

A fair chance . . .

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Choosing to break the cycle

This vicious cycle is not inevitable. We can choose to change it. There are proven strategies for reaching the hardest to reach and expanding opportunity. When governments adopt policies, programmes and public spending priorities that target the most deprived children, they can help transform those children's lives and their societies. But when they fail to focus on meeting the needs of the most marginalized, they risk entrenching inequities for generations to come.

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Around the world, children make up nearly half of the almost 900 million people living on less than US\$1.90 a day. Their families struggle to afford the basic health care and nutrition needed to provide them a strong start. These deprivations leave a lasting imprint; in 2014, nearly 160 million children were stunted.

Despite great progress in school enrolment in many parts of the world, the number of children aged 6 to 11 who are out of school has increased since 2011. About 124 million children and adolescents do not attend school, and two out of five leave primary school without learning how to read, write or do basic arithmetic,

according to 2013 data. This challenge is compounded by the increasingly protracted nature of armed conflict. Nearly 250 million children live in countries and areas affected by armed conflict, and millions more bear the brunt of climate-related disasters and chronic crises.

It doesn't need to be this way.

By shifting priorities and concentrating greater effort and investment on children who face the greatest challenges, governments and development partners can make sure every child, including those born into poverty like Sumiya, has a fair chance to achieve her full potential - and realize a future of her own making. ■

Bangladesh shows progress in child survival

IN recent years, Bangladesh has made solid progress in reducing mortality rates among children under age 5. Part of its success can be traced to the expansion of community-level health interventions. Accelerated progress will depend on expanded and more equitable provision of antenatal care and skilled birth attendance.

Starting from a low base, the country has already achieved a rapid expansion of coverage in both areas. The proportion of babies delivered in health facilities increased from 8 per cent to 37 per cent between 2000 and 2014. Antenatal coverage by skilled providers also rose, from 33 per cent to 64 per cent.

Nevertheless, large disparities remain. The wealth gap in access to skilled antenatal care has declined only marginally. Coverage is 36 per cent for the poorest women and 90 per cent for the wealthiest. The ratio of poor-to-rich women benefitting from skilled birth attendance in



PHOTO ESSAY
Rexona Begum of Kultoli village in Bangladesh, eating potatoes with her children, has learned through a local clinic how to make healthier food choices for her family.

2014 was about one to four, with two of the country's divisions – Sylhet and Barisal – lagging far behind the rest of the country. And fewer than one third of women received the recommended minimum of four antenatal care visits in 2014.

On a more positive note, Bangladesh has been making progress towards equity in terms of deliveries that take place in health facilities. In 2004, the ratio of poorest-to-richest women

delivering in a health facility was 1 to 12. By 2014, the ratio had improved to one to four.

Recognizing that sustained improvements in maternal and child health will require a greater reduction in disparities between different social and economic groups, the government has introduced a range of equity targets for key interventions. The targets form the basis for monitoring coverage in low-income communities, urban slum areas, poor-performing districts and areas with ethnic minorities, such as the Chittagong Hill Tracts in south-eastern Bangladesh. Taken together, they represent a potential pathway to equity for the country's most disadvantaged mothers and children.

Source: National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International, Bangladesh Demographic and Health Survey 2014: Key indicators, Dhaka, Bangladesh, and Rockville, Maryland, USA. ■