Bangladesh

Stakeholder Report on Bangladesh - Submission by World Vision Bangladesh
For Universal Periodic Review (UPR), 2nd Cycle, 2012

Child Protection and Child & Maternal Health

Scope of International Obligations

Bangladesh is one of the first signatory among 22 countries who ratified the Convention on the Rights of the Child in 1991. The Government of Bangladesh is fully committed to realize the rights of all children of the country. Government has taken a number of initiatives to reform legislation including policy, coordination among various ministries, departments and institutions, allocation resources, dissemination of the CRC and strengthening cooperation with the NGOs, Civil Society.

Background of World Vision

Last forty (40) years World Vision Bangladesh is working to assist Bangladesh government to protect children from all forms of violence, exploitation, neglect and abuse through ensuring their rights. World Vision is a Christian relief, development and advocacy organization. In 1970 World Vision International became involved in Bangladesh by providing emergency relief to the victims of the tidal surges in coastal areas of the country. As a National Office the organization started its operation with the name World Vision Bangladesh in 1972. From late nineties the organization is working through Area Development Programs (ADP) and presently 72 ADPs are serving around 4 million people in 27 districts.
World Vision's new Country Strategy 2013-2017 seeks transformational development of the communities and to change the socio-economic landscape while empowering communities with resilience against natural disasters. Following this strategy at present the organization is focusing on six major areas: 1) Improve Health status of mothers and Children 2) Improve access and quality to education 3) Ensure children are protected and cared for 4)Create economic opportunities for the poor 5)Respond to disasters and mitigate climate change 6) Address urban abject poverty
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Constitutional and legislative Framework on Child Protection

The protection of the rights of children is addressed through a number of pieces of legislation including The Human Trafficking Deterrence and Suppression Act- 2012, Children Act-1974, National Children Rule 1976 & National Children Policy 2011, the Child labour elimination policy 2010, compulsory primary education policy/act1990, The Suppression of Violence against Women & Child Act-2000 (Amended in -2003), The Acid Control Act-2002, The Acid Crimes Prevention Act-2002, The Law and Order Disruption Crimes (Speedy trial) Act-2000, Birth & Death Registration Act-2004, and The Disability Welfare Act-2001 all are related laws. Some bold suo

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moto rules were issued by the High court Division in the recent years in light of the Children Act-1974 upholding children's rights and protection. In one Judgment passed in 2005, the court also observed that as a signatory to the convention, Bangladesh is duty bound to reflect Article 40 as well as other articles in CRC in our national laws. Thus several policies and laws have been formulated/reformed and effectively implemented which have contributed in raising the policy and legal regime to meet the global standards with respect to CRC. Some of these are considered below.

Concerning Juvenile Justice; to activate the Juvenile Justice system in Bangladesh a number of child friendly guidelines have been passed by the Honorable High Court Division of Bangladesh focusing on the provision of a safe home with comprehensive child friendly services, taking into account the child's age, and the need for protection and meeting the child's basic need, the provision of a minimum standard of care, the child's right to consent & give his or her opinion, as well as the prohibition of death penalty.

Gaps and Challenges regarding Child Protection

Along with the gaps in definitions, there are some critical legal gaps and lags in implementation that limit the capacity of the state in ensuring protection of children. Some of these are considered below:

Gaps in justice system:

According to section 11 of the Children Act 1974, if at any stage the Court is satisfied that the attendance of a child is not essential for the purpose of the hearing, the Court may dispense with his attendance and proceed with the hearing of the case without his presence. If (Section 12 states) at any stage during the hearing of a case a child is summoned as a witness, the Court may hold a hearing of the case or may direct such persons as it thinks fit. Even the court may not consider the child as a party to the case or proceeding. In this act ' child' means a person under the age of sixteen years.

However, in practice the judiciary is not child friendly, the children are harassed in the investigation process, and there is no victim and witness protection to enable a child and her/his family to seek justice against organized criminal networks or influential offenders.

Policy-Legal inadequacies and progress in addressing corporal punishment

The legal instruments in Bangladesh are not adequate in protecting children from corporal punishment – often these instruments assign legality to such violence against children under the pretext of "parenting" and "disciplining". Some of these are presented below:

- **Home:** Article 89 of Penal Code (1860) provides legality to corporal punishment against children by parents and guardians.
- **School:** Corporal punishment has been banned by High Court in schools, but no comprehensive legal provision against corporal punishment has been enacted.
- **Alternative Care:** Penal Code; section-89 and other such provisions grant legality to corporal punishment against children by care givers.
- **Penal System:** The following legal and policy provisions allow corporal punishment of children with the pretext of "disciplining"**:** CRPC- section 391, 392, 393, 394 (justifies whipping). Whipping Act 1909 (section 3, 4 & 5). Pure Food Ordinance (1966) section-9. Suppression of Immoral Trafficked Act (1933) section 10 & 12. Railway Act (1890) section

130. Traditional village mediation allows whipping is legalized. Children' Rule (rule#24). Prison Act (1894) section-46 and 53. Borstal School Act –section#4).

At community level the informal arbitration (shalish) apply whipping as the common means of "disciplining" The Bangladesh "Dailyeducation net"[2]reports that corporal punishment still continues not only in remote rural areas but also in Dhaka City schools and madrassas. Parents report situations of their children being beaten up by their teachers and if action is taken against the teacher, this only occurs because of the pressure put on the school authorities by the parents. In one incident outside Dhaka in June 2012, at least 14 students of Kushtia Police Lines School and College were injured when the principal caned them because they had refused to attend coaching classes run by the school authorities.

Recommendation:

- The government of Bangladesh should immediately set up the special Tribunal to investigate and prosecute cases of crimes regarding child Protection issues specially for the new law- Human Trafficking Deterrence and Suppression Act- 2012
- The Government of Bangladesh should take initiatives to make the judiciary child friendly so that children can access the courts and get justice for crimes committed against them or others.
- Strengthen and enforce legal instruments to protect children from corporal punishment.
- Government should take action to increase coordination among inter-ministry who are responsible to ensure child rights.
- The Government should take necessary action to embark on a public awareness campaign about child protection including information about the laws, policies, involving all sectors of Bangladesh society.
- Government should enhance data preserving and providing system regarding child protection issues

Child and maternal health[3]

Bangladesh has made significant progress in child survival over the last few decades. Under-five mortality rate (U5MR) declined from 133 per 1000 live births in 1989-1993 to 52 per 1000 live births in 2011, and the country is on track to achieve Millennium Development Goal (MDG) 4 for a reduction in child mortality by two-thirds by 2015. Despite this encouraging trend, progress in preventing neonatal deaths as well as malnutrition has been slow. Over 60% of all under five child deaths now occur during the first 4 weeks of life, and a further 19% between one and twelve months of age.

The maternal mortality ratio has declined during the last decade; however, at 194 per 100,000 live births, the burden is still very high. Only 28 percent of births are attended by medically trained providers, 10% amongst lowest quintile versus about 60 percent among highest quintile. Only 49% of expectant mothers received antenatal care from a skilled provider in comparison to their 75% urban counterparts (national average 55%).

[2] www.dailyeducation.net.

[3] Statistics taken from Bangladesh Demographic and Health Survey(BDHS) 2011 and Bangladesh Maternal Mortality and Health Care Survey 2010

The prevalence of malnutrition in Bangladesh is still among the highest in the world, where millions of children and women suffer from one or more forms of malnutrition. Undernourished women are likely to give birth to low weight babies who may not reach optimal growth and development. Undernourished children suffer impaired physical growth and cognitive development, which ultimately diminishes their life-chances to learn, develop and succeed in adulthood. Stunted children grow up to be disadvantaged adults, perpetuating the intergenerational cycle of poverty and crippling the economic development of a country.

Malnutrition rates have seen a marked decline in Bangladesh throughout the 1990s, but remained high at the turn of the decade. Although underweight prevalence decreased between 2007 and 2011, stunting (chronic malnutrition) and wasting (acute malnutrition) rates remain practically unchanged which is a cause of concern. Nationally, 36% of children under five years are moderately to severely underweight (50% in lowest quintile while only 20% in highest quintile) and 41% suffer from moderate to severe stunting (26% in highest quintile and 58% in lowest quintile), above the critical threshold.

Challenges: Government leaders face the challenge of improving the health-care system in a nation affected by economic hardship, malnutrition, and high mortality rates. Systems-wide improvements are needed to address weaknesses related to staff, drugs, money, materials, equipment, and management practices that inhibit service providers from performing their work according to need. Both the service providers and the support systems need to be guided by effective decision-making and coordinated interactions among these components that ultimately define the performance of the health, population and nutrition sector as a whole.
Above all, poorly functioning health infrastructure, inadequate numbers of health workers, slow adoption of evidence-based health policies, insufficient focus on quality of care and equity, lack of proper coordination among the key players and lack of efficient management culture are the main stumbling blocks in strengthening and improving health, nutrition and population related services.

2 workers (one Health Assistant & one Family Welfare Assistant) are assigned to provide domiciliary service as well static service in Community Clinics which covers 6,000 populations. A new Community Clinic based worker has been posted, CHCP (Community Health Care Provider) under the scope of new sector programme.

Financing for health

Currently public and private sources of health finance combined are insufficient to achieve full coverage of health services. On an average, about 3.2 per cent of GDP is spent on health, population and nutrition (HPN) sector in Bangladesh, of which about one percent of GDP is allocated by the public sector. This share is low for ensuring a sustainable development of the sector. Although there is scope for improved utilization of available funds and achieving greater equity, but the HPN sector is a case for demanding higher allocations in every fiscal year. Almost two thirds of health spending in Bangladesh is out of pocket i.e. people paying fees for services at the point of delivery. Although the more wealthy spend more in absolute terms, as expected, poorer groups spend more as a share of their income. Although only the lowest income group in Bangladesh spend over 10 percent of household income on health – an often- used threshold above which health expenditures are considered to be catastrophic, this measure potentially underestimates the extent to which financing is a barrier to accessing care.

Recommendations:

- The Government should ensure the implementation of high quality, safe and accessible antenatal, neonatal and under-five health services in remote areas, including during the emergency response.
- The Government must ensure the provision and addition of the number of high quality health workers at the grassroots level and ensure their staying at rural location.
- The Government must provide comprehensive, compulsory, safe and affordable immunization for every baby and child.
- increase budget for child health and nutrition services, particularly for the poor and excluded