


Learning Document Series

14-15

Sharing development practices to create space
for critical learning and discussion

December 2013



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Programme Quality and Impact (PQI)
ActionAid Bangladesh

Learning Document Series 14-15

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ISSN 2077-7183

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Published by:

Programme Quality and Impact (PQI)

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Prologue

‘Learning Document Series 14-15’ is fifth in the annual series that ActionAid Bangladesh has been producing since 2009. The underlying purpose of LDS is to portray rights-based alternatives and development practices facilitated by ActionAid and its partners for wider upscale and replication.

The present series depicts two such development alternatives – River Ambulance and Violence Free School. River Ambulance was an attempt to transport the people living in hard-to-reach char (riverine islands) areas to Upazila health facilities for medical support. This model has not only unearthed the plight of the char people but has also influenced the policymakers to incorporate the much-neglected issue of Char health in the National Health Policy 2011. ‘Violence Free School’ is a comprehensive model that applies an integrated approach of bringing local community, school authority, local government and law enforcement agencies together to take collective actions for combating violence against girls within and en route to school.

This was developed through write-shops where those grassroots communities themselves documented their experiential knowledge, experiences and processes around the development alternatives in Bangla which were later translated into English.

I must acknowledge the efforts of ActionAid Bangladesh and its valued partners for collectively facilitating the development alternatives in solidarity with the people living in poverty. Last but not the least, I must express gratitude to the grassroots people without whose efforts, these development initiatives would not have been possible to thrive and succeed.

Wish you joyful reading.

Reefat Bin Sattar

Director - Program Quality and Impact (PQI)
ActionAid Bangladesh



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Ambulance on the river

Avaya Dutta, Rezwan Siddique, Zinat Hasiba

Translated by Amiruzzaman



In developing countries, mobility is crucial for people who seek health services. However, the distant char communities that experience frequent geographical changes (due to land erosion or water stagnation) are mostly devoid of any permanent health facility from the Government. People living in these remote areas are thus forced to stay dependent on the services available in the distant mainland. The lack of suitable communication modes results in creating disinterest in people ultimately deteriorating public health. To assist people in Pabna to reach health centres and access Government health services, Sromojibi O Dustho Kollyan Shangstha, a nongovernmental organisation (NGO), launched 'River Ambulance' programme in October 2006 with financial support from ActionAid Bangladesh. And in 2008, VARD, ActionAid's partner NGO in Jamalganj sub-district of Sunamganj, launched the second project which continued till 2010. In the following year, the river ambulance project was taken over by the Lokokendra (community based organisation) there and continued assisting people accessing health needs. In the mean time, ActionAid also assisted SHARP (local partner in Pabna's Bera sub-district) with the inception of another river ambulance. The river ambulance administrated by and assisting the people of the locality in minimising the gap ensuring health rights have been considered as a model to replicate.

*In 28-29 April 2013, we organised a writeshop at Bera of Pabna District to come up with a learning document written by the persons attached with the initiative which would help us understand how river ambulance may increase people's access to health services in the excluded communities. The participants in this writeshop were people who are connected with the management and services of river ambulance. They were from many rural communities of Bera, such as char Nakalia, Sharashia, Kolyanpur, Nagda, Horirampur etc. The core writers who were entrusted to developing the learning paper were **Md. Abdul Aziz, Md. Yakub Ali, Md. Alomgir Hossain, Md. Abul Kalam Mondol, Md. Naimuddin Mondol, Mst. Sanoara, Mst. Rubia, Mst. Ramel, Mst. Merina, Mst. Rina Khatun, Md. Shakhaowat Hosen, Md. Shorifur Rahman and Md. Enamul Haque Khan (Liton).***

Background

Government Healthcare in Bangladesh is usually implemented by many institutions in different tiers in the Administration. In the Zilla (District) level, health service is available as a secondary referral. The next tier of health services available is in the sub-district level (Upazila Health Complex), and the lowest tier is at union level (Union Health and Family Welfare Centre). In the Union level, a large population is dependent on this Centre. Presently, there are a few Community Clinics extending healthcare to people in some regions. However, not all the regions in Bangladesh have this village-level healthcare facility. Moreover, the Union Family and Healthcare Centres extend the primary healthcare only. As a result, the people in the villages stay dependant on the Upazila centres and are forced to commute. The hard truth is, not all the people in the villages can travel either to the Upazila or the Zilla hospitals. There are a number of reasons why people fail to do so. Distance, economic poverty, cultural gap and lack of information are significant. As a matter of fact, these factors exist across the country in varying degrees. But the areas that are remote, such as the char, the factors seem to take a heavy toll.

Char Nakalia, Char Sharashia, Kalyanpur and Char Nagda are along the river Jamuna in Bera Sub-District (Upazila) of Pabna District (Zilla). These far-flung chars are approximately 5 kilometres water-way away from the mainland. The only vehicle that connects these parts is boats, which are available for general commuting and not suitable specially in case of transferring say people in their ill health, pregnant women or children requiring immediate medical attention. This situation prevails since long.

The people in the grassroots, especially from these char areas, are never consulted before putting together the national health policy. However, ActionAid Bangladesh's partner NGO in the locality SHARP has been furnishing policy-makers with information related to people's health vulnerabilities and deplorable health infrastructure in chars. As a follow through of this activity, a research finding shows that there is provision of ambulance to assist patients in the Government hospitals and non-Government clinics existing in the mainland. Although one-third of the total population of Bangladesh lives in chars, there is no infrastructure that can help these people with emergency health support. The lack of communication results in mistreatments ultimately raising casualty. To fight this situation, ActionAid Bangladesh and SHARP started 'river ambulance' programme.

Healthcare Vulnerability and Healthcare Situation in Chars

It's the people who are deprived of health support from Government because Bangladesh's Health Policy does not account for any special provisions or strategy for the char localities. Moreover, the health officials in the Upazila and Union centres do not commute to chars to extend health support. Highly vulnerable are women, especially the pregnant mothers. For the lack of a communications infrastructure in and out of chars, women end up missing out

on government health services. This means, they are missing out on modern healthcare too. In these rural char localities, poverty and vulnerability are two sides of the same coin. Rates of seasonal and age-specific diseases are high. With no healthcare support or family planning advices, family size also becomes large. Despite success in overall vaccination programme, the children in these parts stay out of the coverage. Also many social factors (dowry, child marriage, violence on women, illiteracy, prejudice etc.) contribute to the worsening public health condition.

The health scene in the chars is different from that of the mainland. Malnutrition plays a dominant role there. The children and the elderly run the most risk in falling victim to this. The expecting mothers do not get timely attention neither does the ailing ones. Diarrhoea, flu, jaundice, pneumonia, common cold, headache, cancer, rheumatics, gastric, skin rashes, glaucoma are the most common variants in the char areas. Moreover, maternal complications such as stomach cramps, nausea, pregnancy issues, excessive discharge of fluids, infection in ovary etc. affect women badly. The lack of transport in accessing healthcare complicates these easily-curable diseases.

The Launch of River Ambulance

Many types of natural calamities impacts adversely on the people in chars every year. Falling ill during the flood and post-flood times is a regular phenomenon. The situation turns out to be so hard that accessing any nearby centres becomes next to impossible. As soon as the flood recedes, cold wave hits the region. Winter affects people badly as they have hardly enough warm clothes. Result is, children and the elderly suffer more from seasonal ailments. In summer, the depleting water-level in the river forces people to walk 4-5 kilometres to reach the few number of boats.

Before the river ambulance project was inceptioned, it was unthinkable for women to consider accessing medical support from the hospital. No wonder people will fall victim to quacks. In fact, the haat (bazaar held weekly in a large scale) used to sell medicines without requiring prescriptions. One 'doctor' used to treat people, supply anti-rodents and also perform as a vet who would keep all the medicine and chemicals in one table. These 'doctors' neither own permission to treat nor possess the expertise to advise on medication. Some of them also used to sell medicine door to door.

Against this bleak healthcare situation, people's vulnerabilities and remembering about health rights, ActionAid Bangladesh's partner NGO in the locality SHARP joined hand in launching a 'river ambulance' project in 2009 in the Bera sub-District. Initially what SHARP did was to inform char people and make them aware of the 'river ambulance'. The 'river ambulance' committee also consulted Local Administration, the healthcare personnel and family planning committee in the Upazila level. But in 2010, patients started using the 'river ambulance' in a slow but steady manner.

As per the monitoring report of SHARP, year 2010 saw 48 individuals (12 male, 14 female and 22 children) availing the 'river ambulance' support. Number of users increased gradually. With ActionAid Bangladesh's support, SHARP is still carrying out the project. Among the list of services that the 'river ambulance' extends are boat for water-transport from Char Nakalia to Nakalia Bazaar and van (human hauler) for land-transport from Nakalia Bazaar to Upazila Health Complex. Even though the 'river ambulance' is dedicated to carrying patients, in natural disasters, it also helps regular people to evacuate to safety or assist school goers in urgent situations – all out of good will and for free. Although the people from poor economic background or with disabilities are the core users of the 'river ambulance,' any patient can avail the service if it's an emergency. On an average, 10-15 patients avail the service per month. If we account for an average demographic, we see 6 women, 4 pregnant mothers, 5 elderly, 2 people with disabilities and 3 men take the 'river ambulance' every month.

Management of River Ambulance

The 'river ambulance' operates with the help of its management committee. The committee consists of 1 chairperson and 8 members, of which 1 person is village leader, 1 teacher at local school, 1 imam (religious leader), 1 student and 5 representatives from the agrarian part of the society. The committee includes 2 women and 3 men as advisory members. One of the women is the 'Woman UP Member' (woman member in the local government tier) and the other is from Reflect Circle¹. To ensure that critically ill patients reach health centres, the

Annual Expenditure of the River Ambulance					
Descriptions	From 2009 to 2013				
	2009	2010	2011	2012	2013 (cntd.)
With boat's oil engine	1,50,880	0	0	0	0
Materials (life jacket, lifebuoy, solar, stretcher, patient bed, cabin, first-aid box and other equipments)	0	0	70,000	0	0
Management (the fuel cost and salary of the driver)	0	63,000	82,000	1,06,000	1,70,000
Repair of 'river ambulance'	0	0	1,20,000	0	0
Campaigns on 'river ambulance'	15000	20,000	11,000	2,00,000	0
Total	1,65,880	83,000	2,83,000	3,06,000	1,70,000

¹A group of community people dealing with community problems for bringing social change through an innovative approach of adult literacy. Log on to <http://www.reflect-action.org/> to learn more about Reflect.

Union-level volunteers also extend a hand during disaster times. There is one volunteer group in each of the four unions namely Haturia Nakalia, Chakla, Koitala and Notun Varonga. With 20 members in each of the groups, all are 15-20 years of age. The total number of female volunteers is 37 and male 43. A poster containing phone numbers of the Chairperson, boatman and a staff of SHARP has been pasted across the locality so that people may access the service easily. Otherwise, contacting any staff of SHARP also works.

The monthly expenditure to manage the river ambulance is 11 thousand taka, which includes 6000 taka as the salary of the boatman and 5000 for fuel. The cost is borne by SHARP with contribution from ActionAid Bangladesh. The equipments and tools stationed inside the boat is a bed, bedding, solar-powered light, first-aid kits, life jacket, lifebuoy, torch etc. The tasks that the ambulance committee regular performs are as follows:

- Encouraging people to avail the river ambulance facility
- Circulating the news and also spreading the information with help from Imam of the mosque and teacher at school
- Monitoring the monthly register of meetings held by the committee and also develop monthly plan reflecting on the challenges faced in the preceding month
- Listing down the committee decisions and follow-up for any changes suggested

Recent trends in the 'river ambulance' service

An analysis of the register from the 'river ambulance' management committee shows the demographic of service takers and also the nature of ailment covering the tenure January 2011 to April 2013:

The register does not only record details about the patients (users). It also accounts for suggestions that help the committee to take management decisions and is ready to deduce from the general healthcare situation in the chars. While discussing why women are the prominent users of the 'river ambulance', the discussants at the writeshop shared the following three factors:

- Women are more prone to suffering from health complications
- Women feel more encouraged to avail the service as they appreciate the extra support they receive (such as the sun-shed in boat and ready-contact with the clinic after getting off)
- When patient is a child, it's normally the mother who accompanies her/him to hospital

The above information helps us understand how the demand for 'river ambulance' is widening.

Months	Recipients	Women	Men	Details of ailment
Jan-Apr 2011	37	25	12	Common cold, diarrhoea, gynaecological complications, chest pain, stomach cramps, urinal infections, asthma, ovarian issues, fever, headache, allergies, gastric, cold sweats, skin rashes
May-Aug 2011	30	25	05	Eye issues, leg fracture, soar-wound in leg, common cold, diabetes, child-birth complications, high blood-pressure, gastric, pain, ovarian issues, itching, diarrhoea, bowel disorder, stomach cramps, headache
Sep-Dec 2011	25	23	02	Stomach cramps, gastric issues, diarrhoea, common flu, chest pain, jaundice, gastric, child-birth related complications, head soar, wound in leg, body soar
Total in 2011	92	73	19	
Jan-Apr 2012	53	36	17	Ovarian issues, gynaecological complications, common cold, pneumonia, diarrhoea, stomach crumps, hurt in accident, gastric, tumour in stomach, feet soar, chest pain, itching, pregnancy issues, headache, prenatal complications, body soar, asthma, elderly issue
May-Aug 2012	47	30	17	Gastric, pain in leg, chest pain, diarrhoea, stomach crumps, backbone issues from accident, pregnancy issues, common flue, headache, pneumonia, gynaecological complications, nose issue, swollen feet, asthma
Sep-Dec 2012	67	39	28	gynaecological complications, low blood pressure, pregnancy issues, diarrhoea, gastric, breathing issues, headache, malnutrition, hurt leg, pneumonia, flu, fever, stomach crumps, chest pain, childbirth complications, cold, elderly issues, arthritis
Total in 2012	167	105	62	
Jan-Apr 2013	42	35	7	Fever, head soar, gastric, gynaecological complications, arthritis, ovarian complications, chest pain, regular check-up during pregnancy, diarrhoea, soar in throat, infection in stomach, feet issues, malnutrition
Grand total	301	213	88	

Improvements in Char Healthcare Scene

Previously, carrying patients was a tough work – requiring 4 persons to prepare a bamboo stretcher. Giving critical patients a timely lead was also a big issue as general boats are not always available or accessible. This sometimes resulted in casualties. However, the necessary equipments such as stretcher, life-jacket, solar system, first-aid kits with emergency medicine is supplemented with two human-hauler vans that help carry patients from the boat point to the hospital. Because the support is extended 24x7, it has brought in change in the healthcare scene in the char localities. Marginalised people of the char were helped in the following factors:

- People of poor economic background have benefited financially. For example, if someone had to charter a boat, the cost would have been around 500 taka. But the river ambulance is free for all.
- Available the general ferry boat would mean losing vital time. But the dedicated river ambulance means cut down on time considerably and also the benefit of using the van to reach health-centres easefully.
- The shed to protect patients from the sun during daytime transportation is an added protection and comfort for patients.
- River ambulance prioritises women and children in the question of extending the free service. The design of the ambulance is friendly for both women and children, which is an indication of how previously-missing importance has been given now.
- The management committee of the ‘river ambulance’ takes the healthcare issues seriously. At times when the transportation requires special attention/provision, member of the committee accompanies the patient during the transfer.
- As a result of coordinating with the management committee, the other relevant people who are linked to the service have also increased leadership and voluntary mentality, which, in turn, has positively influenced the general healthcare scene.

‘River Ambulance’ Campaign

A campaign on river ambulance was directed towards spreading the ambulance model and also to establish this service as the permanent means of patient transportation in char areas. With support from ActionAid Bangladesh, SHARP organised a rally of 10 boats (with 1 being a river ambulance) and 300 people of various livelihoods from Bera to Sirajgonj. This was on 15 November in 2012. A mass gathering was addressed en route – at Enayetpur. The rally ended at the Puraton Jelkhana-Ghat of Sirajgonj. The campaign connected two Districts in the same day connecting Pabna with Sirajgonj in the river way with two specific objectives:

- Inspire and encourage people to availing the services of the river ambulance. The folk songs and mass-discussions carried out in public place helped us to do this.
- Seek attention of the Government to allocate national budget for ‘river ambulance’

River Ambulance Handover Plan

From observing SHARP conduct the 'river ambulance' project, ActionAid Bangladesh came to realise that a meagre one or two such ambulances will be inadequate to ensure health rights of the entire char population. Besides, even if there is instruction from Upazila Health Officer to the local health professionals to give immediate attention to the patients coming from the char areas via the 'river ambulance', there is no formal agreement with any river ambulance committee of the community clinic, Upazila Health Complex or Zilla hospital. Looking to engage the local government to take over the 'river ambulance' for the people of chars, regular coordination meetings are held with Upazila Health Official, UP Members, SHARP and other NGO staffs working with health programs. Moreover, 'river ambulance' issue is also presented in the Government Healthcare Meetings held quarterly and annually.

What ActionAid Bangladesh believes is, the 'river ambulance' service is the right of the char people and that Government is the ultimate stakeholder to own and sustain it. In fact, Government does run the 'river ambulance' service in the plain-land regions and on the other hand, despite being citizens paying taxes regularly, the char people are deprived. This may be taken as an indication of how non-inclusive the Government healthcare situation is. For the deprived population in char, 'river ambulance' is a right-based initiative. It

Rehena and the 'river ambulance'

Rehena lives in the Nakalia village, which is situated in the Haturia Nakalia Union of the Bera sub-District in Pabna District. Her older son is 4 years and the second is 2. In her family of six, her husband Rojob Ali is the only earning member. Rehena is weak in her constitution – result of early pregnancy leading to malnutrition.

Rehena's char locality does not have any health centres. The nearest Union health centre means a journey of 5-km water-way and 2-km walk. And the Upazila hospital is 20 kilometres away in Bera. Despite provision/regulation, the MBBS doctor does not extend healthcare service in the Union Health and Family Welfare Centre for the stipulated one day per week. Moreover, the Government doctor is also not available. No wonder Rehena's only option was to depend on the village quack. Two consecutive childbirths resulted in chronic loss of blood. Complications rose as she started suffering from diarrhoea, which she did not consider with deserving seriousness. But her condition continued to worsen; she became weaker. Relatives brought in the 'holy water' from a cleric but her situation became critical. Rehena was into 6-month pregnancy at that time. In the wintry January of 2011, there was no boat for her to avail. The ones available would cost high if she was willing to charter but she was unable to bear the cost. When her husband sought the help from village leader, he suggested getting in touch with SHARP to avail the 'river ambulance'. It was 10 in the night when he made the call. The boatman who drove the ambulance made himself available shortly. Rehena was carried to hospital in the 'river ambulance'. She was under treatment for three days before recovering fully. Rehena says, "If the river ambulance wasn't there to help, I would be long dead. I am indebted to you all."

is neither liable nor possible for ActionAid and its partner organization to spread this rights-based initiative in all the char regions. Rather what can bring this into effect is change in national policy. And the sole agent which can easefully extend the service and guide local people is the Union Parishod (UP). In line with this, plan of handing the existing 'river ambulance' over to UP is already under consideration. A detailed discussion entailed with the former Chairman of the UP, Mostafizur Rahman, who verbally assured that there would be a budget provision for 'river ambulance'. Ultimately, after the change in incumbent and due to political and legal complications, the discussion has not progressed with the new UP Chairman. But the discussion to reach a sustainable solution will continue.

Fighting the Limitations and Challenges Faced in Conducting 'River Ambulance'

The main limitations in running 'river ambulance' are as follows:

- Safety-security is low in river ambulance
- Engine failure in the middle of the river has no alternative as solution
- The existing equipments are not adequate for addressing large number of patients
- The boatman does not possess expertise in managing the oil engine of the boat
- There is no provision of trained nurse in the 'river ambulance'

Now the problems faced during the functioning of 'river ambulance':

- It is hard to manage the cost of reaching till the boat point when the river runs dry
- During season that bring natural calamities, bad weather looms as a constant threat
- After cyclone, people become more affected; but ambulance fails to take extra pressure
- A change in the political scene, coordinating with the local government and handover prospects become complicated/distant

According to the participants in the writeshop, the following are the ways how the above challenges can be addressed:

- Improve overall communications infrastructure
- During bad weather, an extra boat must be on stand-by
- There should be provisions of oxygen cylinder, adequate number of beds, two oars, mast and an extra boatman for emergencies
- A trained nurse is required
- In dry season, horse-carts need to be rented to reach the boat points

Steps to be taken to increase the efficiency of 'river ambulance'

- Encourage people to increase the use of 'river ambulance' by frequently holding health awareness campaigns

- Coordinate with Government bodies and ensure sustainable ownership after handover
- Hold health-camps centring 'river ambulance' twice a week
- Promote the positive attitude among the Local Government officials and take measures to formally agree on terms
- Liaise and run networking for an allocation on 'river ambulance' in the Union Plan budget
- Lobby for allocation in Upazila Plan budget as well
- Explore other funding options for 'river ambulance' and open up a bank account
- Increase women's participation in committees and encourage their active contribution
- While assisting well-off people in crossing the river, make an effort to encourage small donations from them to start savings as a parallel fund
- The van, which is not in use due to bad roads in char, needs to be rented out in the mainland to earn some money and save it in 'river ambulance' account to be used during the dry season when horse-cart will have to be rented to ferry people from poor economic backgrounds

Conclusion

ActionAid Bangladesh believes that since 2006 the active participation of the people in char areas has helped the people to achieve the expertise in managing the ambulance on their own now. And that a replication of the model in the entire char regions across the country would expedite proper healthcare of the people. The relevant UP is the ideal institution in the locality that can extend support to the people and guide the community into making permanent settlements. As people's access to UPs is more than to any other Local Government institutions, the question of meeting accountability is also easier in this instance. It is expected that the chars along the river Jamuna will see their relevant UPs taking up 'river ambulance' as a project to implement soon. And significance of river ambulance should be reflected clearly in the national health policy and there should be required budget allocation in the UP budget for replication of this model. What ActionAid Bangladesh firmly believes in is that NGOs or non-Government institutions can pilot model projects it's the people's participation and of course the responsive actions of Government can ensure that the successful and useful models are sustained for the benefit of the people.

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Learning Document Series-15

Violence Free School in an Active Participatory Way: changing patriarchal mindset

Nazma Begum, Tonny Nowshin and Zinat Hasiba
Translated by Rubayat Ahsan



Discriminatory practices have been evident at different spheres of patriarchal society since long and are still prevalent in the modern-day societies. There had been a long struggle against ‘Sati Pratha’² and the fight against oppressive culture in Indian Subcontinent that prohibited women from access to education. However, we can see that though faces of gender discrimination have changed over time that it is still there in various oppressive forms. Violence against women has increased in Bangladesh where approximately fifty percent of the population are women.

Girls are often victims of harassment, abduction and torture on their way back and forth from school. They are not only taunted and bullied by boys on the street but also sexually abused by teachers at schools. As a result, girls drop out from school in many cases and eventually become victims of early childhood marriage. While there is a growing movement to recognise ‘education’ as a fundamental right, harassment and abuse committed against girls also grossly violate their human rights such as freedom of movement, freedom of expression and decisions, right to make relations, right to information, right to physical and mental health, right to take part into social and cultural activities, as well as girls’ right to have dignified life is jeopardised. Violation of women’s rights has negative consequences such as girl children cannot flourish as human beings with full potential. Hence, by failing to protect women’s rights, the entire lawless patriarchal society is depriving safe and flourishing environment of adolescent girls at school.

Following the growing rate of sexual harassment and torture against girls at schools, RACINE, a nongovernmental organization, in 2009 initiated school based campaign in Faridpur to engage the public which was assisted by ActionAid Bangladesh (AAB). The objective of this campaign was to create “violence-free adolescent friendly school environments”. A committee was formed at each school to identify problems related to violence against girls and take necessary measures to stop them. Interventions taken under this initiative have been observed to be effective in bringing positive changes in the environment at schools in Faridpur city.

*This publication is thus to document this joint initiative by ActionAid Bangladesh, Racine, Students of 15 schools of Faridpur and local people as well as to inspire its replication. The method to document this was conducting a two days write-shop at Faridpur on 7-8 July, 2013 to get it written by those involved in the initiative. Students taking part in writing the document were **Joy Biswash, Sumi Aktar, Sabiha Aktar, Mithun Karmakar, Amit Ghosh, Mahida, Aria Ashraf Anushakha, Fahad Rahman**. Attached officials of Racine and ActionAid Bangladesh also participated.*

²Sati Pratha had been practiced by Hindus for centuries, which involves a Hindu widow committing suicide on the funeral pyre of her deceased husband. The practice was formally banned in the Bengal Presidency lands by Governor General William Bentick on 4 December 1829.

What does a violence-free school mean?

Violence-free schools ensure satisfactory and creative atmosphere for students and the environment be free from harassment, taunt, bully, abuse, and indiscipline. This ideal school should have adequate washroom facilities aside from a supply of clean drinking water. Teacher will treat both girls and boys with sensitiveness and sincerity. Students will be free from physical and mental stress and they will have freedom of thought, expression, decisions, and express their opinions freely. The school premises and the way to and from school must be free from harassment, taunt, bullies etc. Overall, there should be a happy and peaceful environment in schools, where students feel free and have dignity.

Who belongs to this endeavour?

The program is initiated to work for violence-free schools. This initiative involves people's representatives, administrators, civil society representatives, teachers, members of school management committee, students, parents, youth, other occupational groups (lawyers, doctors, folk singers etc.), as well as, representatives of government and nongovernment institutions. As schools provide the educational foundation to produce future citizens of the nation, it is then the responsibility of everyone in society to ensure safety and security for the students, especially girls. Therefore, without the participation of these representatives from different sectors, it is not possible to ensure safety and security for girls at schools. This endeavour is built upon participation of everybody concerned.

List of Violence-Free Schools

SL	Name of school	Location
01	Bakhunda High School	Kamlapur, Faridpur
02	Isan Institute	Isan, Gopalpur, Faridpur
03	Saroda Sundori High School	Goal Chamot, Faridpur
04	Aziz Institution	Ambikapur, Faridpur
05	Sibrampur R.D. Academy	Machor, Faridpur
06	Domarkandi High School	Koijuri, Faridpur
07	Baitul Aman Ideal Academy	Aliabad, Faridpur
08	Faridpur High School	Sadar, Faridpur
09	Komlapur High School	Sadar, Faridpur
10	Isan Girls' High School	Sadar, Faridpur
11	Faridpur District High School	Sadar, Faridpur
12	Government Girls' High School	Sadar, Faridpur
13	Char Tepakhola High School	Sadar, Faridpur
14	Mohim Institution	Sadar, Faridpur
15	Ansar Uddin High School	Sadar, Faridpur

Investigating violence cases

After reviewing some cases such as abduction, suicide due to harassment and bullying, and murder during 2009 to 2010 of adolescent girls, it was found that they were mostly tortured

by politically influential persons and their family members. Nonetheless, drug addicted persons, adolescent boys, unemployed youth, school dropout students, rickshaw and auto rickshaw pullers, bus drivers, security guards, passengers of public transports, teachers, flexi load traders, and relatives of adolescent girls are those included in the long list of abusers. Thus, girls are victims of violence not only in the school premises but also in outside locations and on their way to/from school. It has rarely been observed that girls are harassed by their classmates but rather that in most cases girls are abused by teachers.

Harassment of girls include making gender insensitive comments and gestures, corporal punishment (use of hand or sticks), making of harassing calls and use of Multimedia Messaging Service (MMS). It had been found reviewing various cases that violence takes place at teachers' residences, coaching centres, inside and outside of school premises, and in girls' own residences. Children and adolescent boys as well as girls had been victim of abuse one way or the other due to lack of protection in the face of widespread sexual predators.

Usually adolescent girls are the victim of violence and torture because perpetrators have a perception that they would not raise voice due to taboo centring on sexual harassment. Girls from socially and financially poor families become victims of sexual abuse due to taboo. Women from relatively well-off families are sexually harassed too due to age old patriarchal mindset. Analysing reasons behind such violence, some fundamental elements are found rooted in masculinity, which has permeated the economic, social, cultural and political fabric of society. For example, traditional patriarchy has evolved in such a way that it allows boys to behave negatively towards girls though these behaviours are sexually offensive. Girls, after being harassed by miscreants, are again accused by their family members and others. Hence, girls start to feel guilty and revert to silence rather raising their voices against such crimes. Driven by traditional 'masculinity' youth copy their elders and/or movie heroes where it is perceived as harmless fun or normal generated interactions to taunt girls. So called 'girl watching' and 'comment passing' are seemingly seen by masculine society as normal, whereas these are serious acts of offence and violation of laws.

Lack of implication of law, pornography, availability of drugs, politically influential, lack of enabling space to take complaints before law, lack of education, family rivalry, preoccupied mindset that women are weak, and denial of women's freedom of expression are some of the pressing reasons about increasing rate of violence against girls and women.

When, where, and why was the model initiated?

RACINE, a Non-Government Organization (NGO), has been working through SVAW network in Faridpur since 2004. Many reports received by this network reflected that a majority of school going girls were being sexually harassed or tortured and that both parents and girls had been scared of harassment. The increasing incidents of violence were surfacing

through various media channels and the needs for taking steps to stop such crimes were rising from different corners of the society.

As a result, this initiative had been taken in 2009 through joint efforts of students, parents and teachers to ensure 'violence-free schools'. It was first initiated at Kamlapur High School and at Saroda Sundori Girls' school in Faridpur city where an attempt to free the schools from violence commenced as of 2010. The number of participation has increased to date and fifteen schools are part of this endeavour now.

If schools are free from violence, then both girls and boys will get an ideal atmosphere for learning. It results in reduced dropout rates of students, which ultimately contributes to improving rate of quality education. Once education is improved at schools, it further contributes to reducing sexual harassment. Thus, an educated society is the hope that could potentially curb many other problems along with sexual harassment against girls.

Therefore, 'violence-free schools' have also emphasized on creating enabling spaces for students by reducing inequality between girls and boys and by addressing limited entertainment facilities, clean drinking water, and washroom facilities.

Goal of the programme

Goal of this programme is to ensure violence free environments in fifteen schools in Faridpur city where girls and boys will have equal access to school and an ideal environment for nurturing their potential skills and capacities. Students will have fear free and hesitation less relationships with their teachers. Students will also have enabling space where they will freely be able to express their opinions. Girls will walk safely to and from their schools.

What we dream

The vision of this programme is to establish healthy environments for education in Faridpur City and to ensure the right to education for students irrespective of their gender, disabilities, and socioeconomic status. The programme aims to create mass awareness about violence against girls, sexual harassment, and early child marriage among students, parents, teachers, School Management Committees (SMCs) and the general public. It also envisions changing social perception about relationships between girls and boys and their roles as well as potentials. There will be violence-free schools where safety and security of students, especially girls, can be ensured. It will also expect to change patriarchal and masculine mindset towards sufferers of sexual violence.

How and with whose help?

Violence-free school programme officially initiated at two schools in Faridpur by arranging training for students and teachers from October 25 to 28 in 2009. With time, another four

schools joined this programme. Another workshop was organised comprising of students, teachers, parents, community and representatives of government administrative bodies. Students discussed about actions that could be undertaken to stop violence at schools. The programme was designed based on discussions that came out from the workshops.

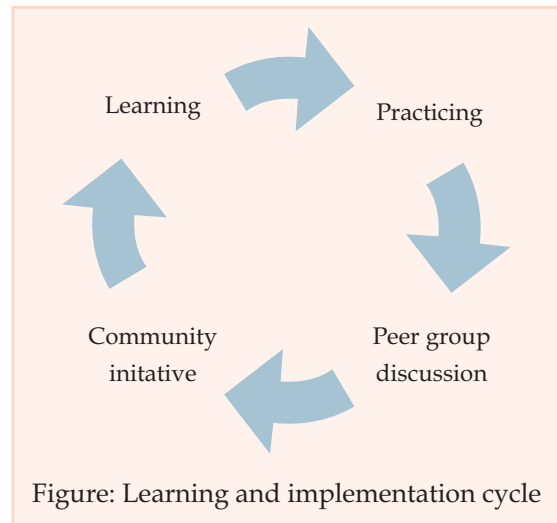
A committee was formed at every school, which consisted of two members of SMC, three parents (2 men and 1 woman), two members of municipality (1 man and 1 woman), one head master, and one teacher nominated by headmaster. A complaint box was installed at every school and this committee arranged a monitoring meeting every month which investigated cases based on complaints submitted. These committees also undertook the necessary steps to resolve the cases and maintain ideal environment for education at schools in the town.

Some initiatives taken under this programme are as follows:

- Installing complaint box at every school;
- Formation of a committee to stop violence;
- Sharing meeting with network members about sexual harassment;
- Awareness raising; and
- Arranging training for teachers on gender issues.

Significant measures have been taken such as police patrol at locations with risk of violence. A regular communication loop between the civil and police administration, as well as teachers having the relevant phone numbers, has assisted in resolving potentially challenging situations efficiently. Teachers are provided with gender training. The committee maintains strict confidentiality of victims with regard to submission and resolving the case. This committee cautiously verifies authenticity of complaints besides maintaining a rigorous investigation process.

In addition, the committee to Stop Violence Against Women (SVAW) also supports the 'violence-free schools' programme. This network through regular meeting receives complaints, undertakes analysis, reviews existing activities, prepares plans and provide needed directions. SVAW network monitors the school committee and works using linkages. The network is comprised of 35 members (20 women and 15 men), which include women leaders, journalists, doctors, lawyers, people's representatives, NGO workers, cultural activists and students.



Personnel who involved in this programme are as follows:

- Executive Director, Racine
- Campaign officer, Racine
- Programme Officer, Racine
- Police Super, Faridpur
- Selected teachers
- Selected students

This programme has included civil and police administration, lawyers, people's representatives, journalists and other eminent people in the town. Lawyers, journalists, NGO workers and cultural activists are particularly included as members of the committees and network. Nonetheless, there is regular communication among Bangladesh Legal Aid and Services Trust (BLAST)², media, doctors and local administrations. Several awareness raising activities are done through debates and essay competitions to educate people about negative consequences of violence and related legal measures to combat it. The purpose of these events is raising awareness amongst students and parents.

Regular activities

Some regular activities are undertaken every year in this programme to stop violence against girls:

- Debate competitions (among 20 Schools till 2012)
- Dialogues (among 25 schools till 2012)
- Workshops (with 12 schools)
- Cultural events, rallies, assemblies, human chains, international/national day observations
- Exhibitions
- Receiving complaints, investigations and resolves
- Quarterly meetings

²a legal aid providing non-governmental organisation

Locations at risk of violence against girls identified by the students

School	Location at risk
Kamlapur High School	Kamlapur laler point
	1 No. Habeli Gopalpur
	Vojondanga/Horisava/TB
Saroda Sundori High School	Hospital point
	Choto Angina Gate
	Singpara point
	Pond side of Choto Angina
	Mud road at back side of school
	Radhe-Sham point
	Pirer bari
	PTI
	Mollabarir road
	Shovarampur Kalibari
	Mohim school field
Ansar Uddin High School	Nutun Bazar
	Beside kolom Bhobon
	Old Bus stand street
	Ambikapur Bazar
	Road beside school
Char Tepakhola High School	Funeral parlour
	Kobir Bari
	Ambikapur rail bridge
	South side
	Juncture of four roads at Beribandh
Faridpur High School	Dholar Mor
	Court para
	Tarar melar point
	Circuit house
	Badamtoli road
	Culvert near Rukhsuvon
	Roadside of Zilla school
	Ambika hall and Jubili tank
	Ki pailam mor
	Road beside police line
Hitoishi High School	Road beside funeral parlour
	Road beside municipality
	Road beside school
	Boroitolar point
	Taltolar point
	Field at backyard of school
	From Mohakhali Patshalar point to Anather point to Anather point

The programme and its range of activities have empowered adolescent girls to a level at which now they can raise their voice against such crimes and can complain courageously. It has also changed mindset from masculinity to gender sensitivity. Thus, adolescent girls no more feel as guilty as before encountered by sexual harassment and they are less likely to be afraid to complain against perpetrators. SVAW network assists harassed or tortured person by engaging eminent people in the area to solve cases. The tortured girls and women are provided with legal aid, safety and security. Medical aid is also given to them besides other supports such as cost of case in the court, transport and medicine cost and fees for doctors.

Beginning of change

It has been observed that, awareness is raised among different age groups of adolescent boys and girls, most particularly students of Class VIII to Class X (aged 13 to 16 years). Teachers of primary and high schools have learnt gender sensitive behaviour and non-violence, teachers also suggest students about gender sensitivity. Women teachers at school educate girls about gender issues through discussions. Members of SMC and women in the area play active role to stop violence against girls.

Both female and male students at schools have developed a positive attitude and mindset towards each other. Adolescent girls and boys have got confidence to take clear stand against violence. Members of SMCs are more aware nowadays given that they are proactively taking measures to resolve cases that are found in the complaint box. It was also found that women are getting organised to curb early marriage and multiple marriages. Adolescent girls are stronger now to raise voice, share violence cases and protest against wrongdoers. Parents are more aware about their children after joining this struggle against violence. They now put much time and efforts to build friendly relationships with their children. It is a positive sign that the local administration consisting of the police, mayor, commissioner, shopkeepers, businessmen and SVAW network have taken issue of 'violence-free schools' seriously and cooperate accordingly.

Initiatives to curb violence

The change has begun because initially men did not come forward to curb violence against girls; but later on it has been evident that community, different occupational groups, police, mayor, SMCs, students, doctors, lawyers, tortured girls and women, debaters, various cultural organisations and people's organisations have come forward to curb sexual harassment. In a joint effort of communities and police, gathering of drug addicts has been curbed at eight locations identified by the students to be at risk of violence against girls. Lobbied by the community, civil society and the schools, these locations had been patrolled by the police which brought success to this joint effort.

Changes before and after taking this initiative

From the write shop participants there was an attempt to capture the change scenario of violence before and after initiatives taken under this programme based on perception of the participants. It is found that 80% adolescent girls have previously been sexually harassed on the way to/from the school whereas violence rate is curbed to 20% in the aftermath of this programme. Early marriage of adolescent girls has been curbed from 10% to 2%. Number of sexual harassment by teachers has reduced to two per year, which was previously five per year. Similarly abduction cases are also curbed from five to one per year. Following data also portray that significant change has happened,

- Abuse by teachers is curbed from 90% to 1%
- Harassing SMS using cell phone is reduced from 70% to 30%
- Torture due to financial reason is reduced from 8% to 1%

Despite of having significant change with the external stakeholders, it is disappointing to note that sexual harassment by family members remains unchanged. Thus far the programme intervention could not influence family environment, and as a result it could not curb incidents of domestic violence against girls in their respective families. It is observed from discussions at the write shop that though people have got some level of awareness about negative consequences of violence their mindset towards harassed girls or women and perpetrators remain unchanged. 'Sexual harassment' is still taboo in the society. Presently 87% people have the same rigid mindset about the subject of 'violence against girls' what 90% people have had before the programme initiated. Sexual harassment happens in many different guises and nowadays harassment has increased using MMS from cell phone. At present 50% girls receive harassing MMS whereas earlier 10% girls received such MMS. However, easier access to cell phones might be the reason behind.

Steps for Improvement

Participants identified major limitations and challenges in the programme at the write shop. They were also able to suggest some steps forwards to reduce the gap between the goal and achievements of the programme. They are as follows:

1. Forming volunteer groups

Volunteer groups could be formed comprising selected girls and boys of schools, as well as, communities (each community should have one volunteer group). And these groups can be trained up on masculinity, sexuality, and gender sensitivity.

Roles and responsibilities of volunteer group:

- Conducting survey about situation prevailing at locations identified as risky in the city earlier;
- Arranging regular discussions with classmates and community people (shopkeepers, hawkers, rickshaw puller, auto rickshaw driver, unemployed youth, and others) about violence and sexual harassment;

- If any violence happens at the school premises, this group should investigate the case and resolve that;
- This group should discuss with students about how to receive complaints timely, and then they should engage school committee and SVAW network accordingly to take necessary actions;
- Campaigning among students to share violence cases and related issues with the members of volunteer group;
- Sharing sexual harassment cases (received from complaint box, bilateral discussion, and other authentic sources) with school committee and to resolve such cases;
- Organizing mass awareness raising events such as debate, dialogue, cultural show, art, wall writing and poster presentation etc.;
- Supporting SVAW network at their events as well as day observation; and
- Documenting activities and events by proper reporting.

2. Increase the effectiveness of school committees that are formed earlier

Roles and responsibilities of School Committee:

- Conduct survey assigning volunteer group to understand present context about violence against girls;
- Arrange regular meetings to resolve violence cases and prepare plan for next month;
- Unresolved cases should be conveyed to SVAW network;
- Building sound relationships with students and encourage them to share their problems; also build trust and reliability, thus, students can submit violence case into complaint box or share by cell phone or by face to face without hesitation;
- Keeping regular communication with SVAW network and
- Regularly reporting them about violence cases.

Conclusion

It is apparent from the programme learning that 'citizen protest' is essential to build resistance against alleged sexual predators, which eventually helps protecting adolescent girls and women from abuse and exploitation. In addition, we need longer term plan of actions to change patriarchal mindset of society towards women. It is quite impossible to eradicate such crime from society, if we fail to change rigid and old mindset of mass people about 'masculinity and gender'. It is needed to remember that children and women fall victim of sexual abuse at their own family home, which is known as 'so called' safe place. Success lies in empowering and capacitating women from their early childhood to adolescent to adulthood; otherwise it would be hurdle to succeed through such program to curb violence against girls. 'violence-free school' programme is a stepping stone towards a society that would free people from patriarchal mindset and eventually uphold women's human rights as well as dignity.

Nazma Begum works with Women Rights team, **Tonny Nowshin** with Education, and **Zinat Hasiba** with Research, Innovation and Knowledge unit of ActionAid Bangladesh.



Picture-1: River Ambulance awaiting at char Nakalia ghat



Picture-2: Violence free school means safety of girls within and en route to school