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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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Scenes from the Bangladeshi launch of the State of the World's Children 2006 report, attended by 150 excluded and invisible children. UNICEF Country Representative Louis-Georges Arsenault and Communications Chief Kirsty McIvor share the day with the working and poverty stricken children, making the most of a rare chance to play.

Photos by Amin/Drik, Salma Siddique and Louise Russell.



First polio case in five years sparks national immunisation campaign

On January 23, Rahima woke up with pains in her legs. That evening the nine-year-old could no longer move them. By the next day her upper body was also paralysed. Rahima hadn't had a fever, she hadn't felt very sick. But she had polio; Bangladesh's first case in five years.

The detection of any wild poliovirus is considered a national emergency by WHO in countries, such as Bangladesh, that have eradicated indigenous polio. This case has sparked a nation-wide immunization campaign that will begin next month.

Rahima, from the rural Sadar upazila in Chandpur, Chittagong, had travelled to her late grandfather's house in Nazirpur upazila in Pirojpur, Khulna. She stayed there from January 12-20. Her cousins, from the Chitolmari upazila, also visited her grandfather's house during that time. They ate, played and slept together. They also bathed together in the river.

It is understood people from her cousins' village frequently travelled to India, one of just four countries that still have polio.

On March 8, genetic sequencing of the virus by the Global Specialized Polio Laboratory in Mumbai, India, which tests all polio samples from Bangladesh, showed that the virus is closely related to viruses from western Uttar Pradesh in India.

Investigations to find any further polio cases, including house-to-house checks for other paralysed children, are underway in the areas of Chandpur, Nazirpur and Chitolmari. There are an estimated 200 to 1000 hidden cases of polio for every case of paralysis.

Already, some 215 children who were in direct or indirect contact with Rahima were given the oral polio vaccination (OPV) in early February as a precautionary measure. Another 18 million children will be vaccinated

as hundreds of thousands of people are mobilizing across Bangladesh for the National Immunisation Days (NIDs) scheduled for April 16, May 13 and June 11. Each NID will be followed by at least four days of house-to-house vaccinations as a "mop-up" measure.

These major vaccine campaigns, organized by the government with support from UNICEF, WHO and Rotary, are intended to stamp out the latest polio threat and to prevent more children ending up like Rahima, who now needs specialist care.

Rahima, one of six children, can't feed or wash herself. She can sit up, but only if assisted. This lack of independence could be dire for a young girl living in a rural village without running water. But Rahima has had some luck on her side, in the shape of two community health workers who have been assigned to her help her, which includes therapy on her paralysed limbs, for at least the next month.

"After a 5 year absence it is regrettable that Bangladesh now has polio again but UNICEF, WHO and Rotary are working with the Government to support them in all their efforts to stamp out polio and make it a polio-free country once again," said UNICEF Country Representative, Louis-Georges Arsenault.

WHO, UNICEF, Rotary International and the Centre for Diseases Control are part of the Global Polio Eradication Initiative. The Initiative provides funds to support the cost of vaccines, vaccination teams and social mobilisation efforts.

"After a 5 year absence it is regrettable that Bangladesh now has polio again but UNICEF, WHO and Rotary are working with the Government to support them in all their efforts to stamp out polio and make it a polio-free country once again," said UNICEF Country Representative, Louis-Georges Arsenault.

The Government of Bangladesh with the Global Polio Eradication Initiative are working to ensure the required US\$13.7 million for these activities is quickly mobilized. The Rotary Foundation has already approved a US\$150,000 Rapid Response Grant for the first NID.

Donors: Rotary International

Biggest Ever Measles Campaign

Four months ago Fatema's son, Hossain, died in her arms. Hossain was one of the nearly 20,000 Bangladeshi children who die every year from measles.

Fatema says Hossain had been out playing as usual when he first got sick. She took him to a doctor when his three-day fever began. The doctor prescribed paracetamol and rest. The measles rash came after three days of fever, and Fatema's neighbours said there was no need to go to the doctor twice. "Then he got a bit better, and the rash went down for three days," she says.

"For those three days he was playing with the other children. On the day he died he was playing with other children, and for the first time since he'd got sick, he had drunk some sugar cane juice."

Fatema had left for work early that morning and when she arrived home she found Hossain lying in their small hut. "I came back and held him in my lap to give him a little bit of water. He drank one sip and died. I was holding him when he died."

The eldest of Fatema's children, Khadeza, 13, misses her little brother. "All the time he'd be running or play-fighting with the other children. Always laughing."

Khadeza earns 700 taka a month as a child domestic worker. Fatema makes 500 or 600 taka (\$US 8-9) a month sorting rubbish and recycling. The rent for the family's small bamboo hut in the stagnant Dhaka slum is 600 taka a month. With all of Fatema's earnings going to rent, the family - now with five children - relies on Khadeza's monthly earnings, of just over US\$10, for the month's food and other costs. Hossain's funeral was paid for with donations from the close knit slum community, who literally live in each others' pockets. Many also had children who were infected in the measles outbreak that took Hossain.

"So now I tell them, I tell all my neighbours, you all need to give vaccinations to your children," Fatema says. Fatema also made sure her other children got a catch up



© UNICEF/Salma Siddique

Fahtema Khatun with her children Khadeza, 13, Shujon, 10, Farzana, 8, Ripon, 5, and Hussain, 3, outside their home in a Dhaka slum. Fahtema lost her son Hossain to measles three months ago.

vaccine during the "Measles Catch Up Campaign". The largest campaign of its kind ever conducted, it saw an estimated 35 million children aged from 9 months to 10 years receive their "catch up" vaccine. This catch up is critical because only about three in four Bangladeshi children receive their routine measles vaccine. Also, the vaccine is only 85 per cent efficacious when given to children aged 9 months. This means 40 per cent of children in each age cohort were left vulnerable to the disease. Hossain had had his measles shot, yet fell as one of those still at risk

to the preventable disease. This means it was vital for all children- regardless of whether they had had the disease or the vaccine - to get their catch up immunisation.

The first phase of the Measles Catch Up Campaign began in September last year when 1.5 million children were vaccinated, through support from the Government of Bangladesh, the American Red Cross, Japanese Government, the Centre for Disease Control, WHO and UNICEF. The partners began the three-week second phase on February 25. For both phases, UNICEF Bangladesh has ensured both the cold chain supply of the vaccine, and that there was an adequate supply of the vaccines themselves. UNICEF has also helped raise community awareness about the need for vaccinations.

The vaccination teams visited not just EPI centres but also railway stations, bus stations, parks, jails and slums to make sure all children were covered; such as street children, working children and those, like Fatema's children, who are excluded from mainstream centres through extreme poverty.

The campaign was supported by the Measles Initiative, a partnership formed to reduce and control measles deaths. The initiative is spearheaded by the American Red Cross, Centres for Disease Control and Prevention, UN Foundation, UNICEF and WHO. The Government of Japan has also played a major role in supporting the campaign.

Donor: Measles Initiative Partners

Smiles of the excluded and invisible impossible to miss at SOWC launch

by Louise Russell

“Apa! APA! Apaaaa!” The kids swarm around demanding the attention of their “older sister”. They point to themselves and then to the digital camera, which is again pulled out so that they can see their photos, many for the first time. Apa is swamped in the mist of helium balloons attached to the children’s wrists. Other children tear past on their way to get their faces painted, or some more popcorn or fairy-floss.

Welcome to the Bangladesh launch of the State of the World’s Children report, UNICEF’s yearly flagship report. For 2006 it carries the theme of “Excluded and Invisible” children, of which Bangladesh has millions. They include Bangladesh’s 5 million child workers aged between 5 and 14 years; the two in every three adolescent girls who are only seen as wives and are invisible as children; the 132,000 child domestic workers in Dhaka alone, hidden in private homes; the thousands upon thousands of street children lining every main road and children trafficked into prostitution or bonded labour.

But for the December 2005 launch, 150 of these children could escape from their daily grind of poverty, work and hardship and get a few hours simply to play. For the first hour they were unsure, a sad sign of how few chances they have had to run amok. Alam in particular looked confused. He was repatriated to Bangladesh in July after living in the United Arab Emirates for 13 years as a camel jockey. Alam, 17, did not know anyone at the launch and he literally could not speak to the other children. Alam barely knows any Bangla. He can read and write his name, thanks to the UNICEF-supported shelter that has taken him in since his return to Bangladesh. “My mother is very worried about how I will survive. I don’t know anything because I’ve spent more than half my life in Dubai,” Alam said. He wants to be a driver, and hopefully get a job near his family in the Noakhali district.

Fatima, 15, lined up to get her face painted. She started her life as a child domestic worker when she was 8. Her day would start at 5.30am or 6.30am and finish at 11pm. “I had to work very hard, washing clothes and washing the floor,” she said. “It was hard because I was still very little.” Now Fatima runs her own small business. Thanks to a UNICEF-supported vocational centre for hard to reach urban working children, Fatima has been trained as a chef. She has a catering business at the cancer hospital next door to the training centre. By 2010, UNICEF



© UNICEF/Louise Russell

Shouhin, whose poverty makes him invisible to mainstream services, is barely visible through his balloons at the Bangladeshi launch of the State of the World’s Children 2006 report.

Bangladesh will have set up 8000 similar centres for more than 200,000 students. “The school has helped me to learn the skills and I’ve put my whole heart in to this,” Fatima said. “If I get the chance I want to continue my education and also run my business. My dream is that if I have an oven and an egg-beater I can make my business good and earn more money and then go abroad.”

Meanwhile, George the Magician - equipped with a real live rabbit - had started his show. Most of the kids were absorbed by the coins which were appearing out of the air and from behind their ears. But Shouhin was using the time to collect the balloons that had escaped from the other children and were nodding by the ceiling in the National Press Centre (come fun fair). Shouhin bobbed the half-dozen balloons he had collected near those stray ones. This generated enough static electricity to grab the lone balloon, or its string, for him to lure it down and give it back to his friend. But it was likely Shouhin would have had trouble explaining why it worked - his family cannot afford to send him to mainstream schooling. It is only thanks to UNICEF non-formal school programmes and, in Shouhin’s case, NGOs like Aparejeyo Bangladesh that children living in extreme poverty, such as Shouhin, get the chance to go to school.

Main Donors: for repatriation of children involved in camel racing - Government of United Arab Emirates; for educating child workers - Swedish International Development Cooperation Agency (SIDA)

European Commission makes nearly E6 million pledge to adolescent girls

The European Commission (EC) has pledged nearly 6 million euros to Bangladesh's adolescent girls.

Late last year the EC signed a contract to contribute 5.85 million euros to UNICEF Bangladesh's Empowerment of Adolescent Girls project, also known as *Kishori Abhijan*. This contribution makes up more than three-quarters of the total project costs.

Kishori Abhijan focuses on the empowerment of adolescents, particularly girls, through life skills training as well as teaching livelihood or business skills. UNICEF's empowerment of adolescent girls' project has been running since 2001 with more than 140,000 adolescents taking part. Twenty thousand rural adolescent girls have become role models for their community and other adolescents; and more than a hundred thousand have been equipped with life skills-based education and knowledge.



Yasmin at her Kishori Abhijan, or Empowerment of Adolescent Girls, meeting in Narsingdi



Ambassador Stefan Frowein, Head of the EC Delegation (left) and UNICEF Country Representative Louis-Georges Arsenault in Dhaka with the cheque for E5.85 million.

Life skills covers critical thinking, negotiation, decision making, as well as giving important information about social issues such as AIDS, child trafficking, child marriage and dowry. Gender, sanitation and health topics, such as puberty, are also discussed, as well as anything else the teens raise.

For Yasmin in Narsingdi, 35km north of Dhaka, the life skills training has given her more knowledge about the social issues that impact on her - as well as the confidence to speak out about them. Yasmin says that, in particular, learning more about dowry is slowly making changes in her village.

"I think that girls getting to know about the bad impacts of dowry makes a difference in the community because we talk about it. Then we talk to other girls and boys about it. Dowry is a common practice but gradually it's becoming (seen as) bad."

Dowry disputes ending in violence are not uncommon in Bangladesh, even though dowry is illegal. Yasmin says her community has been free of dowry-related violence but is aware of the potential for a husband's in-laws to ask for more dowry even after the wedding. Dowry disputes were blamed for at least 11 women, two children and one man having acid thrown on them in 2005.

Part of the Kishori Abhijan project is also to inform parents and community leaders about the issues facing adolescents and to help create a supportive environment for the teens.

Yasmin has discussed dowry and child marriage with her father. She says he won't give dowry; well, "hopefully not", for her or her older sister. "He says his daughters will marry according to their choices," she says proudly.

Japan - UNICEF strengthen ties to transform lives

High level officials from the Government of Japan visited Bangladesh last month to see exactly how its collaboration with UNICEF has helped transform millions of lives.

Japan has been the biggest donor to Bangladesh since the late 1980s, with UNICEF Bangladesh alone receiving more than US\$35 million - or 4 billion yen - since 2000. In projects with UNICEF Bangladesh, Japan has also ventured beyond the traditional health sectors for the first time to support projects in water and education.

The three-day Japan-UNICEF Joint Learning Mission took in some of these education activities in Gazipur, about 40km north of Dhaka. They visited a school which had benefitted from UNICEF's "Education for All" activities. These activities have been incorporated into the Second Primary Education Development Programme (PEDP-II). UNICEF and the Japan International Cooperation Agency (JICA) are working together parallel to the pooled donors' fund for PEDP-II, with particular support to the teacher-training.

The jam-packed itinerary also included visits to the UNICEF-supported "para centres" in the Chittagong Hill Tracts (CHT). The CHT, in the south east of the country, are home to 11 different indigenous groups and were ravaged by civil conflict for more than a decade. Although the conflict has officially ended, the CHT are among the most disadvantaged areas in the country. UNICEF Bangladesh supports cross-sectoral para centres, or village centres in this region, through its Integrated Community Development Project. These centres provide pre-schools for early childhood development, as well as programmes in health and nutrition, education, and water and sanitation activities.

"We appreciate the joint efforts of the government and UNICEF in the Chittagong Hill Tracts where communities are empowered and the lives of women and children are being improved," says Takashi Ashiki, Director of Human Rights and Humanitarian Affairs in Japan's Foreign Affairs Ministry. "This success encourages Japan to further promote the idea of human security which calls for human-centered style of development with ownership."

In health projects, the mission saw routine immunisations at an Expanded Programme on Immunisation (EPI) outreach centre. EPI has been a resounding success story in Bangladesh: with Immunisation coverage against the six preventable childhood diseases - diphtheria, tetanus, tuberculosis, whooping cough, polio and measles - increasing from 2 per cent coverage in

1971 to 73 per cent in 2005.

The mission also went to an Emergency Obstetric Care facility at a Upazila Health Complex in Kaliakor, Gazipur. Japan and UNICEF work together to provide life saving equipment and expertise for these centres, vital in a country with a maternal mortality rate of 380 deaths per 100,000 births and where 9 out of 10 births occur at home, mostly without any skilled help.



A young girl studying in Gazipur, watched on by UNICEF Representative Louis-Georges Arsenault and Japanese Foreign Affairs Ministry Director of Human Rights and Humanitarian Affairs Takashi Ashiki.

"We are very pleased to be able to show how the programmes in Bangladesh supported by the Japanese Government make a difference in the lives of the children and women of Bangladesh," said UNICEF Country Representative Louis-Georges Arsenault.

Japan and UNICEF agreed on enhanced collaboration in the future in areas such as safe motherhood promotion, water quality control and teacher training, especially in math and science.

Celebrating 30+ years of ORS

Ator Banu dozes by her grandson's bedside, waking at his slightest movement. But Abdul, 8, isn't moving much. He's very weak: his chart shows he arrived at the hospital at 9.50 am and was put on an IV drip almost immediately. Just three hours later, he tries to sit to drink some of the life-saving liquid offered by his grandmother. Even supported, sitting is obviously an effort. Once he's upright he begins to sip at the oral rehydration solution (or ORS).

"He's always a good boy, normally quiet and well behaved," Ator says. But Abdul is quieter than usual as he slumps back down and his eyes loll back, exhausted from the effort of holding himself up for those few sips.

Abdul began vomiting and experiencing diarrhoea the night before he came to what's locally known as the "cholera hospital", actually the hospital at ICDDR,B (International Centre for Diarrhoeal Disease Research, Bangladesh). Already, the nurse says Abdul could leave as early as this afternoon. Abdul says he feels better than when he arrived. For someone so weak it is incredible to think he could be well enough to leave in a few hours' time. One of the hospital's doctors, Dr Ramendra Mazumder, says this is not uncommon. "By 12 to 24 hours most of them have gone," Dr Mazumder says.

Already today 213 patients have been admitted. Of those roughly two-thirds, or 138 patients, stayed for less than 12 hours. Dr Mazumder attributes these short stays directly to ORS, a rehydrating drink that contains table salt (sodium chloride), sugar (glucose), sodium bicarbonate and potassium chloride. ORS rehydrates patients quickly, without the invasiveness of an IV drip. Because ORS treatment requires no equipment beyond a cup (or spoon for infants), it means patients can be cared for at home.

"We are reducing hospitalizations because it is very simple and it can be managed from home," Dr Mazumder says. Patients and caregivers are taught at the hospital how to properly dilute sachets of oral rehydrating salts with clean, boiled water, and can then get free packets of the ORS salts at the hospital's pharmacy.

ORS, which has been hailed as one of the most important medical advances of the 20th century, was developed in Bangladesh in 1968. It had its first mass use in 1971 when thousands of Bangladeshis fled the Independence War against Pakistan to refugee camps in India, only to face cholera epidemics. Of the 3700 people treated with ORS, 96 per cent survived.

Since then, ORS has saved millions of lives worldwide. In Bangladesh alone, ORS has helped in decreasing deaths for children under 5 due to diarrhoea by 86 per cent since 1971. (In 1971, 260,000 children aged under 5 died - by 2004 it had dropped to 36,000)

UNICEF Bangladesh has been a key partner since the inception of ORS. Since the group of researchers first decided on the levels of the electrolytes needed, UNICEF Bangladesh has helped develop systems for the government to have its own ORS quality control programme, as well as supporting mass-media campaigns and helping disseminate recipes for home-made ORS: a pinch of salt, a fistful of molasses and a litre of clean boiled water.

Now, even though ORS is available and widely used all over the country, UNICEF continues to supply free ORS to people in emergency situations, such as floods. It is also working to ensure Bangladesh's ORS is in line with the 2003 formulation devised by WHO and UNICEF. The new formula contains less salt and less sugar, and has been found to reduce the length of diarrhoeal illness, as well as the frequency of diarrhoea and vomiting. This is an important breakthrough from the earlier formula, which only rehydrated patients.

However, ORS is not a miracle cure. Diarrhoea is still the fourth biggest killer of children aged 17 and younger in Bangladesh. UNICEF Bangladesh child survival project officer Dr Monjur Hossain says one of the biggest challenges facing Bangladesh in terms of reducing child mortality due to diarrhoea is to reduce people's dependency solely on ORS. Only 35 per cent of Bangladesh's under-5s receive ORS as well as continued feeding/ breastfeeding. "Care seeking for oral rehydration therapy, which means both ORS and continued feeding, is a very high priority for us. It has to be improved," Dr Hossain says.



Ator Banu offers her grandson Abdul, 8, some ORS at the ICDDR,B Hospital in Dhaka

Community must revolt to fight arsenic



© UNICEF/Salma Siddique

Winning members of the Dorsona Girls High School debating team, (from left) Jili, 14, Shapla, 15, and Mithu, 16.

The fight against arsenic contamination needs a community revolt on par with that of the Bangladeshi Liberation War in the 1970s. This call to arms came from Carew High School class 10 student Md Rokibul Hasan during a recent district debating final in Chuadanga.

The debate, supported by UNICEF, was about whether the government and NGOs or communities should be responsible for providing safe water.

“For example, during the Liberation War, the Language Movement, in all cases the community participated to rescue the community,” Rokibul said. “(For arsenic) also the community is needed to participate to save the community.” (Bangladesh won its independence from Pakistan in the nine-month Liberation War, which ended in December 1971.) Rokibul’s arguments were met with furious clapping from his classmates, as the previous speakers’ points had also been received with rousing cheers whenever the students thought their school had scored a point over their rivals.

Yet despite the cheers and the calls to arms, Carew lost to Dorsona Girls High School, 31-33. Dorsona Girls had argued arsenic contamination was simply too widespread, too costly and too technical a problem for communities alone to solve. This argument was especially pertinent for the girls from Dorsona, where nearly 9 in every 10 of the village’s tubewells contain arsenic.

Arsenic occurs naturally in the layers of rocks among the

deltas of Bangladesh, seeping in to its water tables and wells. Its concentrations are such that it is not the immediately fatalistic poison associated with Agatha Christie novels, but a slow killer. On average, it takes 20 years for people to develop symptoms of arsenic poisoning, or arsenicosis. The most visible symptoms are skin lesions that are often painful and are easily infected. There are at least 40,000 people in Bangladesh with such symptoms, but public health experts expect the number of patients to eventually hit 1 million. Arsenic poisoning also leads to cancers of the skin, lungs or kidneys.

There is no cure for arsenicosis. Drinking arsenic-free water is the only prevention and by drinking safe water some symptoms, if detected early, are reversible. The persuasive arguments put forth by the six high school students made it clear that this simple message has reached the youth: you do not drink arsenic contaminated water. Yet many communities still use arsenic water, believing alternative options are too difficult or too costly.

It is precisely these communities who must jump on board to solve arsenic mitigation, the girls from Dorsona revealed - once the debating judges had put their pens away. “It’s a great problem for our country,” Jili, 14, said. “If we want to solve it we should take the help of the community and also the government, but it’s not possible without the community.”

UNICEF Arsenic Project Officer Rick Johnston said without community awareness, arsenic contamination could not be solved. He told the debating audience the youth were responsible for passing on their understanding - about arsenic contamination, its effects and its solutions - to their elders. “In all of Bangladesh, the youth know more than even the adults. I urge you all to share your knowledge to go beyond the debate and go to your families, your villages, your communities and give them information you have learned through your studies.”

Other than the debating series, UNICEF Bangladesh also helps raise arsenic awareness through supporting arsenic or safe-water themed plays by local drama groups, through mass-media and by using tubewell testers to spread accurate arsenic messages. UNICEF’s work in arsenic mitigation also covers providing medical support for arsenicosis patients, tubewell testing and assisting with safe water options.

Donors: UN Foundation, Dutch National Committee, Japanese Government, CIDA.

Teen girls show the world their sanitary slums

Dolly Akter and Shamima Sultana Shetu are bubbling with excitement. This month, the 16-year-olds will step on to a plane for the first time in their lives. The pair, from slums in different parts of Bangladesh, have been selected from 6000 adolescent girls to represent the country at the second Children's World Water Forum in Mexico from March 16 to 22.

At the UNICEF-supported forum more than 100 youth from all over the world will give presentations about their local water, environment and sanitation related projects. The children will then select the best projects to present to the adults' water forum, as well as delivering the decision makers with a "Call to Action".

Dolly and Shetu will share their experiences as leaders of their slums' adolescent girls' hygiene monitoring groups, which are part of UNICEF Bangladesh's Environmental Sanitation, Hygiene and Water Supply in Urban Slums and Fringes project. In these groups, the girls visit 20-25 homes in their community to check their neighbours' hygiene behaviours, such as whether they are drinking only safe, clean water, washing their hands before eating and after defecation, and if they are properly disposing of rubbish.

Monitoring and cementing such behaviours is vital in Bangladesh, where one in four people still don't have access to improved drinking water sources and more than half the population don't use sanitary latrines. Water and vector borne diseases are leading causes of death: diarrhoea is the ranked fourth amongst killers for children aged 1 to 17. These figures are worse for slums, which are typically heaped with rubbish, with open sewers and unhygienic latrines.

The slum Shetu lives in is in the district of Comilla, about 100km from the capital Dhaka. "Before this



© UNICEF/Salma Siddique

Dolly Akter (left) and Shamima Sultana Shetu will represent Bangladesh and its water related problems at the second Children's World Water Forum later this month

programme I saw many unhygienic latrines, it was a great problem in my area," Shetu says. "There were many water borne diseases and water related diseases." There are now only sanitary latrines in Shetu's slum.

"Outside people know that Bangladesh is third world but when Shetu will go to Mexico they will understand we are changing our environment," one of the adolescent girls in Shetu's slum said.

Dolly says improving safe water sources is critical to improving her Dhaka slum community. "Water is so important because it's the main area to attack people for many diseases. If we drink good water then we're not going to get sick, so I think it's most important." She says the children in her slum, such as her four-year-old twin sisters, laugh and play more now than before because they are healthier.

The girls say the hygiene monitoring groups have also given them the confidence and solidarity to tackle other social problems in the slum. "We feel important when we tell people about hygiene and they listen to us," Dolly says. Between them the girls have stopped at least four underage marriages, and members from Shetu's group donate money to pay for poorer members' school fees.

Donors: Japan Water Foundation, Dutch National Committee (slums project)



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Dolly (left) and Shetu in their slums with their adolescent girls' hygiene monitoring groups.

"Outside people know that Bangladesh is third world but when Shetu will go to Mexico they will understand we are changing our environment."



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Vitamin A+ plus birth registration making children stronger

For the first time in Bangladesh, a birth registration drive has complemented the National Vitamin A+ Campaign in a pilot two-for-one deal.

“With so many people coming in to one spot, it makes sense to hit them with as many interventions as we can,” says UNICEF Nutrition Project Officer Harriet Torlesse.

The twice-yearly Vitamin A+ Campaign of December 2005 saw an estimated 18 million Bangladeshi children aged 1-5 go with their older siblings, uncles, cousins or mothers, to 120,000 distribution sites to receive Vitamin A supplements and deworming tablets. And in this campaign, in the Khalihati sub-district of Tangail (north



© UNICEF/Louise Russell

Shahina with her two-year-old daughter, Shanta. Shahina, who was married at just 15 or 16, wants Shanta to have her birth registered so she will be “stronger than me”.

of Dhaka) birth registration was also on offer. In the village of Pushtia, elder Shamim Alok had volunteered to help with the birth registration. “It’s important and should have been introduced a long time before,” Mr Alok says.

Birth Registration is a major focus of UNICEF Bangladesh’s work from 2006. Less than 10 per cent of children under 5 now have their birth registered, making it impossible to truly know how many are out of school, how many are married before the legal age of 18, how many are trafficked into bonded labour or prostitution. “Children need the birth certificate for schooling, and for marriage they need the birth certificate,” Mr Alok says.

But before he could answer whether underage marriages still occurred in the Pushtia village, Shahina called out

from where she had been patiently waiting in line: “Yes! Mine was!”

Shahina thinks she’s 20 or 22. She was 15 or 16 when she got married. Her son, Shafi, is now 4 and her daughter, Shanta, is 2. She is resolute about the need for birth registration.

“My father did mistake by giving me marriage before 18, I don’t like to miss this opportunity for my daughter. I want her to get educated, more than grade 8. I want to make my daughter stronger than me.”

The campaign’s efforts will not only give those children in Khalihati stronger protection tools, but the Vitamin A and deworming will give those 18 million Bangladeshi children a stronger chance at survival.

“We know that a simple vitamin A capsule, each costing only 1 Taka (less than US 2c), can increase a child’s chances of survival by up to 25 per cent,” Dr Torlesse says.

Vitamin A supplements are believed to save the life of one child every 20 minutes; or more than 30,000 Bangladeshi children every year.

“Vitamin A reduces the mortality from infectious diseases, it boosts their immune system. They are not only less susceptible to diarrhoea and measles but other infectious diseases as well,” Dr Torlesse says.

The coverage of vitamin A supplementation has reached 90 per cent through the national campaigns, which receive strong Government support. In fact, Bangladesh is one of the few countries that uses tax payers’ money for all its own vitamin supplements.

UNICEF assists in providing logistics, planning, advocacy, training and promotion for the campaigns. Dr Torlesse says the supplementation campaigns have been successful but it should not be forgotten that the reasons for vitamin A deficiency, those of poverty and food insecurity, persist.

“Without continued vitamin A supplementation, vitamin A deficiency would contribute to ill health and the deaths of many, thus reversing many of Bangladesh’s achievements in reducing both vitamin A deficiency and child mortality,” she says.

“The key now is to ensure that progress is sustainable and to reach the remaining 10 per cent of children.”

DONORS: Canadian International Development Agency (CIDA) and the Micronutrient Initiative.

Coming Events

MARCH 11 to 17

Study visit by Japanese National Committee

MARCH 14 to 17

Asia and Pacific Regional Conference on Universal Birth Registration

Representatives from Bangladesh will attend the Universal Birth Registration conference in Bangkok

MARCH 16

The World's Largest Measles Vaccination Campaign ends

Bangladesh's National Immunization Campaign against Measles is expected to reach 33.5 million children, making it one of the largest measles immunization campaigns in the world. Renowned Bangladeshi photographer Shehzad Noorani will be travelling throughout the country to document the campaign.

MARCH 16 to 22

Second Children's World Water Forum

Adolescent hygiene promoters Dolly Akter and Shamima Sultana Shetu will represent Bangladesh at the Children's World Water Forum in Mexico

MARCH 22

World Water Day

MARCH 26

Bangladeshi Independence and National Day

Marks the 35th anniversary of Bangladesh's Declaration of Independence from Pakistan, which sparked the Liberation War.

FEBRUARY 23 - MARCH 17

Visit by Dutch Photographer Peter de Ruiter

Peter de Ruiter will tour Bangladesh to document the 35 years since the Liberation War began

end of MARCH - early APRIL

Bangladesh begins data collection to monitor MDG progress

Bangladesh has been selected as one of about 50 countries to conduct Multiple Indicator Cluster Survey to monitor the progress of the Millennium Development Goals (MDGs) and child rights.

APRIL 7

World Health Day

APRIL (TBC)

Visit by Australian National Committee

APRIL 16

National Immunisation Day for polio

The first of the National Immunisation Days (NIDs), organised in response to the first case of polio identified in Bangladesh for five years.

MAY 13

National Immunisation Day for polio

The second National Immunisation Day for polio

JUNE 11

National Immunisation Day for polio

The third National Immunisation Day for polio