4.5 The urban poor constitute as much as 50 percent of the urban population, which is itself about 17 percent of the country population, and is projected to grow to about 26 percent or 37 million people by the year 2000. The urban growth rates of over 6 percent between 1972/73 to 1984/85 are well above the average population growth rate of 2.8 percent for the same period; they also constitute one of the highest growth rates in Asia. The slums are the fastest growing sections of these rapidly growing urban areas.

5.4.6 The urban poor are not much better off than their rural cousins in terms of access to basic services. Housing conditions are deplorable, with 67 percent of the urban population living in katcha housing and over one-half living in one room per family. Population densities in slums can reach 2,000 persons per acre, five times the density normally prescribed for cities in developing countries. Twenty percent of urban dwellers have no access to safe water, and 80 percent lack access to sanitary latrines. Community services such as schools and health clinics are not readily available. Slums frequently lack drainage, street lighting, electricity, and garbage collection.

5.4.7 Within the national development context there is an obvious need for more specific social targetting, for programmes that focus on rural and urban poor households. There is a need for programmes that aim to improve the socio-economic situation of the rural and urban poor through an integrated package of activities designed around a core of income generation, household food production, and community organization and social consciousness raising activities. In addition, a convergence with other basic services activities must be sought through child survival and development related functional education, and by promoting greater access to basic services provided by other Government programmes.

5.4.8 In its Third Plan document the Government has indicated that the three major components of its rural development strategy are:

1. Physical Infrastructures: construction of feeder roads, bridges and culverts; development of rural growth centres; and provision of electricity to rural growth centres.
2. Irrigated Agriculture, Drainage and Minor Flood Control: extension of irrigation through minor irrigation programmes; provision of inputs like seeds and fertilizer; and provision of credit to farmers.
3. Production and Employment Programme for the Rural Poor: this includes the promotion of gainful employment opportunities for rural poor women. UNICEF has been encouraged to support this third component in existing rural development programmes with an integrated basic services approach combining income generation, household food production, social mobilization, child survival and development oriented functional education, and enhanced access to basic services such as health, nutrition, safe water supply and sanitation, and primary education.

5.4.9 The Basic Services for the Rural and Urban Poor Programme is a continuation of earlier programmes in Area Development, Social Services, and Urban Development with, however, a sharper focus on community organization and development, (especially of poor women), income generation, and convergence of basic services. More emphasis will be given to sustainability and self-sufficiency, at both the community and implementing agency levels.

At the community level, sustainability and self-sufficiency will be achieved through the continuing practice of beneficiary contributions, group savings, and income generation loans. In the programme, nothing is given free of charge. Beneficiary contributions are deposited in community accounts, along with weekly group savings and interest from income generation loans. These funds will accumulate over the life of the projects, so that they can be used by the community to continue activities after UNICEF assistance ends.

At the implementing agency level, sustainability will be achieved through the use of existing government staff to implement the projects. These workers will receive training and motivation to carry out their responsibilities. UNICEF staff support will be limited to low-level field staff in two projects only. No support will be given to central or district-level staff. This should result in increased ability of the government to sustain the programme once UNICEF-assistance ends.

More attention will be paid to convergence of existing services through increased linkages with other UNICEF-assisted activities. This will occur in three ways:

1. Through linkages with the Water and Environmental Sanitation Programme activities (for the provision of tubewells and sanitary latrines, establishing of latrine production centres, training of masons and pump caretakers, and development of health education materials for sanitation and hygiene).
2. Through technical assistance from Health, Nutrition, and Education Programme staff in developing project components (including the training of CHWs, TBAs and Maktab teachers, and the development of training and communication materials).
3. Through functional education and social mobilization activities aimed at promoting demand for, and enhancing access to, basic services provided by other UNICEF-assisted projects (such as immunization, ORT, and the control of IDD and blindness prevention).

The basic services programme focuses on poor women, both as beneficiaries of services and as change agents, because of the key role they play in the promotion of child survival and development concerns. Women are the primary focus of most of the activities in the basic services programme; community organization emphasizes the formation of female groups, and includes women in community-wide implementation committees; women alone are eligible for income generation loans; women are trained as

community health workers; primary health and nutrition education are geared towards mothers and children; women are used as project staff wherever possible to create role models; and women are involved in implementing physical improvements, especially those for water and sanitation.

Objectives

5.4.10 This programme will have the following general objectives:

1. To promote self-reliant community development efforts through mobilization of community resources and enhanced access to government basic services.
2. To promote the social mobilization of poor women so that they become the change agents and programme implementors.
3. To promote the social mobilization of poor tribal women and tribal youth with a view to enabling them to become change agents and programme implementors in their deprived tribal communities.
4. To improve the health and nutrition conditions of children and women in rural (including tribal) and urban slum areas through the provision of an integrated basic services package including income generation, household food production, and health and nutrition education, as well as by enhancing access to other basic services such as immunization, oral rehydration therapy, blindness prevention, primary health care, safe water supply and sanitation, and primary education.
5. To increase the capacity of Government, especially at the local municipal level, to work with urban poor communities in the planning and provision of basic services.
6. To encourage national planning for urban basic services commensurate with the rapid growth of the country's urban centres, with particular reference to the situation of the urban poor.

Projects

5.4.11 The projects included for cooperations under this Basic Services for the Rural and Urban Poor programme are:

1. Integrated Development of Rural Women and Children through Cooperatives (in RD-II).
2. Integrated Community Development Programme for the Hill Tracts Region.
3. The Family Development Project.
4. Slum Improvement Project.

UNICEF will provide an estimated US\$ 8,408,000 from general resources for the Basic Services for the Rural and Urban Poor programme during the July 1988 to June 1993 period. In addition it will seek an estimated US\$ 4,000,000 in supplementary funding for these activities for the same period.

INTEGRATED DEVELOPMENT OF RURAL WOMEN AND CHILDREN THROUGH COOPERATIVES (IN RD-II)

- 5.4.12 The Rural Development II (RD-II) programme is being implemented in 13 out of the 20 "old" districts of Bangladesh with major support from the World Bank, UNDP, the Canadian International Development Agency (CIDA), and the British Overseas Development Agency (ODA). Its major activities include: the provision of credit facilities to farmers; irrigation management; agricultural inputs and crop marketing; development of physical infrastructure of the Upazilas; and the training of cooperators and officials of the Bangladesh Rural Development Board (BRDB).
- 5.4.13 This UNICEF-supported project will also be implemented by the BRDB, under the sponsorship of the Ministry of Local Government, Rural Development and Cooperatives. It will complement the above activities with an integrated package of basic services activities including income generation, household food production, community organization and social consciousness raising, child survival and development related functional education, and enhancing access to Government basic services. These activities are targeted at the poorest women and their children ("families") in RD-II project villages. The activities are organised and implemented through the field-based staff of the BRDB, working in close tandem with the rural landless women's cooperatives (MBSS or

Mahila Bittahin Samabaya Samiti) established by the beneficiary women. The project is sustained through the same mechanism, using accumulated capital based on a revolving fund for income generation (15 percent interest rate), group savings, and beneficiary contribution for a variety of basic services -- nothing is given free of charge.

- 5.4.14 In the 1985-88 period the project benefitted some 36,000 families in 900 villages. No new resource inputs are envisaged for this group, though they will continue to benefit from primary health care, social mobilization and refresher training activities, as well as from supervision and support by the field-based officials of the BRDB. In the 1988-93 period the project will extend its coverage to an additional 72,000 families of whom 36,000 will be organised in the existing 900 "old" project villages, and 36,000 in 600 "new" project villages. In short, the area coverage will extend by 600 villages (to a total of 1,500 "new" and "old" villages), and beneficiary coverage will extend to a further 72,000 families (for a total of 108,000 new and old families). The new beneficiaries will also be organised into landless women's cooperatives (MBBS), and will be assisted to organise starter capital inputs, group savings and service contributions, and other basic services facilities in a self-sustaining manner by 1993.

Objectives

- 5.4.15 This project will contribute to the "rural development" objectives of the overall Integrated Basic Services programme (See para 5.4.10).

Activities

- 5.4.16 Community Organization: This will cover: the selection of the additional 36,000 poor families to be supported in the 600 new village in the RD-II area; the selection of beneficiaries through house-to-house surveys; the formation of 1,800 landless women's cooperatives in the 900 "old" and 600 "new" villages; the establishment of 30 community centres primarily through community self-help; the training of some 5,400 women cooperators in group leadership, co-operative principles, accounts keeping, and project activities; and strengthening BRDB capability to implement this project through cash support for project related field visits.
- 5.4.17 Income Generation and Skills Training: This includes the provision of loans for income generation to about 18,000 rural poor women in the 900 old villages and 18,000 in the 600 new villages. The loans will be provided through the women's cooperatives up to a maximum of Taka 1,000 per loan, to be paid back in one year at 15 percent interest. The loans will be operated on a revolving fund basis. In addition self-employment oriented skill training will be provided to 5,400 rural poor women.
- 5.4.18 Household Food Production: This includes the promotion of household food production through the distribution of vegetable seeds and fruit saplings for 72,000 kitchen gardens (36,000 in 900 old villages and 36,000 in 600 new villages); the training of 10 new horticulture gardeners, and the establishment of 10 new horticulture nurseries by the above gardeners to provide seeds and saplings to target families.
- 5.4.19 Primary Health Care: This includes the training of 600 women cooperators as community health workers (CHWs); the training of 1,056 traditional birth attendants (TBAs); the provision of simple CHW medicine kits; growth monitoring of 55,000 children (0-2 years); the deworming of 540,000 children and 108,000 women annually; demonstration of the preparation of home-made oral rehydration

solution to about 108,000 women; the monitoring of births and infant and child deaths in all 1,500 project villages; advocacy for breastfeeding and immunization; and the training of an additional 4,200 women co-operators as nutrition volunteers, as well as refresher training of the existing 10,000 women nutrition volunteers.

- 5.4.20 Water and Sanitation: This includes the installation of 3,600 handpump tubewells for 72,000 target families; the establishment of 10 new latrine production centres and training of 20 masons to produce water-seal latrine slabs and rings; the sale of about 25,000 water-seal latrine units to target families at subsidized rates; and advocacy for fixed-place defecation and construction of sanitary pit latrines using locally available materials.
- 5.4.21 Non-Formal Education: This covers the training of 600 "new" Imams as makhtab teachers, and refresher training to 900 "old" Imams to provide non-formal education to 125,000 out-of-school children through 1,500 makhtabs.
- 5.4.22 Action Research, Studies, Evaluation: This will cover such relatively uncharted areas as the prevalence of physical and mental handicaps in rural children and the community care provided for them; the situation of working children in rural areas; the situation of divorced and deserted women in the rural communities, and the development of suitable interventions for their support; and the use of NGOs to assist in the formation and functioning of rural women's co-operatives. Impact studies on the effect of project interventions on target low income families will also be supported. To facilitate this baseline surveys of beneficiary households will be conducted prior to the start of project activities. Implementation will be planned and monitored through half-yearly workplans and project reviews undertaken jointly by Government and UNICEF, as well as through a system of regular visits to field sites.

5.4.23 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	210.0	450.0	523.0	475.0	417.0	200.0	2,275.0
Supplementary Funds (SF)*	0.0	200.0	400.0	350.0	200.0	50.0	1,200.0
Total	210.0	650.0	923.0	825.0	617.0	250.0	3,475.0
B. MAJOR TARGETS							
1. Formation of poor women's co-operatives	400	700	700	-	-	-	1,800
2. Training:							
(a) CHWs	-	400	200	-	-	-	600
(b) TBAs	-	400	400	256	-	-	1,056
(c) Maktab Teachers	-	200	300	100	-	-	600
(d) Nutrition Volunteers	-	1,500	1,500	1,200	-	-	4,200
(e) Women cooperators on leadership/group organisation	-	1,100	2,200	2,100	-	-	5,400
(f) Skill training to women	-	1,500	3,000	900	-	-	5,400
3. Kitchen Gardens	-	36,000	36,000	72,000	72,000	72,000	72,000**
4. Horticulture Nurseries	-	-	-	10	10	-	20
5. Installation of Handpump TWs	-	600	1,800	1,200	-	-	3,600
6. Production/Installation of Water-sealed Latrines (SF)	-	5,000	7,500	7,500	5,000	-	25,000
7. Non-formal Education through Maktabas (children)	-	36,000	36,000	36,000	36,000	15,000	159,000
8. Women given Starter Capital Loans	-	8,000	12,000	12,000	4,000	-	36,000
9. Deworming: Children (SF)	-	270,000	270,000	540,000	540,000	540,000	540,000**
: Women	-	68,500	68,500	137,000	137,000	137,000	137,000**
10. Mothers given nutrition education	-	15,000	20,000	20,000	17,000	-	72,000

* Supplementary funds will be used for items 6 and 9.

**Net number of beneficiaries (to be served annually).

INTEGRATED COMMUNITY DEVELOPMENT PROGRAMME
FOR THE HILL TRACTS REGION

- 5.4.24 The Chittagong Hill Tracts region consists of three Hill Districts (Banderban, Rangamati and Khagrachari) with a total land area of 5,093 square miles. This region is populated by about 900,000 inhabitants. The hilly nature of the topography and the presence of 13 different tribal groups make the Hill Tracts different in many ways from most of the plain areas of the country. The principal source of income of the tribal population is agriculture. But the availability of flat land is very scarce and their income from agriculture is very meagre. An alternative source of income was the collection and sale of wood from the forests. But due to gradual deforestation the income from this activity has been very much reduced with the passage of time. These factors have very adversely affected the life style as well as the quality of life of the tribal people, whose situation is characterised by unemployment; deterioration of public health; high rates of illiteracy, infant and maternal mortality, malnutrition and infectious diseases; and the non-availability of safe drinking water and lack of sanitation facilities.
- 5.4.25 The Government has spent US\$ 21 million for the development of the Hill Tracts region in the Second Plan period (1980-85). It has allocated about US\$ 71 million for the same region in its current Third Plan (1985-90). The UNDP and the Asian Development Bank are major sources of assistance. UNICEF has complemented these efforts with a package of income generation, household food production, functional education, and basic community services activities. This support is continued into the 1988-93 period.
- 5.4.26 This project will be implemented by the Chittagong Hill Tracts Development Board (CHTDB) under the sponsorship of the Cabinet Division. It is an extension of an earlier project which, in the 1985-88 period, covered 10,000 poor tribal families in 25 moujas of Bandarban, Rangamati, and Khagrachari Districts in the Hill Tracts Region. The project was organised and implemented through the field-based staff of the CHTDB, working in

close tandem with pre-cooperative functional groups of tribal poor women, youth and men. The project activities for these beneficiaries are sustained through the same mechanism, using accumulated capital based on revolving funds for income generation, group savings, and beneficiary contributions for a variety of basic services --- beneficiaries are encouraged to pay for the services provided. No new resource inputs are envisaged for this group, though they will continue to benefit from primary health care, social mobilisation, and refresher training activities, as well as from supervision and support by CHTDB field staff.

In the 1988-93 period the project will be extended to cover another 22,000 poor tribal families, of whom 6,000 will be from 25 "old" moujas covered previously, and another 16,000 will be from 25 "new" moujas. In short, the project will extend its area coverage by another 25 moujas (for a total of 50 moujas), and its beneficiary coverage by another 16,000 tribal families (for a total of 32,000 tribal families). The new beneficiaries will be organised into pre-cooperative functional groups, and will be assisted to organise starter capital inputs, group savings and service contributions, and other basic services facilities in a self-sustaining manner by 1993.

Objectives

- 5.4.27 This project will contribute to the rural development and tribal uplift objectives of the overall Integrated Basic Services programme (see para 5.4.10).

Activities

- 5.4.28 Community Organization: This will cover the selection of 25 "new" moujas in the Bandarban, Rangamati and Khagrachari Hill Tracts Districts, and the identification of about 22,000 beneficiary tribal families in these moujas through house-to-house surveys; the establishment of 25 community centres (one per mouja) in new project areas; and the formation of cooperative functional groups for tribal women, men and youth (10 per moujas).

- 5.4.29 Income Generation: This will include the provision of loans for income generation to about 11,000 tribal women and youth. It will recycle to another 11,000 tribal women/youth after repayment. The loans will be provided through functional group co-operatives and will be repayable in one year with an interest of 15 percent. The loans will be operated on a revolving fund basis. In addition local employment oriented skill training will be provided to 1,100 each poor tribal women and tribal youth.
- 5.4.30 Household Food Production: This will include the promotion of home gardening through the establishment of 22,000 kitchen gardens and provision of vegetable seeds; the training of 25 new horticulture gardeners and establishment of 25 new horticulture nurseries to be operated by them (one per new mouja) to provide seeds and saplings to the target families; the establishment of 22,000 homestead fruit gardens for poor tribal families; the establishment of 100 backyard poultry units and the training of 100 tribal men as backyard poultry raisers; the training of 20 tribal men as fish culturists and provision of starter capital to them for intensive fish culture; and the provision of cash-crop seeds to some 5,000 tribal families on a revolving fund basis (the seeds returned after harvesting will be recycled to other tribal families) in the new moujas only.
- 5.4.31 Primary Health Care: This will include the training of 200 each tribal women as community health workers and traditional birth attendants; the provision of simple CHW medicine kits and 250,000 ORS packets; demonstration of the preparation of home-made oral rehydration solution to 22,000 tribal families; the monitoring by TBAs of births and infant and child deaths in the project villages; advocacy for immunization and personal hygiene, including the distribution of soap for hand-washing; the training of 100 tribal women as nutrition volunteers and orientation by them of 22,000 mothers in supplementary feeding and nutrition; the growth monitoring of 15,700 children in the 0-2 year age group with the help of trained community health workers and nutrition volunteers; and advocacy for breastfeeding and use of colostrum among all women in the project area.

- 5.4.32 Water and Sanitation: This includes the installation of about 450 handpump tubewells, ringwells or other appropriate facilities for 22,000 tribal families after identification of appropriate water sources; the establishment of 15 latrine production centres and training of 15 tribal masons to produce up to 15,000 water seal latrine units for sale at subsidized prices to target families; and advocacy for fixed place defecation and construction of sanitary pit latrines using locally available materials.
- 5.4.33 Education: This includes the training of 50 tribal women as pre-school teachers in Bandarban District (in new areas), and the training in Bangla of some 14,000 children aged 5-7 through 50 pre-school classes in the project area; the promotion of functional literacy and numeracy for 10,000 tribal women through 50 tribal women to be trained as functional education teachers; the provision of similar services for 5,000 out-of-school children aged 8-14 years through 25 tribal men trained as functional education teachers; the provision of formal education opportunities to 1,000 children of minor tribes through two "new" and two "old" residential schools, including their living and educational expenses.
- 5.4.34 Action Research and Studies: This will include action research on methods for non-formal education and communication with tribal beneficiaries; and impact studies on the impact of project activities on the situation of the tribal population. To facilitate the latter, there will be baseline surveys of tribal families, conducted prior to the start of project activities. Implementation will be planned and monitored through half-yearly workplans and project reviews undertaken jointly by Government and UNICEF, as well as through a system of regular visits to field sites.

5.4.35 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	120.0	350.0	393.0	507.0	400.0	105.0	1,875.0
Supplementary Funds (SF)	0.0	0.0	100.0	200.0	250.0	50.0	600.0
Total	120.0	350.0	493.0	707.0	650.0	155.0	2,475.0
B. MAJOR TARGETS							
1. Formation of pre-cooperative functional groups	-	300	350	100	-	-	750
2. Training:							
(a) CHWs	-	100	100	-	-	-	200
(b) TBAs	-	100	100	-	-	-	200
(c) Nutrition Volunteers	-	100	-	-	-	-	100
(d) Tribal mothers on Nutrition Education through NVs	-	6,000	6,000	6,000	4,000	-	22,000
(e) Fish Culturists	-	-	20	-	-	-	20
(f) Poultry Raisers	-	50	50	-	-	-	100
(g) Pre-school Teachers (SF)	-	-	50	-	-	-	50
(h) Functional Edu. Teachers (SF)	-	50	-	-	-	-	50
(i) Skill Training:							
(i) Tribal Women	-	150	250	250	100	-	750
(ii) Tribal Men	-	50	100	100	100	-	350
3. Soaps to tribal families for hygiene promotion (bars) (SF)	-	10,000	16,000	6,000	-	-	32,000
4. Kitchen Gardens	-	10,000	12,000	22,000	22,000	22,000	22,000**
5. Horticulture Nurseries	-	-	-	25	-	-	25
6. Homestead Fruit Gardens	-	8,000	8,000	6,000	-	-	22,000
7. Installation of Handpump Tube-wells/ring wells/other facilities	-	-	200	250	-	-	450
8. Production/Installation of Water-sealed Latrines (SF)	-	2,500	5,000	5,000	2,500	-	15,000
9. Out-of-school children given non-formal education (SF)	-	1,000	1,500	1,500	1,000	-	5,000
10. Tribal children given pre-school education	-	-	5,000	5,000	4,000	-	14,000
11. Tribal children given formal education	200	200	200	200	200	-	1,000
12. Tribal women/men given starter capital loans (SF)	-	4,000	5,000	5,000	2,000	-	16,000

* Supplementary funds will be used for items 2g, 2h, 3, 8, 9 and 12.

**Net number of beneficiaries (to be served annually).

THE FAMILY DEVELOPMENT PROJECT

- 5.4.36 This project will be implemented by the Department of Social Services under the sponsorship of the Ministry of Social Welfare and Women's Affairs. It will cover some 1,000 villages in 100 Upazilas under the overall Rural Social Services Programme of the Department of Social Services.
- 5.4.37 The Rural Social Services Programme covers 400 Upazilas. It promotes rural community development through the provision of skill training and related income generation opportunities to disadvantaged groups and the landless poor. The beneficiaries are usually organized into separate functional groups for women, youth and men with the emphasis being on social organization and self-help rather than relief and rehabilitation. The Programme is implemented through the extensive infrastructure of the Department of Social Services (DSS) at Upazila, and Union level.
- 5.4.38 UNICEF support to the Rural Social Services Programme commenced in 1978. It was designed to provide complementary basic services inputs in health and nutrition, water and sanitation, non-formal education, and income generation. The Family Development Project works through the mobilization of the poorest women in rural communities. The income generation activities, as well as the training of health and nutrition volunteers and traditional birth attendants focus on poor women. Project activities are implemented at community level by these poor women, who are organised into functional groups.

In the 1985-88 period the project benefitted some 12,400 rural and urban poor women in 240 villages and 4 slum areas. The DSS will "sustain" project activities in these areas through its own field-based staff, working in close tandem with the functional women's groups formed in the project areas. The income generation activities will be sustained through the recycling of starter capital funds (loaned at a 15 percent interest rate). As with other projects, the beneficiaries are encouraged to pay for a variety of basic services provided to them. No new resource inputs are envisaged for this group, though they will continue to benefit from primary health care, social mobilisation, refresher training and evaluation activities planned under the overall project, as well as from supervision and support from DSS staff.

In the 1988-93 period the project will extend coverage to another 75,000 rural poor women in 1,000 villages. These new beneficiaries will be assisted to organise starter capital inputs, group savings and other basic services facilities in a self-sustaining manner by 1993.

Objectives

5.4.39 This project will contribute to the rural development objectives of the overall Integrated Basic Services programme (see para 5.4.10).

Activities

5.4.40 Community Organization: This includes the selection of project villages and the conducting of baseline surveys therein to identify the landless and poor families (to be classified as "category A" families). The women of these families will then be organized into functional groups (four per village) that will be responsible for implementation of project activities at the community level.

5.4.41 Income Generation: Loans to be provided to the 75,000 poorest women will be channelled through their functional groups. The loans will be provided up to a maximum of Taka 1,000 per individual repayable over a one year period with 15 percent service charge. The functional groups will be responsible for loan repayment by their members. The loans will be administered on a revolving fund basis.

5.4.42 Primary Health Care/Nutrition: The functional groups will select one member each for training as a community health worker. These women will return to provide health education, child care and disease prevention services to the women and children in their communities, and will also facilitate linkages with and referral to the Government's basic health services system. The Union Social Workers of the DSS will be given specific training to facilitate their supervision of CHW activities within their Union. The functional groups will also select two group members to be trained as community nutrition volunteers. These trained volunteers will in turn train mothers in weaning and supplementary feeding, and will also facilitate growth monitoring activities. Vegetable seeds will also be supplied to functional group members to encourage home gardening activities.

5.4.43 Water and Sanitation: This will include the installation of 4,000 handpump tubewells at the rate of one per functional group; and the establishment of 200 latrine production centres and training of 200 masons for the production of 10,000 water-seal latrine units for sale to beneficiary families.

5.4.44 Monitoring and Evaluation: Implementation will be planned and monitored through half-yearly workplans and project reviews undertaken jointly by Government and UNICEF, as well as through a system of regular visits to field sites. A baseline survey will be conducted by Upazila Social Workers in each village before the start of project activities. An evaluation exercise will be conducted by a suitable national agency in 1992, with a view to identifying progress and constraints, as well as impact on the socio-economic status of women, and health and nutrition benefits to mothers and children.

5.4.45 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	140.0	296.0	404.0	407.0	433.0	295.0	1,975.0
Supplementary Funds (SF) *	0.0	0.0	240.0	240.0	360.0	360.0	1,200.0
Total	140.0	296.0	644.0	647.0	793.0	655.0	3,175.0
B. MAJOR TARGETS							
1. <u>Training of DSS Officials</u>	185	-	190	175	175	-	725
2. <u>Baseline Survey 1000 Villages</u>	250	-	250	250	250	-	1,000
3. <u>Primary Health Workers Training</u>							
(a) CHWs	-	200	200	200	200	200	1,000
(b) TBAs	-	200	200	200	200	200	1,000
(c) Supervisors	-	25	25	25	25	-	100
(d) Nutrition Volunteers	-	150	200	250	250	150	1,000
4. <u>Beneficiaries Training (Women)</u>							
(a) Loan administration and management to functional group members	10,000	12,500	14,000	13,000	13,000	12,500	75,000
(b) Leadership training to nutritional group members	100	150	200	250	200	100	1,000
5. <u>Disbursement of starter capital fund for income generation (loanee women)</u>	10,000	12,500	14,000	13,000	13,000	12,500	75,000
6. <u>Evaluation Study</u>	-	-	-	-	1	-	1

*The above phasing of targets is for general resources only. Phasing of targets for supplementary funds are not calculated. Additional supplementary funds, when available, will be utilized in extending the project to 600 more villages in the same 100 Upazilas (6 additional villages per Upazila), with similar types of activities as for general resources.

SLUM IMPROVEMENT PROJECT

5.4.46 Bangladesh has 88 municipal areas with the three largest cities accounting for about 40 percent of the total urban population. Of the remaining municipalities (Pourashavas) 40 had a population in 1985 of 40,000 or more people.

5.4.47 For more than a decade the Government has tried in various ways to deal with the problems of slums. But the dimensions of the problem have been too great and the financial resources are too limited. So far no significant results have been evident. The Government's urban development efforts tend to focus on infrastructure development, such as the construction of roads, markets, and staff housing, and the laying of water lines and sewers for paying customers. The Department of Social Services (DSS) did have an urban community development programme focused primarily on vocational education for income generation to make the urban poor more productive and self-reliant. In the 1982-88 period UNICEF cooperated with the DSS in pilot programmes for community basic services and income generation in 4 slum areas. The focus of the DSS is now on rural community development.

5.4.48 In 1985-88 UNICEF assisted five municipalities in implementing an integrated urban basic services project in slum areas. At the national level, coordination was provided by the Local Government Engineering Bureau (LGEB). Although the original plan of operations called for implementation in a total of 16 municipalities, only five could begin implementation. The new project will extend assistance to 15 additional municipalities (including the 11 others mentioned in the 1985-88 project). The project will continue to be implemented by the municipalities with coordination provided by LGEB, under the sponsorship of the Ministry of Local Government, Rural Development, and Cooperatives (LGRD).

The knowledge and experience gained in the first project (1985-88) will be used to improve the 1988-93 project. In turn, the combined experiences are designed to provide a working model for urban programmes in Bangladesh. Once the model is developed, other donors will be encouraged to assist in further expansion and/or replication.

Activities begun under the 1985-88 Slum Improvement Project (SIP) in the five Pourashavas will be continued under the 1988-93 SIP. These activities will include ongoing support to community health volunteers and established income generation revolving funds for the approximately 1000 women covered in 1985-88, as well as some physical improvements not completed under the 1985-88 SIP.

Objectives

- 5.4.49 This project will contribute to the urban development objectives of the overall Integrated Basic Services programme (see para 5.4.10).

Activities

- 5.4.50 Community Organization: In each municipality, selection of the slum community will be done jointly by the municipal authorities, LGEB, and UNICEF staff based upon established criteria from the pilot phase. Once a community has been identified, an agreement will be reached with the landlord to refrain from raising rents for at least five years after physical improvements (other than tubewells and latrines) are completed.

The poorest households in the communities will be identified through a community household census, conducted by the community organizers. These poorest households, and especially the women, will be the project beneficiaries. The women beneficiaries will become change agents in their communities, through participation in project activities and through project-supported training.

Some 15,000 female beneficiaries in the slum communities will be organized into groups of 10 members each. Each community (with at least 50 households) will have its own Sub-Project Implementation Committee (SPIC), of which at least one-half will be women group leaders. The SPICs will be responsible for the implementation of project activities at the community level. The men in the community will also be encouraged to organize into groups to assist in the implementation of physical improvement activities. A total 75 community organizers will be recruited and trained to facilitate these organizational activities. They will work as Pourashava employees, though their salaries will be paid by this project. Other implementation staff will be provided by the Pourashavas from their existing manpower. The Pourashavas will be responsible for overall project implementation within their municipalities.

- 5.4.51 Income Generation: The women group members will be eligible to receive income generation loans up to a maximum of Taka 1,500 repayable within a year at 15 percent interest. The capital will be organized on a revolving fund basis and will therefore be provided to women group members in phases. Each functional group will decide on the disbursement of individual loans based on schemes presented to it by its loanee members. Women who receive loans should be able to use figures and sign their own names. A functional literacy component will be developed to facilitate this. Whenever possible linkages will be made with the national literacy programme.
- 5.4.52 Primary Health Care: Some 1,500 women (one selected from each group by the members themselves) will be trained as community health volunteers. These CHVs will provide simple preventive health care in their communities and will facilitate referral to, and linkages with, the Government basic health services system. The CHVs work will be supervised by the municipal health staff. The CHVs will assist in implementing national health programmes, such as immunization, nutritional blindness prevention, and ORS, in their communities.
- 5.4.53 Physical Improvements: Where the slum dwellers do not own their own homes, land agreements will be negotiated and signed before making investments in physical improvements other than water and sanitation. This is to give slum residents some security of tenure. The agreements will be signed by three parties: the municipality, landlords, and slum residents. Under the agreement, the Pourashava will agree to not increase taxes for 10 years, and the landlords will agree to not evict the present tenants for 10 years, and not to raise rents for five years.
- 5.4.54 Monitoring and Evaluation: The existing monitoring system for the 1985-88 Slum Improvement Project will be further refined and developed. Each project component will be monitored. Evaluations will be conducted in 1989 and 1991.
- 5.4.55 Research and Advocacy: A report will be commissioned to look at existing policies related to urban areas and to look at current plans and programmes for cities in Bangladesh. This, together with other basic statistical data on urban growth and population, will be used to make recommendations for future action. Similarly, a study on child labour in urban areas and on street children will be supported. Recommendations will be made for suitable interventions to tackle identified problems.

UNICEF will encourage donors and NGOs to work in urban areas, especially in the provision of basic services at the community level. Wherever possible, UNICEF will facilitate any such activities in urban slums. The extension of UNICEF-assisted national programmes into urban slums will also be encouraged.

Advocacy will include such activities as the holding of seminars and workshops, and the production of audio-visual materials.

5.4.56 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	130.0	204.0	380.0	511.0	550.0	100.0	1,875.0
Supplementary Funds (SF)	50.0	225.0	225.0	225.0	225.0	50.0	1,000.0
Total	180.0	429.0	605.0	736.0	775.0	150.0	2,875.0
B. MAJOR TARGETS							
1. <u>Number of Municipalities</u>	5	-	10	5	-	-	20
2. <u>Number of Households</u>	1,000	1,000	3,000	5,000	5,000	-	15,000
3. <u>Training:</u>							
(a) Project management staff	-	-	30	15	-	-	45
(b) Refresher for project management staff	15	-	-	-	45	-	60
(c) PHC training for municipal staff	-	-	30	15	-	-	45
(d) Refresher PHC training for municipal staff	15	-	-	-	45	-	60
(e) Slum committee facilitators	15	-	30	15	-	-	60
(f) Community organizers	20	-	40	15	-	-	75
(g) Women Group Leaders	-	100	100	300	500	500	1,500
(h) Community Health Volunteers	100	100	300	500	500	-	1,500
(i) Literacy training	-	100	100	300	500	500	1,500
4. <u>Provision of Loans</u>	1,000	1,000	3,000	5,000	5,000	-	15,000
5. <u>Physical Improvements</u>							
(a) Tubewells	100	100	300	500	500	-	1,500
(b) Latrines	300	300	1,000	1,600	1,600	200	5,000
(c) Dustbins	110	110	330	550	550	50	1,700
(d) Drains (rft)	6,000	6,000	20,000	32,000	32,000	4,000	100,000
(e) Footpaths (rft)	10,000	10,000	30,000	45,000	50,000	5,000	150,000
(f) Street lights	11	11	33	55	55	5	170

5.5 WATER AND ENVIRONMENTAL SANITATION

Background

- 5.5.1 Lack of clean water combined with poor environmental sanitation and standards of personal hygiene lead directly to high rates of diarrhoeal diseases and parasitic infections in children. In Bangladesh there are an estimated 57.2 million episodes of under-5 child diarrhoea each year, causing 200,000 under-5 child deaths annually. Limited studies have shown that the prevalence of parasitic infections in children under 5 years is frequently over 85 percent, leading to nutritional problems, lowering of resistance and increasing mortality from otherwise survivable diseases.
- 5.5.2 The provision of clean water and improved sanitation and hygiene are basic elements of Primary Health Care and are essential preconditions for child survival and development. Bangladesh has made enormous progress in the last fifteen years, installing some 450,000 public tubewells in addition to the previously existing 200,000, and producing almost 400,000 water seal latrine units. However, despite this improvement, there has been no measurable decline in the incidence of diarrhoeal diseases and parasitic infections in children in this period.
- 5.5.3 Recent studies suggest three main reasons for the lack of health impact. First, although most people use tubewell water, they only use it for 25 percent of their needs and continue to use traditional polluted sources for the remaining 75 percent; secondly, the practice of sanitary excreta disposal is still very low (2-4 percent); thirdly, there has been very little improvement in personal hygiene practices. It is now understood that faecal pollution of the environment and poor hygiene practices provide ample opportunities for the continued transmission of these diseases even after clean water is made available. Studies have shown that the most significant practices relating to diarrhoeal diseases in children are indiscriminate defecation by young children around the bari (house) in which they play and the handwashing practices of the mother, particularly before food preparation and serving.

5.5.4 While the improvement of water supply facilities is impressive, it has not been evenly spread throughout the country. As far as rural water supply is concerned, average national coverage in 1985 was an estimated 143 persons per public tubewell. However, coverage rates vary sharply by area, from an average of 100 persons per public tubewell in the shallow water table area, to 880 persons per public tubewell in the coastal belt, and 1240 per public tubewell in the low water table area.

5.5.5 Although the shallow water table area is better served than average, the coverage is still inadequate. Even tubewell users continue to use other sources as well, mainly because surface water in ponds and rivers is usually more easily accessible and more convenient for washing clothes and bathing, and the health hazards of using these polluted sources, particularly for children, are not fully realized. The health impact of a tubewell will always be limited as long as people continue to use other sources as well. The more convenient the tubewell water becomes in comparison to other sources, the greater will be the use of tubewell water, leading to greater health impact. To make the tubewell more convenient it is necessary to increase the size of the platform to permit multipurpose and simultaneous use by a few people, and to reduce the number of persons using each tubewell by providing more tubewells. Studies have shown that, in Bangladesh, the average per capita water consumption from all sources is approximately 50 litres per day. A study by ICDDR,B indicated that the per capita daily consumption of tubewell water increased from 19 to 51 litres as the average tubewell user group size reduced from 82 to 12 persons. This implies that use of tubewell water for all purposes may be achieved when the level of service approaches one tubewell per bari. Therefore there is a need to continue to improve coverage, ultimately to achieve this level.

5.5.6 The main reason for the coastal belt being so poorly served is because groundwater is saline down to depths of 100 - 700 feet and all surface water is grossly polluted. In the past, some 11,500 deep tubewells have been installed in this area, drawing fresh water from 100 - 700 feet, underneath the saline layers. These deep tubewells are approximately nine times as expensive as the more common shallow tubewells suitable for

most of the rest of the country, so naturally the implementation rate has been slower. This situation is compounded by the fact that the rural population is more scattered and poor communications have made supervision and logistics particularly difficult.

5.5.7 The main reason for the poor coverage in the low water table area is that the water table is beyond the range of the cheap suction-type handpump. The traditional deepset pump which is used is approximately five times more expensive, and is impossible for the beneficiaries to maintain, with the result that large numbers of the pumps that have been installed are out of order. The situation is compounded by the fact that water tables are falling in many parts of the country due to massive extraction of groundwater for irrigation, rendering thousands of suction-type handpumps unserviceable for part of the year. The percentage of the rural population living in low water table areas was 8 percent in 1985 and is expected to rise to 45 percent in 1995. Conversely, the percentage of the rural population in the shallow water table area is expected to decline.

5.5.8 To overcome the problem of the falling water table, a new handpump has been developed known as the Tara, which is less than half the price of the traditional deepset handpumps, can be locally manufactured and can be maintained by the beneficiaries without hand tools.

5.5.9 The situation in the peri-urban fringe areas and urban slum pockets also deserves attention. There are 98 municipalities in the country, of which 62 are district towns. Data for the district towns indicate that approximately 33 percent of the urban population have a reasonable public water supply: 10 percent by house connection calculated at 13 persons per connection; 6 percent by public standposts at 100 persons per standpost; and 17 percent public handpumps at 75 persons per handpump. However, piped water supply generally only serves the core area of the municipality. While the Government has plans substantially to improve coverage in the core areas, so far there is no provision planned for the considerable proportion of the population that lives outside the area served or likely to be served by piped water supply. The ongoing rural water supply programme of DPHE does not extend to the fringe or peri-urban areas of the municipalities. It is

likely that these areas are less well-served by handpump tubewells than the national average. In addition, even within the core areas there are frequently slum pockets which are not served adequately by existing or proposed water supply schemes.

5.5.10 An estimated 6 million people use unprotected water sources such as ring wells or springs in areas where tubewells are infeasible or difficult due to stony ground formations.

5.5.11 Operation and Maintenance: The record for operation and maintenance of handpump tubewells in Bangladesh is remarkably good. Approximately 80-85 percent of all public tubewells are in operation at any time. Approximately 10-13 percent of tubewells are choked up at any time, with a choking rate of 2-3 percent per year. This is to be expected, considering approximately 25 percent of tubewells are over 20 years old, and considering the simple but appropriate technology used.

Approximately 5-7 percent of handpumps are out of order at any time due to failure of the pump mechanism. In most cases the pump is out of order for a short time, because responsibility for maintenance lies with the beneficiaries. The beneficiaries nominate a Caretaker who is trained and receives tools to repair the handpump. Spare parts are provided through DPHE, and are also available in the local market. The average cost of spare parts per handpump per year is approximately US \$ 2 or Tk. 60. For a shallow tubewell this represents two cents (US) per beneficiary per year.

5.5.12 In the field of sanitation, Bangladesh has developed a highly successful programme for the production and sale of low cost water-seal latrines. In the 1970s, UNICEF and WHO assisted the Department of Public Health Engineering (DPHE) in the pilot phases of development of a rural sanitation programme based on the production and sale of water-seal latrine components. After the early pilot projects, a full-scale programme was prepared, the first phase of which started in 1978-79. Initially the programme experienced very low demand for latrines, ranging from 3000-5000 per year. An evaluation conducted by WHO also showed that use and maintenance of the latrines was generally poor. However, since that time the demand has grown so much that it now exceeds supply. Moreover, the most recent evaluation by

WHO has shown that use and maintenance of the latrines has improved so much that approximately 70 percent of latrines are now being used properly. The present production capacity of the 460 existing production centres is approximately 100,000 units per year.

5.5.13 Although the sanitation programme has been highly successful in terms of numbers of latrines produced and sold, it is acknowledged that coverage is still very low and that this programme alone cannot achieve the target of full sanitation coverage. Even if the Government doubled its production capacity of latrine components, the proportion of the rural population using water-seal latrines is unlikely to exceed 8 percent (from the current 3 percent) by 1993. It will clearly take several decades to produce enough latrines to satisfy the potential demand if production remains exclusively in the hands of Government. For this reason, the private sector needs to be encouraged to produce latrine components. However, the private sector is currently discouraged because it cannot compete with the subsidized price of the Government latrines. Therefore it will be necessary gradually to reduce the subsidy on Government-produced latrines.

5.5.14 The water-seal latrine is a very appropriate low-cost technology for which there is a huge potential market. However, even at the current subsidized rate, the market exists mainly among better-off families. It is estimated that at least 50% of rural families cannot afford this technology.

5.5.15 Faecal contamination of the environment and, thus, the transmission of disease will continue until the vast majority of people practise sanitary excreta disposal. Therefore it is essential that poorer people also build and use latrines. It is possible to build an adequately hygienic, simple pit latrine entirely with locally available materials at very little cost. There is a need, therefore, to promote and demonstrate such latrines as an alternative for the ten million families who cannot afford a water-seal latrine.

Strategy for 1988-1993

5.5.16 Based on an analysis of the situation, and successive discussions between UNICEF and Government, the programme of cooperation between UNICEF and the Government in water and sanitation will focus on two main issues:

1. Achieving Health Impact
2. Giving Priority to Underserved Areas

5.5.17 Achieving Health Impact: To maximize the health impact, tubewell installation will follow an integrated approach, combining improved water supply, sanitation and hygienic practices in the same beneficiary group. The programme will further improve beneficiary participation, develop a major communications component, take special measures to reach and involve women more fully and develop interlinkages with other UNICEF-assisted programmes.

5.5.18 The Integrated Approach: It is recognized that the minimum conditions necessary to achieve health impact are:

1. Maximum use of tubewell water by all beneficiaries
2. Maximum practice of hygienic excreta disposal by the same beneficiaries, especially young children.
3. Maximum practice of improved personal and domestic hygiene by the same beneficiaries, especially mothers.

To achieve these objectives DPHE, with the support of UNICEF, is developing new implementation procedures based on the following principles:

1. In order to increase use of tubewell water, all beneficiaries must feel a greater sense of ownership of and uninhibited access to the tubewell. This requires better participation by all beneficiaries in the whole process of application, site selection, contribution, installation and maintenance. The participation of all beneficiaries will also facilitate promotion of sanitation and hygiene.
2. In order to increase sanitary excreta disposal practices in the same beneficiary group, vigorous promotion of latrine construction by beneficiary householders is necessary. To encourage this process, a demonstration latrine made entirely of local materials needs to be built in each prospective tubewell beneficiary group; those who can afford to purchase water-seal latrines should be encouraged to do so; and the eventual provision of the tubewell should be linked to the number of latrines constructed and in use in the prospective tubewell beneficiary group.

3. In order to improve personal and domestic hygiene, hygiene promotion activities should be undertaken, for which promotional materials should be made available; health promotion and awareness raising activities should be conducted through public meetings and house-to-house visits among the prospective tubewell user group.

5.5.19 The procedures of this new integrated approach can be summarised as follows:

1. Application forms for tubewells are widely distributed and require the participation of all beneficiaries for completion.
2. The number of applications provisionally selected is greater than the number of tubewells available.
3. Once provisionally selected, the applicant families form a group, under the guidance of the DPHE field staff.
4. Applicant Groups are informed of the conditions required to achieve ultimate sanction of a tubewell.
5. Applicant Groups undertake a sanitation and hygiene promotion campaign to encourage as many households as possible to build a hygienic latrine and to adopt hygienic practices. For this purpose, they first build a demonstration "home-made" latrine under the guidance of DPHE field staff. Wealthier households may buy a water-seal latrine from DPHE at a subsidized price.
6. After a suitable time (6-9 months) the Applicant Groups are assessed by DPHE staff according to the number of household latrines in operation and the adoption of other hygienic practices.
7. The best performing Applicant Groups receive final sanction for the tubewell, which will be installed in the usual way, and equipped with large size platform.
8. The lower performing Applicant Groups will be in a strong position to qualify in the following year's implementation.

9. Field Staff of the Ministry of Health and Family Planning will specifically visit each tubewell beneficiary group in the year following the year of installation, to provide follow-up promotion of sanitation and personal hygiene.

The detailed procedures of the integrated approach will be finalized in the first year of the new programme, and gradually spread nationwide by 1993.

5.5.20 Beneficiary Participation: In addition to the improved beneficiary participation inherent in the integrated approach, beneficiaries will continue to participate in tubewell site selection, installation, operation and maintenance as before. Beneficiaries will be fully responsible for the operation and maintenance of their tubewells. There are two systems of installation. The "self-help" system currently applies to sinking and resinking of shallow tubewells, for which beneficiaries will collect materials from DPHE, install the tubewell, fit the handpump and construct the platform entirely at their own cost. The contractor system currently applies to deep and deepset tubewells, for which installation, fitting of handpump and construction of platform is done by DPHE contractors, with the beneficiaries making a cash contribution deposited in Government revenue.

5.5.21 Communications: UNICEF will provide assistance to Government for the production of public information material for effective operation of the programme and for raising public awareness of healthy and hygienic practices. UNICEF will also support orientation and training of local government and non-government staff and local leaders in the operational aspects of the water and environmental sanitation projects and in how to use the public information materials.

5.5.22 Involvement of Women: Women are not only the main drawers and users of water, they can significantly reduce the incidence of diarrhoeal disease and parasitic infections in their children by adopting improved practices of personal and domestic hygiene and by instilling improved sanitary habits in their children. The programme will take special measures to involve and influence women, to ensure that they participate more fully in the programme and in the activities necessary to achieve the health impact. The details of these measures are specified in the Project Plans of Action.

- 5.5.23 Convergence and Interlinkages: The chances of achieving health benefits for children are significantly enhanced when child survival activities are brought together to converge in one community. Even where full convergence is not possible, interlinkages may be made with other child survival activities, particularly through orientation of field staff of different Government and non-government implementing agencies. This programme will exploit all opportunities for convergence and interlinkages with other child survival activities. The details are specified in the Project Plans of Action.
- 5.5.24 Priority to Underserved Areas: The programme will accord top priority to the underserved areas. The main categories of underserved area are the coastal belt, the low water table area, the urban slums and fringes, and underserved pockets within the better-served shallow water table area. In terms of financial allocations, approximately one third of the total of UNICEF and Government resources is allocated to a project specifically for the coastal belt, and another third to a project specifically for the low water table area. A new project specifically for the urban slums and fringes is also included. The project for the shallow water table area will focus on underserved Unions to achieve a more uniform coverage, and NGOs will be encouraged to install tubewells in underserved pockets and among the poorest groups, as per guidelines set by Government in agreement with UNICEF.
- 5.5.25 Monitoring and Evaluation: The frequency of field visits and reporting by supervisory staff of DPHE is specified in the Project Plans of Action. UNICEF field staff will check a minimum of 3 percent of all tubewell sites and completed installations. The Upazila Water Supply and Sanitation Committees will review progress every two months. DPHE's Zonal Review Committee will meet quarterly, attended by UNICEF staff. The Ministry, implementing department, UNICEF and WHO staff will review progress and prepare a revised workplan every six months. UNICEF will assist Government to carry out sample surveys to assess health impact. DPHE will carry out an evaluation at the end of the Village Sanitation Project, with the assistance of WHO and UNICEF.
- 5.5.26 Collaboration with other Donor Agencies: Collaboration will continue with the UNDP/World Bank Handpump Testing Project (INT/81/026) for the continued development and performance monitoring of the new Tara deepset handpump. There will also

be coordination with the UNDP/World Bank Low Cost Sanitation Demonstration Project. WHO will continue to provide support for the programme, particularly in the field of training, monitoring and evaluation. The programme will also benefit from joint appraisals and evaluations with the major multilateral and bilateral donors providing supplementary funding to UNICEF.

5.5.27 Collaboration with Other Implementing Agencies: There are certain other Government agencies assisted by UNICEF whose activities include components of water supply and sanitation. In many cases, these agencies are working specifically with the underserved and poorer sections of society. There are also many non-government organizations who wish to provide water and sanitation facilities for their target groups. As in the previous country programme, the Government department will, at the request of UNICEF, release materials for handpump systems and for the establishment of latrine production centres to the implementing agencies of other UNICEF-assisted projects and to non-government organizations. The quantity of materials available for release to NGOs will be up to 5 percent of the quantity provided under the following projects. However, in the event of shortage of material, the regular projects implemented by the Directorate of Public Health Engineering will have priority.

5.5.28 Under the policy of decentralization, Upazilas have authority and budget outside the national programme to implement activities in the water and sanitation sector. In addition to the national programme, a guideline will be prepared by DPHE to permit the effective utilization of the Upazila budget for water supply and sanitation utilizing UNICEF supplied materials. Overall supervision, monitoring and evaluation will be maintained by DPHE.

Objectives

5.5.29 The general objectives of this water supply and environmental sanitation programme are:

1. To reduce the incidence of diarrhoeal diseases and parasitic infections in children by providing clean water facilities integrated with improved sanitation and promotion of personal hygiene.

2. To strengthen the national capacity to provide water supply facilities for rural areas and urban slums and fringes in a way that will achieve the maximum possible health impact, and with particular emphasis in the under-served coastal and low water table areas.

Projects

5.5.30 To achieve these objectives UNICEF will cooperate with Government in implementing the following six projects:

1. Rural Water Supply and Sanitation in the Coastal Belt.
2. Rural Water Supply and Sanitation in the Low Water Table Area.
3. Rural Water Supply and Sanitation in the Shallow Water Table Area.
4. Rural Water Supply Maintenance, Rehabilitation and Upgrading.
5. Village Sanitation.
6. Water Supply and Sanitation in Urban Slums and Fringes.

UNICEF will seek an estimated US\$ 29,482,000 in supplementary funding for the Water and Environmental Sanitation programme in the July 1988 to June 1993 period. In addition it will provide an estimated US\$ 1,300,000 from general resources for the same period.

5.5.31 All six projects will be implemented by the Department of Public Health Engineering under the sponsorship of the Ministry of Local Government, Rural Development, and Cooperatives.

RURAL WATER SUPPLY AND SANITATION IN THE COASTAL BELT

5.5.32 This project will be implemented in the 84 coastal belt Upazilas. Upazilas may be added or deleted, after joint agreement by Government and UNICEF, in cases where more detailed information becomes available.

Physical Objectives

- 5.5.33 This project will provide domestic water for approximately 5 million people in rural communities in the coastal belt by installing 20,000 handpump systems with large platforms, improving average coverage to approximately 350 persons per handpump; promote the construction of 100,000 low cost simple hygienic latrines by beneficiaries of the handpumps; improve the personal hygiene practices of 5 million beneficiaries.

Activities

- 5.5.34 Identification of Least Cost Water Sources: Each Union in the project area will be "mapped" to indicate which parts of the Union can be served by which technology. To provide technical support, DPHE will provide two hydrogeologists and four technical assistants in addition to the existing Senior Hydrogeologist. Subject to Government approval, DANIDA has offered to supply one expatriate hydrogeologist to support DPHE, who will spend approximately 50 percent of his time on this project. (The other 50 percent will be spent on the project for the low water table area). Unions will be divided into areas suitable for Shallow Tubewells (STW), Deepset Tubewells (DSTW), Deep Tubewells (DTW), Very Shallow Shrouded Tubewells (VSST), Shallow Shrouded Tubewells (SST) and Pond Sand Filters (PSF). The remaining areas will be classified as unsuccessful with currently available technologies.

A plan for each Upazila will be prepared by DPHE in consultation with the Upazila, indicating the number of installations of each technology necessary at least to double the average service coverage, with special emphasis on the least served areas. This plan will provide the scheme allocation for the project in each Upazila. The aggregate of these Upazila plans will form the overall implementation plan for the project.

- 5.5.35 Installation of Handpump Systems: DPHE will install handpump systems according to the technology selected. The Government will provide sinking costs, platform and other local construction costs including local materials. UNICEF will provide materials such as PVC pipes, well screens, fittings, handpumps and cement. The beneficiaries will contribute cash (currently set at Taka 1,000 for DTW, and Taka 350 for VSST and SST) and, in the case of PSF, labour and local materials.

The technologies currently available under this project are Deep Tubewells, Very Shallow Shrouded Tubewells, Shallow Shrouded Tubewells and Pond Sand Filters.

Shallow and deepset tubewells will be provided by DPHE under similar UNICEF-assisted projects for shallow and low water table areas. Other technologies may be selected once they have been developed under Research and Development activities.

- 5.5.36 Sinking Costs of Deep Tubewells: One of the main reasons why the Coastal Belt is underserved is because the Government budget for sinking deep tubewells has been inadequate. In order to increase the resources for sinking deep tubewells, and to encourage greater Government budget allocation, UNICEF will match Government expenditure on sinking costs for deep tubewells, effectively doubling the budget. If a total annual implementation of 2000 or more deep tubewells is achieved, UNICEF will match Government expenditure twofold, effectively trebling the budget.
- 5.5.37 Construction of Iron Removal Plants (IRP): Iron removal plants will be constructed for new handpump systems in the iron problem areas on the basis of the demand of the beneficiaries. The Government will provide supervision, materials and labour, except that which is provided by UNICEF and the beneficiaries. UNICEF will provide cement, PVC and GI pipe. The beneficiaries will contribute labour and transport of materials in accordance with guidelines which will be established once the design has been standardized.
- 5.5.38 Research and Development (R&D): DPHE will conduct Research and Development activities to improve existing technologies, develop cheaper alternatives and develop technologies for those situations in which existing technologies cannot be applied. Research and Development activities will be conducted by staff of DPHE, and be coordinated by the DPHE Research and Development Sub-Committee with technical assistance from UNICEF and WHO. The capacity of DPHE needs to be strengthened and a focal point established within the organization to cope with the increasing volume of Research and Development work. This is currently under active consideration by the Government.

UNICEF will provide funds for all Research and Development activities agreed between UNICEF and DPHE. Under a separate agreement, WHO may provide additional funds for Research and Development work.

Research and Development activities under this project may include rehabilitation of choked deep wells, improvements to VSSTs, SSTs and Pond Sand Filters, and experimentation with rainwater collection.

5.5.39 Training: DPHE will conduct training for the Caretaker families of the 20,000 handpump systems in accordance with existing guidelines. DPHE will also conduct annual in-service refresher training for DPHE implementing staff of Sub-Divisional Engineer (SDE) level and below. DPHE will, in collaboration with other Government departments concerned, conduct annual orientation of Upazila-level field staff of other Government departments, Non-Government organization (NGOs), Upazila officials and local leaders related to the implementation of the project. UNICEF will provide funds for all of the above training activities.

5.5.40 Transportation: All DPHE vehicles and boats previously provided by UNICEF will continue to be utilized for UNICEF-assisted projects. The Government will provide DPHE with adequate budget for the running and maintenance costs of all UNICEF-supplied vehicles and boats. For this project, UNICEF will provide additional vehicles up to a maximum of 2 trucks, 50 motorcycles, 50 bicycles and 5 boats to the extent that the need for these is well established and mutually agreed upon. Under Government regulations DPHE will be required to pay Customs Duties and Sales Tax for all vehicles and boats to be supplied by UNICEF. The title of all new and existing vehicles and boats must be taken over by Government. New transport will be supplied only on the basis that title will be transferred on arrival in Bangladesh and before its utilization in the programme.

5.5.41 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplementary Funds (SF)	604.0	1,342.0	1,622.0	1,904.0	2,187.0	1,435.0	9,094.0
Total	604.0	1,342.0	1,622.0	1,904.0	2,187.0	1,435.0	9,094.0
B. MAJOR TARGETS							
1. Deep Tubewells*	2,200	2,700	3,200	3,700	4,200	-	16,000
2. Very Shallow Shrouded Tubewells	400	500	600	750	1,000	-	3,250
3. Shallow Shrouded Tubewells	50	75	100	125	150	-	500
4. Pond Sand Filters	75	100	150	200	225	-	750
5. Iron Removal Plants	20	20	20	20	20	-	100
6. Installation of Latrines by beneficiaries	13,625	16,875	20,250	23,875	27,875	-	102,500
7. Training of Caretaker Families	2,745	3,395	4,070	4,795	5,595	-	20,600
8. Refresher Training of Public Health Promoters	348	348	348	348	348	-	1,740
9. Orientation of Upazila Officials	435	435	435	435	435	-	2,175

* The budget for the sinking of deep tubewells is based on the assumption that over 2,000 tubewells are achieved each year, and the first third are paid by Government and the other two third are paid by UNICEF.

The technologies selected may be interchanged as required, in ratio to total costs. For example, if a deep tubewell costs ten times as much as a VSST, then 10 VSSTs may be added for every deep tubewell reduced in the target.

RURAL WATER SUPPLY AND SANITATION IN LOW WATER TABLE AREAS

- 5.5.42 This project will be implemented in 123 Upazilas identified as being wholly or partially affected by low water table (lower than 7.75m). Upazilas may be added or deleted after joint agreement by Government and UNICEF.

Physical Objectives

- 5.5.43 This project will provide domestic water for approximately 12 million people in rural communities in the low water table area by installing 60,500 deepset handpumps with large platforms, improving coverage to approximately 225 people per tubewell; promote the construction of 302,500 low cost simple hygienic latrines by beneficiaries of the handpumps; improve the personal hygiene practices of 12 million beneficiaries.

Activities

- 5.5.44 Hydrogeological Identification and Monitoring of Low Water Table Areas: DPHE will conduct hydrogeological investigations to determine minimum water levels in all potential low water table areas on a Union by Union basis, and to monitor these levels annually. This work will be done by the territorial staff of DPHE, with technical support from two DPHE hydrogeologists (different from the two required for coastal belt) and five DPHE technical assistants under the control of the Senior Hydrogeologist. DPHE will reorganize and strengthen its hydrogeological set up to meet the growing demand. Subject to Government approval, DANIDA has offered to supply one expatriate hydrogeologist to support DPHE, who will spend approximately 50 percent of his time on this project (see para 5.5.34).

Based on these investigations, affected Upazilas will be divided into categories according to criteria to be decided after the investigations are complete. Each affected Upazila will then be allocated tubewells on the basis of achieving equal coverage in affected Upazilas by the end of the project, with special emphasis on the least served areas. This number of tubewells will then

become the scheme allocation for the project in the Upazila. An annual phasing of implementation will then be developed by DPHE in consultation with the Upazila Parishad. The aggregate of these Upazila plans will form the overall implementation plan for the project.

- 5.5.45 Installation of Handpump Systems: DPHE will install deepset handpump systems according to the technology selected. The Government will provide sinking costs, platform and other local construction costs including local materials. UNICEF will provide materials such as PVC pipes, well screens, fittings, handpumps, cement. The beneficiaries will contribute cash, currently set at Taka 350 for deepset tubewells. Shallow tubewells will also be provided by DPHE for shallow tubewell successful pockets within the project Upazilas under a similar UNICEF-assisted project for Rural Water Supply and Sanitation in Shallow Water Table Areas. Other technologies may be selected once they have been developed under Research and Development activities.
- 5.5.46 Sinking Costs of Deepset Tubewells: One of the main reasons why the low water table area is underserved is because Government budget for sinking deepset tubewells has been inadequate. In order to increase the resources available and to encourage greater Government budget allocation, UNICEF will match Government expenditure on sinking costs for deepset tubewells, effectively doubling the budget.
- 5.5.47 Construction of Iron Removal Plants: Iron removal plants will be constructed as indicated in para 5.5.37.
- 5.5.48 Research and Development: DPHE will conduct Research and Development activities as indicated in para 5.5.38. Research and Development activities will include further development of the Tara handpump as more experience is gained from its performance in the field. For the areas beyond the lifting capacity of the Tara, research will be undertaken to decide upon an alternative pump. Consideration will be given to improving the traditional deepset pump and to introducing a pump design already developed elsewhere.
- 5.5.49 Training: DPHE will conduct training for the Caretaker families of the 61,700 handpump systems in accordance with existing guidelines. DPHE will also conduct annual in-service refresher training as indicated in para 5.5.39.

5.5.50 Transportation: For this project UNICEF will consider providing a maximum of 2 trucks, 50 motorcycles and 50 bicycles on the understanding and stipulations indicated in para 5.5.40.

5.5.51 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplementary Funds (SF)	699.0	1,178.0	1,770.0	2,292.0	2,998.0	861.0	9,798.0
Total	699.0	1,178.0	1,770.0	2,292.0	2,998.0	861.0	9,798.0
B. MAJOR TARGETS							
1. Tara Tubewells*	5,000	8,000	12,000	15,000	20,000	-	60,000
2. Other Deepset Tubewells	50	75	100	125	150	-	500
3. Iron Removal Plants	100	160	240	300	400	-	1,200
4. Installation of Latrines by beneficiaries	25,000	40,000	60,000	75,000	100,000	-	300,000
5. Training of Caretaker Families	5,150	8,235	12,340	15,425	20,550	-	61,700
6. Refresher Training of Public Health Promoters	492	492	492	492	492	-	2,460
7. Orientation of Upazila Officials	615	615	615	615	615	-	3,075

* The budget for sinking of Tara Tubewells is based on the assumption that the first half of the annual installation target is paid by Government and second half is paid by UNICEF.

RURAL WATER SUPPLY AND SANITATION IN
THE SHALLOW WATER TABLE AREA

- 5.5.52 This project will be implemented in the Upazilas (sub-districts) in which the water table lies within 7.75 metres and in which there is no problem of salinity. Upazilas may be added or deleted after joint agreement by Government and UNICEF. The project will also provide shallow tubewells in those Upazilas which fall within the scope of the UNICEF assisted projects for Rural Water Supply and Sanitation in the Coastal Belt (84 Upazilas) and in the Low Water Table Area (123 Upazilas).

Physical Objectives

- 5.5.53 This project will provide domestic water for approximately 7.5 million people in the shallow water table area by installing 75,000 shallow handpump tubewells with large platforms improving average coverage to 70 persons per public handpump. It will also promote the construction of 375,000 low-cost simple hygienic latrines by beneficiaries of the handpumps and improve personal hygiene practices of 7.5 million beneficiaries.

Activities

- 5.5.54 Identification of Service Coverage by Union: DPHE will conduct investigations to determine the service coverage by shallow tubewells; each Union will be allocated shallow tubewells on the basis of achieving equal service coverage by the end of the project, with special emphasis on least served areas.
- 5.5.55 Installation of Shallow Tubewells: DPHE will arrange for installation of shallow handpump tubewells by the beneficiaries. The beneficiaries will provide sinking costs, platform and other local construction costs including local materials. UNICEF will provide materials such as PVC pipes, well screens, fittings, handpump, and cement. Deep and deepset tubewells will be provided by DPHE for shallow tubewell unsuccessful pockets under a similar UNICEF-assisted projects for Rural Water Supply and Sanitation in Coastal Belt and in Low Water Table Areas.
- 5.5.56 Construction of Iron Removal Plants: Iron removal plants will be constructed as indicated in para 5.5.37.

5.5.57 Research and Development: DPHE will conduct Research and Development activities as indicated in para 5.5.38. Research and Development activities may include improved well development techniques, improvements to handpump technology, improvements to tubewell design, penetration of stony layers, and search for iron-free aquifers.

5.5.58 Training: DPHE will conduct training for the Caretaker families of the 75,000 handpump systems in accordance with existing guidelines. DPHE will also conduct annual in-service refresher training as indicated in para 5.5.39.

5.5.59 Transportation: For this project UNICEF will consider providing up to a maximum of 2 trucks, 50 motorcycles and 50 bicycles on the understanding and stipulations indicated in para 5.5.40.

5.5.60 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)*							
General Resources (GR)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplementary Funds (SF)	795.0	777.0	804.0	848.0	888.0	78.0	4,190.0
Total	795.0	777.0	804.0	848.0	888.0	78.0	4,190.0
B. MAJOR TARGETS							
1. Shallow Tubewells	15,000	15,000	15,000	15,000	15,000	-	75,000
2. Iron Removal Plants	500	1,000	2,000	3,500	5,000	-	12,000
3. Installation of Latrines by beneficiaries	75,000	75,000	75,000	75,000	75,000	-	375,000
4. Training of Caretaker Families	15,000	15,000	15,000	15,000	15,000	-	75,000
5. Refresher Training of Public Health Promoters	1,000	1,000	1,000	1,000	1,000	-	5,000
6. Orientation of Upazila Officials	1,250	1,250	1,250	1,250	1,250	-	6,250

*Excluding the value of stocks in hands

RURAL WATER SUPPLY MAINTENANCE,
REHABILITATION AND UPGRADING

5.5.61 This project will be implemented in all Upazilas of the country.

Physical Objectives

5.5.62 The specific objectives of this project are:

1. To reduce the proportion of handpumps out of order to 3 percent by training caretaker families, providing tools and spare parts and by transferring the responsibility for maintenance to the beneficiaries.
2. To reduce the proportion of choked up tubewells to 7 percent by desanding 80,000 shallow, 1,330 deepset and 1,330 deep tubewells; resinking 60,000 shallow tubewells on a self-help basis, and rehabilitating 1,000 deepset and 1,000 deep tubewells.
3. To construct or repair 2,500 platforms on existing deep and deepset tubewells.
4. To upgrade 375 existing unprotected water supplies where tubewells are not feasible.

Activities

5.5.63 Upazila-wise Scheme Allocation: Territorial staff of DPHE will conduct investigations into each Upazila to ascertain the number of tubewells of each of the various technologies which are choked-up. Based on this figure and the existing service coverage in the Upazila (population per functioning tubewell), DPHE will prepare a scheme allocation for each Upazila. An annual phasing of implementation will then be developed by DPHE in consultation with the Upazila Parishads. The aggregate of these Upazila plans will form the overall implementation plan for the project.

5.5.64 Sale of Spare Parts: The Government will ensure that spare parts are available at the Upazila level for the beneficiaries of handpumps to purchase as required. The Government will procure all spare parts for all handpumps except the Tara. The revenue generated from the sale of spares will be used as a cost recovery mechanism to make the provision of spare parts a self-financing scheme.

UNICEF will provide spare parts for the Tara handpump for the duration of this project. Tara spares will initially be provided free to the beneficiaries, but a sales policy will be phased in by 1993, after which the Government will be responsible for the procurement of Tara spares.

- 5.5.65 Rehabilitation of Choked-up Shallow Tubewells (Desanding and Resinking): This project provides for the desanding of choked-up shallow tubewells. DPHE will implement the desanding through its staff at Upazila level. Initially, DPHE will meet the cost of desanding but, once the system is well-established, the cost will be transferred to the beneficiaries. UNICEF will provide PVC pipe and fitting for the desanding equipment.

For those tubewells for which desanding is unsuccessful, this project provides for resinking, in accordance with the current guidelines. UNICEF will provide replacement materials (PVC pipes, well screens, fittings and cement) which DPHE will issue to beneficiaries in exchange for unserviceable materials retrieved from the choked tubewells. The beneficiaries are responsible for the withdrawal of the choked tubewell, return of unserviceable and collection of replacement materials, resinking of the tubewell, repair of the handpump and reconstruction of the platform at their own cost. DPHE will provide supervision and technical support.

- 5.5.66 Rehabilitation of Deepset Tubewells: This project provides for the desanding of choked-up conventional and Tara deepset tubewells. The procedure will be the same as for desanding shallow tubewells (see para 5.5.65 above).

For those tubewells for which the tubewell itself is serviceable (or successfully desanded) but for which the conventional handpump is unserviceable, this project provides for replacement with a Tara or other pump inside the 4" upper well casing. DPHE will arrange the replacement of the pump and the extension of the platforms providing labour costs, supervision and local materials. UNICEF will provide the handpump and cement. The beneficiaries will make a cash contribution which will be the same as for a new deepset installation (currently set at Taka 350). DPHE will prepare a guideline for this activity.

5.5.67 Rehabilitation of Choked-up Tubewells in the Coastal Belt: This project provides for the desanding of deep tubewells, Very Shallow Shrouded Tubewells (VSST) and Shallow Shrouded Tubewells (SST) in the coastal belt. The technology for desanding deep tubewells is still under development. As far as technical differences permit, the procedure will be the same as for desanding shallow tubewells (see para 5.5.65 above).

For those tubewells for which desanding is unsuccessful, this project provides for resinking or, in the case of deep tubewells, rehabilitation. VSSTs and SSTs will be resunk following the same procedure for the resinking of shallow tubewells (see para 5.5.65 above). In the case of deep tubewells, the Government will organize and provide the labour cost and local materials for rehabilitation of the tubewell and the extension of the platform. UNICEF will provide the rehabilitation materials (PVC pipe, fittings and cement). The beneficiaries will make a cash contribution of Taka 500. DPHE will prepare guidelines for these activities.

5.5.68 Phasing out of Obsolete Handpumps: There are an estimated 200,000 Old No. 4 and No. 6 handpumps installed. These require different spare parts. In order to standardize on one type of suction handpump in the country, a policy of gradual replacement of old-type handpumps will be followed whereby a new No. 6 handpump will be provided from DPHE stock whenever the barrel, base-plate, head cover or handle of the old pump becomes unserviceable. Furthermore, a New No. 6 handpump will be provided whenever a choked well with old-type handpump is resunk.

5.5.69 Rehabilitation of On-Site Water Treatment Plants: Beneficiaries of Iron Removal Plants, Pond Sand Filters (PSF) and other plants in need of repair may receive assistance in the form of UNICEF-supplied materials from DPHE stock. Labour costs must be borne by the beneficiaries.

5.5.70 Construction of Platforms: Beneficiaries of deep and deepset tubewells whose platforms need major repair may receive upto three bags of cement from DPHE stock. Costs of local materials and labour must be borne by the beneficiaries. A guideline will be prepared by DPHE to cover this activity.

- 5.5.71 Construction of Iron Removal Plants (IRPs): This project provides for the construction of IRPs on existing tubewells in iron problem areas on the basis of the demand of the beneficiaries. The cost will be jointly borne by DPHE, UNICEF and beneficiaries as indicated in para 5.5.37.
- 5.5.72 Upgrading of Traditional Water Supplies: This project has provision for the protection of ring wells and springs.
- 5.5.73 Research and Development: DPHE will conduct Research and Development activities as indicated in para 5.5.38. Research and Development activities under this project may include: improving existing desanding and resinking technologies; developing such technologies for deep tubewells; studying causes of premature choking; improving well development technologies and revising the Depth Book.
- 5.5.74 Training: DPHE will conduct training for the caretaker families of all water systems rehabilitated under this project. DPHE will also conduct local technical training of DPHE staff as necessary, especially in the application of any new technologies and techniques. UNICEF will provide funds for these training activities.
- 5.5.75 Transportation: For this project UNICEF will consider providing up to a maximum of 2 trucks and 50 motorcycles on the understanding and stipulations indicated in para 5.5.40.

5.5.76 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplementary Funds (SF)	326.0	285.0	305.0	324.0	344.0	45.0	1,629.0
Total	326.0	285.0	305.0	324.0	344.0	45.0	1,629.0
B. MAJOR TARGETS							
1. Provision of Spare Parts				As required			
2. Desanding: Shallow Tubewells	16,000	16,000	16,000	16,000	16,000	-	80,000
3. Desanding: Deepset Tubewells	130	200	270	330	400	-	1,330
4. Desanding: Deep Tubewells	130	200	270	330	400	-	1,330
5. Resinking: Shallow Tubewells	12,000	12,000	12,000	12,000	12,000	-	60,000
6. Rehabilitating: Deepset TWs	100	150	200	250	300	-	1,000
7. Rehabilitating: Deep TWs	100	150	200	250	300	-	1,000
8. Construction of Platform	500	500	500	500	500	-	2,500
9. Construction of IRPs	250	500	750	1,000	1,250	-	3,750
10. Upgrading Water Supplies	25	50	75	100	125	-	375
11. Training of Caretaker Families	12,475	12,840	13,225	13,600	13,975	-	66,125

VILLAGE SANITATION

5.5.77 This project will be implemented in all Upazilas of the country.

Physical Objectives

5.5.78 This project will construct 400 new latrine production centres to achieve an average of two centres per Upazila, and a further 220 centres for other organizations. It will produce 625,000 water-seal latrines slabs and any number of rings up to a maximum of five per slab, depending on demand.

Activities

5.5.79 Construction of Latrine Production Centres: DPHE will establish 400 new production centres to achieve an average of 2 centres per Upazila. The selection of the site for new centres will be made by the Upazila Water Supply and Sanitation Committee according to DPHE guidelines. UNICEF will support the construction of these centres and also will provide tools and equipment necessary for production of latrines.

DPHE and/or the Upazila Parishads will arrange for production mistris to be employed at each production centre, who will be paid for out of the sale proceeds from latrines produced.

DPHE will also undertake the repair of existing centres for which UNICEF will provide funds.

Experimentation will be undertaken to determine the practicality of employing one mobile team attached to each Centre. This mobile team will move from Union to Union manufacturing latrines according to demand. It is expected that the cost of the extra production team will be covered by the increase in latrine sales. If successful this approach will be extended to all centres.

5.5.80 Production and Sale of Water Seal Latrine Components: DPHE will arrange for the production of water seal latrine components at the production centres. DPHE and/or the Upazila Parishad will arrange for the purchase of local materials (such as khoa, sand) for the production of the latrine components. UNICEF will provide materials (cement, wire mesh, reinforcing rod and wire) for the production of water seal latrine components.

The financial proceeds from the sale of latrines will be deposited at the Upazila level and used directly by those responsible for the purchase of local materials for the production of more latrines. The details are currently being developed by Government and a guideline will be prepared by DPHE. The scheme will thus be self-financing on a cost recovery basis.

The latrine components will initially be sold at a subsidized rate (currently Taka 250) agreed between UNICEF and DPHE. The subsidy will gradually be reduced during the course of the project with the intention of phasing out the subsidy completely at the beginning of the new phase of this project. However, if it is found that increasing the selling price results in a surplus of supply over demand, the price will be stabilized to ensure that demand does not fall below supply.

Applicant group members for tubewells under the Integrated Approach will receive first priority for purchasing latrines.

- 5.5.81 Assistance to Upazilas, NGOs and the Private Sector: In order to expand the production base, DPHE and UNICEF will provide material assistance to Upazila Parishads, NGOs and the private sector to set up latrine production centres. DPHE and UNICEF will also provide NGOs with non-local materials for the production of the first 50 latrines. DPHE will conduct training for NGO and private sector mistris. Training costs will be borne by UNICEF.
- 5.5.82 Promotion of Home-made Latrines: To promote sanitation among those who cannot afford to buy a water-seal latrine, all latrine production centres will construct a home-made hygienic latrine, as a demonstration. The costs for this demonstration latrine will be borne from the sales revenue of water-seal latrines. Information leaflets with drawings of home-made latrines will be made available to the public at the production centre.
- 5.5.83 Union Health and Family Welfare Centres (UHFWC) and School Latrines: Provision will be made for UHFWCs and schools to purchase latrine components from the production centres. The purchase price must be paid from the Upazila development funds or funds raised by the benefitting institution. DPHE will prepare a guideline for this activity.
- 5.5.84 Research and Development: DPHE will conduct Research and Development activities as indicated in para 5.5.38. Research and Development activities under this project may include the development of cheaper superstructures, slabs and linings using indigenous materials, development of an appropriate school latrine, development of twin pit latrine for urban areas, and methods to promote use of digested pit contents as fertilizer.

5.5.85 Training: DPHE will conduct training and retraining of 700 latrine production mistris including mistris from the non-government sector. DPHE will also conduct training for each Sub-Assistant Engineer (SAE) and Sub-Divisional Engineer (SDE) once during the project period to focus specifically on the activities of this project. UNICEF will provide funds for these training activities.

5.5.86 Transportation: For this project UNICEF will consider providing up to a maximum of 2 trucks and 50 motor cycles on the understanding and stipulations indicated in para 5.5.40.

5.5.87 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplementary Funds (SF)	472.0	548.0	673.0	795.0	919.0	53.0	3,460.0
Total	472.0	548.0	673.0	795.0	919.0	53.0	3,460.0
B. MAJOR TARGETS							
1. Construction of Latrine Production Centres	80	80	80	80	80	-	400
2. Production of Latrines	75,000	100,000	125,000	150,000	175,000	-	625,000
3. Construction of Non-Government Production Centres	15	25	40	60	80	-	220
4. Training of Masons	100	100	100	200	200	-	700
5. Training of SAEs	100	100	100	100	60	-	460

WATER SUPPLY AND SANITATION IN URBAN SLUMS AND FRINGES

5.5.88 This project will be implemented in the fringe and slum areas only for all Pourashavas (municipalities). The project will commence in ten Pourashavas and gradually expand to include every Pourashava in the country. However, to avoid duplication, if any Pourashava is already receiving adequate assistance for either water supply or sanitation from other projects, those components will not be provided under this project.

Physical Objectives

- 5.5.89 This project will provide domestic water for approximately 1.6 million people in fringe and slum areas of municipal towns, by installing 14,175 handpump systems. It will also construct 85 latrine production centres for the production of 46,000 water seal latrine components.

Activities

- 5.5.90 Establishment of Pourashava-level Implementation Committee: Pourashavas receiving assistance under this project will first set up a Pourashava Water Supply and Sanitation Committee which will function in a similar manner to the Upazila Water Supply and Sanitation Committee in rural areas. This Committee will include particularly elected representatives from the fringe areas and slum communities, as well as representatives from major NGOs working in water and sanitation.

Once formed, the Committee will function as per guidelines to be formulated by DPHE and UNICEF.

- 5.5.91 Identification of Fringe and Slum Areas and Establishment of Ward Committees: DPHE and UNICEF, in collaboration with the municipal authorities, will conduct a survey and produce a map of the fringe and slum areas of each Pourashava based on defined criteria. This map will define the area which may receive assistance from this project. Each ward within the project area will then establish a Ward Committee, specifically including representatives from slum and fringe communities. One member of each Ward Committee will sit on the Pourashava Water Supply and Sanitation Committee.

- 5.5.92 Identification of NGOs and Other Resource Agencies: While conducting the survey of each Pourashava, NGOs and other resource agencies will be identified who may be willing to assist with some local costs in certain geographical sections of the slum and fringe areas. The Pourashava Water Supply and Sanitation Committee may then select NGOs to assume responsibility for implementation of the project in certain defined areas.

5.5.93 Identification of Appropriate Tubewell Technology and Scheme Allocation: DPHE, in consultation with the municipal authorities, will indicate on the aforementioned map which tubewell technology or technologies are appropriate for which area. Based on the existing service coverage (population per tubewell) in the Pourashava and the number of handpump systems available, each Pourashava will be allocated a total number of components, known as the scheme allocation.

5.5.94 Installation of Handpump Tubewells: DPHE in consultation with the Pourashavas will arrange for the installation of handpump tubewells according to the technology indicated.

The Pourashavas, NGOs and/or the DPHE will provide sinking costs, platform and other local construction costs including local materials (except for sinking and resinking of shallow tubewells). UNICEF will provide materials such as PVC and G.I. pipes well screens, fittings, handpumps and cement. For sinking or resinking of shallow tubewells, the beneficiaries will provide sinking costs, platform and other local construction costs including local materials. In other cases the beneficiaries will contribute cash, the amount being the same as under the Rural Water Supply Programme.

5.5.95 Construction of Iron Removal Plants: Iron removal plants will be constructed as indicated in para 5.5.37, except that the Pourashavas will provide materials and labour, in the place of Government.

5.5.96 Construction of Latrine Production Centres: Existing DPHE latrine production centres will be used to produce latrines for sale to target groups within the Pourashavas. If required, the existing centres may be strengthened.

However, to accelerate the sanitation coverage throughout the Pourashava area interested Pourashavas may establish at least one latrine production centre. The selection of the site for new centres will be made by the Pourashava Water Supply and Sanitation Committees according to the guidelines to be established by DPHE. UNICEF will provide materials and local costs for the construction of these centres as well as tools and other equipment necessary for the production of latrines.

The Pourashavas will arrange for production mistris to be employed at each new production centre, who will be paid for out of the sale proceeds from latrines produced.

- 5.5.97 Production and Sale of Water Seal Latrine Components: The DPHE, in consultation with the Pourashavas, will arrange for the production of water seal latrine components. Both single pit and twin pit latrines will be produced for sale. The Pourashavas will arrange for the purchase of local materials (such as khoa, sand) for the production of the latrine components. UNICEF will provide materials (cement, wire mesh, reinforcing rod and wire) for the production of water seal latrine components.

The financial proceeds from the sale of latrines will be used directly by those responsible for the purchase of local materials for the production of more latrines. A guideline will be prepared by DPHE. The latrine components will initially be sold at a subsidized rate agreed between UNICEF and the Government. The subsidy will gradually be phased-out during the course of the project.

- 5.5.98 Promotion of Home-made Latrines: To promote sanitation among those who cannot afford to buy a water-seal latrine, all latrine production centres will construct a home-made hygienic latrine, as a demonstration. The costs for this demonstration latrine will be borne from the sales revenue of water-seal latrines. Information leaflets with drawings of home-made latrines will be made available to the public at the production centre.

- 5.5.99 Training: DPHE, in collaboration with the Pourashavas, will conduct training for the Caretaker families of the handpump systems in accordance with existing guidelines. DPHE will also conduct annual in-service refresher training for implementing staff of the Pourashavas. DPHE will, in collaboration with other Government departments concerned, conduct annual orientation of Pourashava level field staff of other Government departments, Non-Government Organizations (NGOs), Pourashava officials and local leaders related to the implementation of the project. DPHE will also arrange training for latrine production mistris, including mistris from the non-government sector.

5.5.100 Implementation and Resource Input Targets:

	1988	1989	1990	1991	1992	1993	Total
A. UNICEF COMMITMENT ('000 US\$)							
General Resources (GR)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Supplementary Funds (SF)	17.0	155.0	237.0	350.0	457.0	95.0	1,311.0
Total	17.0	155.0	237.0	350.0	457.0	95.0	1,311.0
B. MAJOR TARGETS							
1. New Pourashavas Implementing Project	10	15	20	20	20	-	85
2. Cumulative Total Pourashavas	10	25	45	65	85	-	
3. Shallow Tubewells	500	1,300	2,400	3,500	4,500	-	12,200
4. Deepset Tubewells	40	100	175	250	330	-	895
5. Deep Tubewells	20	55	95	140	180	-	490
6. Very Shallow Shrouded TWs	15	35	65	90	120	-	325
7. Shallow Shrouded TWs	10	15	30	45	60	-	160
8. Pond Sand Filters	5	10	20	30	40	-	105
9. Iron Removal Plants	20	45	80	115	150	-	410
10. Resinking	50	125	225	325	425	-	1,150
11. Construction of Latrine Production Centres	10	15	20	20	20	-	85
12. Production of Latrines	2,000	5,000	9,000	13,000	17,000	-	46,000
13. Training of Caretaker Families	660	1,695	3,090	4,495	5,805	-	15,735
14. Training of Pourashava Staff	50	125	225	325	425	-	1,150
15. Training of Masons	20	30	40	40	40	-	170
16. Orientation of Pourashava Officials	50	125	225	325	425	-	1,150

5.6 PROGRAMME COMMUNICATION AND INFORMATION

- 5.6.1 All social development programmes, no matter what physical resources they provide or utilize, depend on many human factors for their successful implementation. In particular, a new emphasis on children's survival, development and welfare demands the creation of a supportive climate of public opinion, effectively motivated human resources and the full participation of communities so that family welfare is put increasingly into the hands of parents. The SAARC Conference for South Asian Children (September 1986) called on member states to recognize and value these community processes. These processes require two-way communication between development programmes and agencies and the people they are meant to serve, and a concerted effort to create awareness and encourage involvement.
- 5.6.2 Given the existing state of Bangladesh's development, it is indispensable that the intentions and nature of interventions be clearly understood. Hence there is a need for a broad communication process. In the initial stages, this aims to inform and obtain acceptance, and elicit participation through the active mobilization of society at all levels.
- 5.6.3 UNICEF's mandate to assist the Government to improve the situation of children has always looked at the whole child. Children's needs are not seen as separate sectoral problems in the eyes of parents and in fact are not easily separated between different departments; communication is one means of helping convergence of services from differing sources.

Objectives

- 5.6.4 The policy is therefore to ensure that all development programmes affecting children and their mothers are responsive to the needs, problems and wishes of parents, and are efficient in influencing skills, attitudes and habits in pursuit of objectives. Programme communication is thus an integral part of every stage of the programming process from problem identification, through implementation and monitoring, down to evaluation. This will help programmes of co-operation between UNICEF and the Government:

- employ effective communication techniques in enhancing the delivery of services;
- encourage the powers of expression and involvement of the people they are meant to serve so that programmes are well adapted to the values of communities;
- stimulate demand in communities for services to benefit the survival and development of children;
- encourage the powers of self-help of parents; and
- mobilize as many resources in society as possible in support of child development by educating public opinion and encouraging active support and involvement.

Strategies

- 5.6.5 In addition to expanding activity fulfilling its mandate for advocating priority attention to children's needs among society and government generally, UNICEF will support government in developing communication in individual programmes of co-operation according to the requirements.
- 5.6.6 Recognizing the restricted resources at the disposal of children's programmes, and the limitations of the traditional reliance on promoting information flow as the main stimulus in changing behaviours, emphasis will be put on the search for opportunities to programme situations that will encourage behavioural change which can subsequently be reinforced by changes in attitude. The aim will be to provide focusses both in time and of attention for both development agents and community members.
- 5.6.7 Employing a variety of means to enhance the flow of information and the motivation of staff and communities, emphasis will be put not just on the tools of communication, but on the processes as well. In developing the capacity of the country to develop communication techniques and resources, attention will be given to searching out novel and effective ways of communicating and eliciting community involvement in development projects and to spreading their use to other departments and agencies.

- 5.6.8 Given the restricted reach of the mass media in Bangladesh in reaching the prime audience of mothers, and the limitations of other mass media, attempts will be made to enroll the support of other media, especially the potential of commercial marketing networks which can carry messages and materials into the farthest corners of the country.
- 5.6.9 Continued use will be made of traditional channels of communication for the dissemination of information, such as health education and audio-visual aids. Efforts will be made to build up capacity in the country to define communication problems, design solutions, train people to respond, and design, test and develop communication materials for use by extension staff and for mass media.
- 5.6.10 Feedback of responses and reactions to development programmes is a prime factor in good management and a key to responsive programming. Emphasis will be put on the need to investigate the knowledge, attitudes and practices of audiences as a basis for the design of programming approaches, and in effective monitoring.

Activities

- 5.6.11 UNICEF's project assistance in communication is to be decided by the needs of individual projects as defined in their Plans of Action. This will include:
1. Immunization: Design and production of social mobilization and marketing strategies, action research into the changing attitudes and practices of parents in seeking out immunization as a right for their children, development of ways of stimulating community involvement, and the development and mass production of motivation, information, training and extension aids.
 2. Nutrition: Support for the introduction of iodated salt through social marketing techniques, assistance to the distribution and consumption of vitamin A capsules through mass media, extension support to home food production activities, and the encouragement of realistic approaches to family nutrition through investigation of food preferences and dietary habits at family level.

3. Health Care: Communication support to the national drugs policy, including mobilization of goodwill among medical professionals and manufacturers and retailers, investigation and adjustment of prescribing practices in government health facilities, and communication of a proper understanding of essential drugs in the health of the nation.
4. Water and Sanitation: Development and co-operation in implementing an effective and novel community participation approach to the provision of safe drinking water and sanitary services by emphasizing the role of the community in the management of their own hygiene.
5. Special-interest groups: Support in developing advocacy activities in support of multi-sectoral fields such as nutrition, women, youth and religious leaders. Areas identified in this Plan include support to the development of national nutrition policy, advocacy for the rights and role of women and mothers, mobilization of youth (especially schoolchildren, scouts) by the delineation of defined tasks and focusses in development projects and programmes, encouragement of non-governmental support for and involvement in development programmes, education and mobilization of the media in support of childrens programmes, and enrolment of the Imams in active support and participation in key child survival programmes such as the EPI. Efforts will also be made to create awareness and involvement among different professional groups in the country for their support for government's programmes for children and mothers, especially for the idea of a more integrated approach to child services. Advocacy will emphasise the value of family health development issues as an indicator of national values.

5.6.12 An estimated US\$ 1,200,000 has been budgeted for programme communication, information, and advocacy during the July 1988 to June 1993 period.

5.7 PROGRAMME DEVELOPMENT

5.7.1 UNICEF will provide an estimated US\$ 334,000 from general resources for programme development activities in the 1988-93 period with the objective of enhancing national programme planning and implementation capabilities so as to facilitate the more effective and efficient implementation of services for women and children in Bangladesh.

5.7.2 Under the decentralization programme launched in 1983 the Government has divided the country in 460 Upazilas (Sub-districts). The newly elected Upazila Parishads (Councils) and their Chairmen have been given enhanced local development administration authority. Each Upazila has been allocated annual block grants of about US\$167,000 for its Annual Development Programme. For the 1988-93 period UNICEF will allocate a sum of US\$180,000 for a project on the Orientation Training of Upazila Officials in Project Planning and Management. The objectives of this project will be as follows:

1. To enhance the planning and management capability of elected and administrative officials at the Upazila level.
2. To promote the maximum possible utilization of Upazila Development Funds and locally generated resources for child survival and development related activities.
3. To develop greater awareness of the benefits of participation by local communities in the planning and implementation of development activities.
4. To expand the involvement of in-country central and regional training institutes in local development planning and administration.

5.7.3 UNICEF will continue its support to the Joint Government-UNICEF Advisory Group (JGUAG) Secretariat with the provision of US\$ 77,000 for the limited staff and related operational costs of the Secretariat. A new activity here is the programme for 4 Divisional and 58 District-level briefings for some 3,300 Government Officials at the Divisional, District and Upazila levels, as well as for 460 elected Upazila Parishad Chairmen. The briefings will aim at increasing awareness of the scope and magnitude of the Fourth Country Programme of cooperation between Government and UNICEF, with a view to facilitating informed

participation and support for project activities at the field level. This project will be implemented by the External Resources Division (UN-II Branch) under the sponsorship of the Ministry of Planning.

- 5.7.4 Both projects will involve significant cooperation from the UNICEF Zonal Offices in Bogra, Khulna, Barisal, Mymensingh, Comilla, Chittagong, and Dhaka.
- 5.7.5 At their Second Summit Meeting in Bangalore, India on 16-17 November 1986 the Heads of State/Government of the seven-member South Asian Association for Regional Cooperation (SAARC) directed that the SAARC Standing Committee should "undertake annual reviews of the situation of children in SAARC countries, monitoring of programmes and exchange of experiences". In response to this directive JGUAG assisted the Bangladesh Bureau of Statistics (BBS) and the Ministry of Foreign Affairs (MOFA) to prepare an Annual Review on the Situation of Children in Bangladesh. JGUAG will continue to support the BBS and the MOFA in the preparation and updating of such reviews.
- 5.7.6 An indicative sum of US\$ 77,000 will be reserved for project support and programme development activities such as the revision and reproduction of the Situation Analysis of Women and Children in Bangladesh; the review, monitoring and evaluation, and study of country programme related activities; and the review and development of further cooperation between Government and UNICEF.

6. SUMMARY OF UNICEF INPUTS

6.1 The UNICEF commitment indicated hereunder covers expenditures to be incurred in the Fourth Country Programme period, 1 July 1988 to 30 June 1993 for the implementation of activities covered under this Master Plan of Operations.

6.2 Subject to the availability of resources UNICEF will provide for the above purpose supplies and cash assistance upto a value of US\$ 65.0 million from general resources, and will seek upto another US\$ 70.5 million in supplementary funding as follows:

6.3 SUMMARY OF UNICEF INPUTS BY PROGRAMME AND SOURCE OF FUNDING: JULY 1988 - JUNE 1993

(thousand US\$)

Programme	General Resources	Supplementary Funding	Total
1. Education	14,072.0	12,500.0	26,572.0
2. Women in Development	2,250.0	150.0	2,400.0
3. Health	25,235.0	20,498.0	45,733.0
4. Nutrition	3,221.0	3,914.0	7,135.0
5. Communication/Information	1,200.0	0.0	1,200.0
6. Programme Development	334.0	0.0	334.0
7. Programme Support Services	7,920.0	0.0	7,920.0
8. Integrated Basic Services	8,408.0	4,000.0	12,408.0
9. Water and Sanitation	1,300.0	29,482.0	30,782.0
10. Contingency	1,060.0	0.0	1,060.0
Total	65,000.0	70,544.0	135,544.0

6.4 PROJECTION OF UNICEF INPUTS (GENERAL RESOURCES) BY PROGRAMME/PROJECT
AND CALENDAR YEAR: 1988 - 1993*

(thousand US\$)

	1988	1989	1990	1991	1992	1993	Total
1. EDUCATION							
(a) Universalization of Primary Education	696.0	2,206.0	2,397.0	2,551.0	2,196.0	613.0	10,659.0
(b) Non-Formal Education/Literacy	504.0	519.0	553.0	574.0	704.0	487.0	3,341.0
(c) Project Support	6.0	12.0	12.0	13.0	14.0	15.0	72.0
Sub-Total	1,206.0	2,737.0	2,962.0	3,138.0	2,914.0	1,115.0	14,072.0
2. WOMEN IN DEVELOPMENT							
(a) Advocacy/Information Base	13.0	28.0	27.0	10.0	10.0	10.0	98.0
(b) NGO Community Services	23.0	217.0	503.0	72.0	57.0	38.0	910.0
(c) Grameen Bank	124.0	260.0	227.0	196.0	232.0	153.0	1,192.0
(d) Project Support	4.0	9.0	10.0	10.0	11.0	6.0	50.0
Sub-Total	164.0	514.0	767.0	288.0	310.0	207.0	2,250.0
3. HEALTH							
(a) Control of Diarrhoeal Disease	255.0	530.0	570.0	495.0	621.0	410.0	2,881.0
(b) Essential Drugs	786.0	1,220.0	1,198.0	1,401.0	1,695.0	1,096.0	7,396.0
(c) Blindness Prevention	400.0	600.0	502.0	352.0	600.0	300.0	2,754.0
(d) EPI	906.0	1,563.0	1,218.0	1,881.0	1,403.0	778.0	7,749.0
(e) Maternal/Neonatal Health	330.0	627.0	640.0	496.0	441.0	146.0	2,680.0
(f) Health Services Development/Management	70.0	225.0	120.0	95.0	165.0	120.0	795.0
(g) Project Support	94.0	191.0	194.0	197.0	201.0	103.0	980.0
Sub-Total	2,841.0	4,956.0	4,442.0	4,917.0	5,126.0	2,953.0	25,235.0
4. NUTRITION							
(a) Control of IDD	353.0	880.0	527.0	0.0	0.0	0.0	1,760.0
(b) Community Food and Nutrition	100.0	185.0	175.0	175.0	200.0	150.0	985.0
(c) Nutrition Policy and Planning	0.0	0.0	14.0	14.0	14.0	14.0	56.0
(d) Project Support	40.0	81.0	82.0	85.0	87.0	45.0	420.0
Sub-Total	493.0	1,146.0	798.0	274.0	301.0	209.0	3,221.0

*The breakdowns are for full calendar year periods, except for 1988 (July to December) and 1993 (January to June).

6.4 Projection (General Resources) continued...

(thousand US\$)

	1988	1989	1990	1991	1992	1993	Total
5. COMMUNICATION/INFORMATION	123.0	233.0	235.0	237.0	241.0	131.0	1,200.0
Sub-Total	123.0	233.0	235.0	237.0	241.0	131.0	1,200.0
6. PROGRAMME DEVELOPMENT							
(a) JGUAS Secretariat	6.0	38.0	9.0	9.0	10.0	5.0	77.0
(b) Upazila Officials Orientation	0.0	60.0	60.0	40.0	20.0	0.0	180.0
(c) Programme Development	2.0	6.0	5.0	17.0	11.0	6.0	47.0
(d) Project Support	3.0	5.0	6.0	6.0	6.0	4.0	30.0
Sub-Total	11.0	109.0	80.0	72.0	47.0	15.0	334.0
7. PROGRAMME SUPPORT	683.0	1,439.0	1,528.0	1,623.0	1,726.0	921.0	7,920.0
Sub-Total	683.0	1,439.0	1,528.0	1,623.0	1,726.0	921.0	7,920.0
8. INTEGRATED BASIC SERVICES							
(a) Rural Development II	210.0	450.0	523.0	475.0	417.0	200.0	2,275.0
(b) Hill Tracts Development	120.0	350.0	393.0	507.0	400.0	105.0	1,875.0
(c) Family Development	140.0	296.0	404.0	407.0	433.0	295.0	1,975.0
(d) Slum Improvement	130.0	204.0	380.0	511.0	550.0	100.0	1,875.0
(e) Project Support	40.0	80.0	81.0	82.0	83.0	42.0	408.0
Sub-Total	640.0	1,380.0	1,781.0	1,982.0	1,883.0	742.0	8,408.0
9. WATER AND SANITATION							
(a) Project Support	123.0	250.0	257.0	263.0	269.0	138.0	1,300.0
Sub-Total	123.0	250.0	257.0	263.0	269.0	138.0	1,300.0
10. CONTINGENCY	216.0	236.0	164.0	220.0	197.0	83.0	1,116.0
Sub-Total	216.0	236.0	150.0	206.0	183.0	69.0	1,060.0
TOTAL	6,500.0	13,000.0	13,000.0	13,000.0	13,000.0	6,500.0	65,000.0

**6.5 PROJECTION OF UNICEF INPUTS (SUPPLEMENTARY FUNDING) BY PROGRAMME/PROJECT
AND CALENDAR YEAR: 1988 - 1993***

(thousand US\$)

	1988	1989	1990	1991	1992	1993	Total
1. EDUCATION							
(a) Universalization of Primary Education	0.0	3,250.0	3,250.0	2,500.0	2,500.0	1,000.0	12,500.0
Sub-Total	0.0	3,250.0	3,250.0	2,500.0	2,500.0	1,000.0	12,500.0
2. WOMEN IN DEVELOPMENT							
(a) Advocacy/Information Base	0.0	25.0	25.0	25.0	25.0	0.0	100.0
(b) Grameen Bank	0.0	0.0	25.0	0.0	25.0	0.0	50.0
Sub-Total	0.0	25.0	50.0	25.0	50.0	0.0	150.0
3. HEALTH							
(a) Control of Diarrhoeal Disease	275.0	500.0	400.0	150.0	180.0	50.0	1,555.0
(b) Essential Drugs	540.0	1,129.0	1,409.0	718.0	718.0	432.0	4,946.0
(c) Blindness Prevention	115.0	425.0	400.0	600.0	398.0	113.0	2,051.0
(d) EPI	2,799.0	3,538.0	2,151.0	1,000.0	1,000.0	500.0	10,988.0
(e) Maternal/Neonatal Health	40.0	145.0	101.0	130.0	164.0	48.0	628.0
(f) Health Services Development/Management	30.0	60.0	60.0	60.0	60.0	60.0	330.0
Sub-Total	3,799.0	5,797.0	4,521.0	2,658.0	2,520.0	1,203.0	20,498.0
4. NUTRITION							
(a) Control of IDD	0.0	0.0	669.0	1,263.0	1,168.0	574.0	3,674.0
(b) Community Food Production and Nutrition	0.0	50.0	50.0	50.0	50.0	40.0	240.0
Sub-Total	0.0	50.0	719.0	1,313.0	1,218.0	614.0	3,914.0

*The breakdowns are for full calendar year periods, except for 1988 (July to December) and 1993 (January to June).

6.5 Projection (Supplementary Funding) continued...

(thousand US\$)

	1988	1989	1990	1991	1992	1993	Total
5. INTEGRATED BASIC SERVICES							
(a) Rural Development II	0.0	200.0	400.0	350.0	200.0	50.0	1,200.0
(b) Hill Tracts Development	0.0	0.0	100.0	200.0	250.0	50.0	600.0
(c) Family Development	0.0	0.0	240.0	240.0	360.0	360.0	1,200.0
(d) Slum Improvement	50.0	225.0	225.0	225.0	225.0	50.0	1,000.0
Sub-Total	50.0	425.0	965.0	1,015.0	1,035.0	510.0	4,000.0
6. WATER AND SANITATION							
(a) Coastal Belt RWSS	604.0	1,342.0	1,622.0	1,904.0	2,187.0	1,435.0	9,094.0
(b) Low Water Table RWSS	699.0	1,178.0	1,770.0	2,292.0	2,998.0	861.0	9,798.0
(c) Shallow Water Table RWSS	795.0	777.0	804.0	848.0	888.0	78.0	4,190.0
(d) Maintenance and Rehabilitation	326.0	285.0	305.0	324.0	344.0	45.0	1,629.0
(e) Village Sanitation	472.0	548.0	673.0	795.0	919.0	53.0	3,460.0
(f) Urban Slums/Fringes RWSS	17.0	155.0	237.0	350.0	457.0	95.0	1,311.0
Sub-Total	2,913.0	4,285.0	5,411.0	6,513.0	7,793.0	2,567.0	29,482.0
TOTAL	6,762.0	13,832.0	14,916.0	14,024.0	15,116.0	5,894.0	70,544.0

7. GOVERNMENT COMMITMENT

- 7.1 The Government will provide all personnel, premises, materials, supplies and equipment and local operating expenses, including the maintenance and operation of vehicles and boats provided by UNICEF, as may be required for the successful implementation of the programme activities, except those provided by UNICEF or other donor agencies which are indicated in this Plan of Operations.
- 7.2 The Government will arrange at its cost for the clearance and receipt, warehousing, transportation, distribution, repair and maintenance, and accounting of all UNICEF supplies and equipment. UNICEF supplies will be kept and recorded separately.
- 7.3 The equipment and supplies provided by UNICEF shall be transferred to the Government immediately upon arrival in the country. This transfer of title shall be accomplished upon delivery to UNICEF of a signed Government Receipt on the standard forms provided by UNICEF.
- 7.4 At its 11th Meeting on 8 July 1980 JGUAG approved in principle the new UNICEF transport policy of transferring to Government the ownership of all motor vehicles provided by UNICEF to Government for the implementation of approved project activities. The Government will continue efforts to facilitate the transfer to itself of ownership of all transport and transport related supplies and equipment provided by UNICEF. In the case of all new transport provided under this Master Plan of Operations the concerned departments/agencies must make provision for payment of customs duties and taxes, as well as for operation and maintenance costs, prior to requesting the procurement of such transport by UNICEF. In the case of new transport the transfer of title must take place immediately upon arrival and before its utilization in the programme.
- 7.5 Should any of the equipment, supplies or transport thus transferred, for any reason, not be used for the purposes of this Master Plan of Operations, UNICEF may require the return of any or all such equipment, transport and supplies remaining unused, and the Government will, when so requested, make such items freely available to UNICEF.
- 7.6 The Government will maintain separate accounts and statistical records on the clearance, receipt, warehousing, transportation, distribution, repair and maintenance of all the UNICEF supplies and equipment in a mutually agreed form. Such accounts and records will be made available to authorized officials from UNICEF upon request.

- 7.7 The Government and UNICEF will jointly review the quarterly reports of cleared and uncleared UNICEF consignments from port/customs warehouses prepared by the Government to improve the existing procedures and practices in clearance and reception on a continuous basis.
- 7.8 The Government and UNICEF will jointly review the Annual Inventory of undistributed UNICEF supplies and equipment, and will readjust future requirements of UNICEF supplies and equipment accordingly.
- 7.9 The Government will clear all the UNICEF consignments from the port/customs warehouse within 14 days from the date of discharge. No demurrage should be charged on the UNICEF consignments at either seaports or airport.
- 7.10 The Government will delegate the authority to its appointed clearing and forwarding agents to complete Outturn Reports giving the condition of the UNICEF consignments at the time of discharge and to submit them to UNICEF within 14 days from the date of discharge.
- 7.11 The Government will submit the Government Receipt duly signed by the responsible official to UNICEF within 45 days from the date of discharge.
- 7.12 The Government will assist in speedy clearance of air-freighted vaccines by accepting a "provisional" clearance procedure and will ensure that vaccines are kept in a coldroom until finally cleared.
- 7.13 The Government will keep UNICEF informed on the use of UNICEF assistance, and on the progress of the activities indicated in this Master Plan of Operations, by means of periodic reports according to the format and schedules mutually agreed with UNICEF.
- 7.14 The project activities, targets, and UNICEF inputs indicated in this Master Plan of Operations are based upon Government counterpart funding requirements. Changes in the amounts of Government counterpart funding made available for project activities may affect planned targets as well as the amount of UNICEF funding made available for implementation of these activities.
- 7.15 Assistance provided by UNICEF will be related to specific activities laid down in Plans of Action mutually agreed upon for each project, and will be provided according to the progress of the project.

- 7.16 In the case of project grants provided by UNICEF the Government will certify that funds have been utilized for the purposes provided and that the specific activities relating thereto have been completed according to a mutually agreed plan.
- 7.17 Accounts for project grants to Government will be maintained and audited according to existing Government rules, as well as those of UNICEF. Authorized officials of UNICEF will have access to relevant documents concerning expenditure of UNICEF funds.
- 7.18 Funds that cannot be utilized for the specific purposes intended must be returned to UNICEF for utilization in other approved activities.
- 7.19 UNICEF will provide cash grants to the appropriate implementing agencies according to disbursement procedures mutually agreed with Government and in accordance with UNICEF Financial Rules and Regulations. It is understood by both parties that these procedures will not be introduced in a manner likely to constrain project implementation, and that such constraints when identified will be resolved through a process of mutual understanding and adjustment.
- 7.20 It is mutually understood by the parties to this Master Plan of Operations that the commitment of UNICEF refers to equipment, supplies, cash assistance and services as agreed upon with the Government, and any changes or extensions must have the prior approval of the parties concerned.
- 7.21 The Government will co-operate with UNICEF in the production and publication of findings and reports compiled in connection with this programme. The parties will co-operate in public information activities related to this programme and in developing project support communication materials.
- 7.22 The Government will ensure the continuation of the activities covered by this Master Plan of Operations within the scope of available resources after assistance from UNICEF has ended.

8. PLANS OF ACTION

- 8.1 The details of UNICEF assistance for each of the activities described herein will be specified in separate Project Plans of Action prepared jointly by the concerned sectoral ministry and UNICEF within the broad framework of this Master Plan of Operations.
- 8.2 The Government will ensure that all project activities covered by this Master Plan of Operations, and detailed in Project Plans of Action, are given sufficient provision and timely coverage in its Project Proformas (PPs) and Annual Development Plans (ADPs). UNICEF will be consulted in the preparation of Project Proformas covering activities for which it will be providing support to Government.

9. MONITORING AND EVALUATION

- 9.1 Studies and evaluations will continue to constitute a core aspect of country programme development and implementation. A broad range of studies and evaluations will be supported through the various components of this country programme, with a view to: assessing the situation of children in a variety of difficult circumstances; contributing to the development of policies on mother and child related issues; identifying and addressing constraints to the more effective and efficient implementation of project activities; assessing the impact of project activities on the situation of women and children; and contributing to national capacity building in the design and implementation of such applied studies and evaluations.
- 9.2 UNICEF will cooperate with Government agencies in promoting close and sustained supervision of project implementation by national officials. The desirability of making supervision field-based and target beneficiaries-oriented will be stressed. Based on project experiences in the initial two to three years some more general guidelines and manuals on supervision and monitoring may be developed in cooperation with Government.
- 9.3 The routine reporting and monitoring arrangements for the various projects is treated more fully in their Plans of Action. These arrangements are more thorough and systematised in the case of some implementing agencies, such as the Directorate of Public Health Engineering and the Grameen Bank, to name but two. It is being rapidly and comprehensively developed for other projects, as in the case of the Universal Child Immunisation (UCI 1990) programme. Where necessary UNICEF will work closely with Government agencies in developing simple but effective systems of recording, reporting and reviewing.

- 9.4 In 1986 UNICEF cooperated with Government in developing an Integrated Programme Planning System based on a six-monthly cycle of project workplans and reviews (assessments). The two main components of this system are the Project Workplan, which consists of activities, physical and financial targets, implementation focal points and time frame, and the Project Assessment Table (PAT) which reviews progress against the above, as well as identifies constraints and adjustments. The PATs and their reviews become the basis for consequent Project Workplans. These Project Workplans and PATs will form the basis of a six-monthly system of reviews involving the national implementing agencies and UNICEF under the overall aegis of JGUAG. This system is expected to become operational in 1988.
- 9.5 The six-monthly project reviews will have a more micro and activity implementation oriented focus. They will be complemented by the more macro and policy oriented focus of the JGUAG Annual Programme Review Meetings, held under the Chairmanship of the Member, Socio-Economic Infrastructure and Programme Division, Planning Commission and bringing together concerned officials from the sponsoring ministries, implementing agencies, the Planning Commission, and UNICEF.
- 9.6 The monitoring and review system described above deals primarily with output measurement. The measurement of impact is much more difficult, and will require, a longer term and somewhat more holistic perspective. This activity will also require the help of some professional agencies. There will be a need to develop a series of critical indicators which will be used over a longer time frame to identify tangible movements in child survival and development. A related task will be that of identifying a national agency in which the capacity for such an assessment exists, or in which it can be developed. The decision to prepare national reports on the situation of children in member countries for annual review by SAARC may constitute one basis for the pursuit of these developments. (See para 5.7.5).
- 9.7 The UNICEF Zonal Offices in Bogra, Khulna, Barisal, Mymensingh, Comilla, Chittagong and Dhaka will continue to provide field-based support for the review, monitoring, and evaluation of project activities.


10. FINAL PROVISIONS

- 10.1 This Master Plan of Operations will come into effect upon signature of the parties hereto and will remain in effect until 30 June 1993.
- 10.2 This Master Plan of Operations and the projects hereunder may be modified by mutual consent of the parties hereto through an exchange of letters.

IN WITNESS WHEREOF the undersigned, being duly authorized, have signed this Master Plan of Operations on this the 11th day of June 1988 at Dhaka, Bangladesh.



SIGNED, SEALED AND DELIVERED
on behalf of the Government
of the People's Republic of Bangladesh
by the Joint Secretary
External Resources Division
Dr A K M Mashur Rahman



SIGNED, SEALED AND DELIVERED
on behalf of the United Nations
Children's Fund (UNICEF)
by the Representative
Anthony A Kennedy