

Plan Bangladesh

annual program report 2003

Here at Plan, we think of ourselves as facilitators and catalysts—creating opportunities for people living in poverty to act effectively on the issues that affect them. Child Centered Community Development (CCCD) is a rights-based approach in which children, their families, and their communities are active and leading participants in their own development.



Plan's ABS program: Education and more

24,200 sponsored children

When Rahima was offered the chance through Plan Bangladesh to attend school at an ABS (Advanced Basic School) center, she was overjoyed. Although later than some children, she would now be able to finish her education. Even more exciting to her, though, was that through the ABS program she would also be able to learn a vocation—to acquire income-generating skills to help her secure a more financially sound future.

Rahima, like many girls in rural Bangladesh, was forced to drop out of school at an early age. As a result, she never fully acquired many of the most basic learning concepts or life skills needed by children to develop to their fullest potential. Instead of spending her days studying in a classroom, Rahima spent them working at home—helping her mother with household chores and caring for her younger siblings.

But it was not as though Rahima's parents did not want her to attend school. They knew Rahima needed an education to have a better future. They just couldn't afford it. They needed to use what little extra money they had for basics, such as food and shelter. Fortunately, however, Rahima and

her family lived in a community affiliated with Plan. And Plan was working closely with the children and their families to help them improve their lives by helping provide out-of-school youth with education and vocational training.

One of our best-held beliefs is that children, adolescents, and adults all deserve equal opportunities to basic learning and life skills to develop to their fullest potential. Therefore, while we focus primarily upon improving access to quality preschool and primary education, we also focus on improving access to non-formal (alternative) education and vocational skills. Not all children and adolescents have the opportunity to attend formal day school. But all do deserve the opportunity to acquire educational and life skills, such as vocational training, to help them develop the skills and capacity to improve their lives.

A second chance to learn

Advanced Basic Schools provide out-of-school youth with basic education and vocational skills. To build further upon their capacity to take responsibility for their own needs, youth also receive training on gender awareness and equity, children's rights,

women's rights, leadership development, and organizational development. As a girl, Rahima also received training in family planning, reproductive health, and gender and empowerment issues. By emphasizing awareness of gender equity to boys and girls, and by empowering girls by building their skills and knowledge, we hope to build a social environment more friendly, accepting, and capable of providing education to all children in the future. To this end, we helped design the ABS program to provide youth with basic knowledge of classroom subjects, such as math and language, as well as with skills in a vocation, such as carpentry, masonry, candle making, book binding, dairy farming, tailoring, or small business ownership. Last year, 459 adolescents from 17 communities attended eight ABS centers.

Rahima's mother proudly told us: "My daughter Rahima had no income-generating skills before joining the ABS center. Now she has skills in tailoring as well as knowledge in basic education. [She] received a loan and purchased a sewing machine. Rahima earns enough money to pay installments on her loan regularly. I am very proud of my daughter."

The merging of medicines

Indigenous Knowledge and Practices (IKPs) are traditional beliefs, practices, and customs handed down from generation to generation within a culture or a community. Very often these practices are related to health care, pregnancy, child rearing, and nutrition. Although common in rural and urban areas, IKPs are especially prevalent in rural communities and are the result of centuries of observations, hypothesis, assumptions, and trial and error.

Unfortunately, outsiders often need an explanation to accept the validity of IKPs. And even more unfortunately, many outsiders—instead of attempting to understand IKPs—choose to ignore, and even wipe out, these traditional beliefs and practices.

At Plan, however, we recognize that many Indigenous Knowledge and Practices are not only beneficial to the well-being of communities, but are also integral to the social and cultural composition of communities. With this in mind, we seek to integrate as many IKPs as possible into our programs and projects. Such integration is especially important to the success of Community Managed Health Care (CMHC) systems that provide quality health services through the combined efforts of formal and informal care systems. In fact, we believe

that supporting IKPs is as vital to improving community health as constructing health clinics, providing medicines and equipment, and staffing qualified health workers.

Last year, in the program unit of Khansama, for instance, we worked with Lutheran Aid in Medicine Bangladesh and communities to classify common IKPs as positive, neutral, or negative to the health of children and adults. By looking more closely at many of their traditional health practices and beliefs, children and adults grew to acquire not only a greater awareness of the positive and negative attributes of these traditions, but also a greater capacity to apply this knowledge and awareness to other areas of their lives. As part of this program in Khansama, 100 local “kabirajes” (traditional healers) participated in health training and awareness classes to promote positive health practices, several communities helped establish two herbal gardens and two billboards promoting beneficial IKPs, and Plan staff and community volunteers conducted 130 awareness-raising activities.

According to Mr. Ashraful Islam, from the village of Bhabki in Khansama, “Local kabirajes have shown positive performance as a result of the effective awareness-raising



of the training, group discussions, and billboards. Now it seems to me that the common people are much more aware and are taking [advantage of] the locally available herbal treatments.”

Because of the great success of this program, similar efforts to promote IKPs are taking place throughout Plan program areas in Bangladesh. In the program unit of Jaldhaka last year, for instance, community members helped design and attach 500 “mini, mobile billboards” to the back of rickshaws and painted 27 wall murals displaying health messages.

Most importantly, children and adults are increasingly taking greater responsibility for their own health by participating in health-related activities and projects. For instance, 18,008 community health workers last year participated in general health training, 573 communities benefited from health-related awareness and information sessions, and 130,940 children under the age of five were vaccinated.

A little more about our accomplishments

- To improve access to safe water, 61 new wells were constructed and 25 houses connected to water systems
- To improve sanitation, 703 latrines were constructed
- To improve food and income security, 495 farmers received agricultural training and 136 model farms were established
- 1,800 patients received medical or surgical treatment

