


UNFPA in Bangladesh

Providing Information & Services to tea Plantation Communities



Minoti Jhadav, 30, has worked as a health motivator for eight months in the small, isolated tea plantation communities surrounding the “tea capital” of Sreemongol, in northeastern Bangladesh. On this windless, humid day, Minoti is in the quiet village of Dakshin Tilla, explaining the dangers of contracting STIs and HIV/AIDS to a group of 30 women and their children. All are tea pickers, working in surrounding gardens.

Bangladesh’s tea gardens are located in the hilly area some 150 kms north of Dhaka near the border with India. Here the climate is milder and cooler, ideal for tea production. “What is not ideal,” asserts Minoti, “are the health and sanitation conditions in these tea villages.”

The British established the tea gardens around Sreemongol in the 1850s, bringing in laborers from other parts of India. Ever since, the tea workers have been disconnected from the surrounding Bangladeshi society, living in their own little sub-cultures. “This is like an isolated island within the country,” observes Nurul Ameen, UNFPA Assistant Representative in Bangladesh.

As flies buzz about and animals munch on fodder, Minoti outlines the transmission routes of STIs and HIV/AIDS and how to prevent infection. Speaking in the local dialect she is able to connect with her audience and keep their interest. She attends questions for an hour. At the end of the session, Minoti and her colleague distribute biscuits for the children, along with nail cutters, disinfectants, combs and contraceptive pills for the women and condoms for their husbands.

“The biggest health challenge of these communities is poverty,” states Minoti, matter-of-factly. “Tea workers here make just \$3 per week and have access to a limited quantity of food stuff at subsidized prices” This puts them way below the international poverty line, which has been set at \$1 per day.

The tea workers are one of the most vulnerable groups in Bangladesh. Recognizing that the plantation population by and large has remained underserved, the Government, in cooperation with UNFPA, launched a project in 1998 entitled, “ Family Welfare and Reproductive Health Education and Services for Tea Plantation Workers.” UNFPA continued its support for the project in its next programme cycle commencing from 2003. Impressed by the success achieved and based on the need to have a programme for prevention of HIV/AIDS, Swedish International Development Agency (Sida) joined hands with UNFPA in the project called, “Integrated Reproductive Health and HIV/AIDS Project for Tea Plantation Communities in the Sylhet Division.” It is intended to improve reproductive health and prevent the spread of STIs and HIV/AIDS in these poor, remote communities.

Though HIV/AIDS infections are still low, the rate of STIs has been rising rapidly. Recent studies indicate that five per cent of the surveyed population in the tea gardens is suffering from an untreated STI. Moreover, nearly 40 per cent of those testing positive for STIs are unmarried adolescents. They become infected while having unprotected sex. Tea garden management and Government/NGO health workers fear that continued high rates of RTI/STIs, unprotected sex, coupled to a continued high prevalence of HIV/AIDS along the porous border areas with India, could trigger an AIDS epidemic in the region.

So far the project has trained 325 part-time health motivators, who operate in 65 tea plantations out of a total of 141 tea gardens. By 2010, the Government plans to have improved health services with an emphasis on Reproductive Health and HIV/AIDS for the 600,000 tea plantation workers and their families. It is not too ambitious a plan, as all the stakeholders e.g., Government, Tea Garden Owners/ Management, Trade Union Leaders and civil society are positive about the interventions and want to take the programme forward.

Minoti is on the front line of the struggle. "I'm not only providing these communities with information on health services, I am also creating demand for better services by educating them about reproductive health and family planning," she explains. "At the same time, I am informing them about the dangers of STIs and HIV/AIDS."

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Health services are being improved. The programme is focusing on several crucial areas:

- Preventing STIs and HIV/AIDS through education and use of condoms.
- Promoting adolescent reproductive health.
- Improving access to maternal and child health care and family planning services.
- Creating health seeking behavior, particularly personal hygiene and sanitation.
- Introducing voluntary counseling and testing for HIV.

Not far from Dakshin Tilla, a local health center has been rejuvenated." Thanks to UNFPA support" says Dr. Sukumar Sinha who has been working in this health post for last three years and also added," I was on the verge of giving up when UNFPA stepped in providing the center with badly needed equipment and essential medicines. My staff was also trained in providing better reproductive health care, including family planning,"

UNFPA/Sida support has made a visible difference in the health of the local communities. "In 2001, for instance, we had just 152 patients, recalls Dr. Sinha. "Now we are treating over 6,000 per year. Without UNFPA's assistance we would have closed down the center last year. We simply had no medicines or equipment to diagnose and treat most of the medical problems we were encountering."

A voucher scheme is being introduced which will allow poor women/men to access HIV/RTI/STI testing, safe delivery and family planning services free of cost. The scheme is important, points out Mr. Abdur Rashid, Project Director "because if we give them cash for services it is likely that they would spend it on other things. Through this system they can only redeem the vouchers at local clinics or hospitals in exchange for testing services and contraceptives."

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Dr. Jatan Bhowmick, UNFPA Medical Officer for the project, is pleased about its accomplishments. "So far we have been very successful in persuading the participating tea companies to develop and adopt workplace policies on HIV/AIDS prevention," he points out.

“It is in their own interest to have a healthy workforce and it’s in the Government’s interest to head off a possible AIDS epidemic here.”

The project has managed to improve the knowledge of reproductive health issues, including the transmission routes of HIV/AIDS and STIs. It has also increased access to basic reproductive health services and has been credited with creating an enabling environment by enlisting the support of local political and religious leaders.

There is now a palpable sense of change in the region. As health services improve, so too does the health of the tea plantation communities. Minoti, who teaches at a private primary school operated by BRAC (Bangladesh Rural Advancement Committee), is optimistic about the future. “I took this part time job because I wanted to help these communities,” she says. “As a result I have learned a lot about these issues and my own life has improved. What you give you get back.”

