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# Protecting Children, Protecting the Future

THE STORY OF UNICEF IN BANGLADESH

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# Protecting Children, Protecting the Future

THE STORY OF UNICEF IN BANGLADESH

Researched and Written by  
**Wah Wong**



Dhaka, Bangladesh

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Dedicated to the Memory of James P. Grant  
UNICEF Executive Director  
1980 - 1995



# Preface

The generation of Bangladeshi babies born today **could** be the first whose most basic social needs **might** be universally met. I know that this is a tall claim. I doubt that anyone would have dared think this possible 25 years ago, at the time of Bangladesh's birth. Few even today believe that this is now possible.

But **Protecting Children, Protecting the Future— The Story of UNICEF in Bangladesh** provides ample proof of this new possibility. It chronicles the exciting development experience of recent years against enormous political, social and economic odds facing the country. It shows how government commitment and donor support have vastly increased the nation's capacity to meet children's needs. And it describes the silent social revolution for children now underway. With many anecdotes and stories it illustrates the unfolding of a most remarkable partnership for Bangladeshi children— that between the government and civil society on one side, and UNICEF and the donor community on the other.

One result of this grand alliance is the tremendous progress towards the twelve ambitious mid-decade goals for children. Two, for water and sanitation, have already been achieved, and nine more will almost certainly be reached before the end of 1995, namely universal salt iodation, baby-friendly hospital initiative, oral rehydration therapy, vitamin A supplementation, four immunization-related goals and primary school enrolment. Only the malnutrition goal will not be reached, but concentrated efforts have now been launched to make up for lost time. This progress augurs well for the fulfillment of the even more ambitious year 2000 goals.

These achievements contrast sharply with the image the world holds of Bangladesh. True, many of the world's most persistent and pervasive problems find their most extreme expression in this country: abject poverty, overpopulation, underemployment, rapid unplanned urbanization, fragile governance, centralized management, natural disasters and environmental deterioration. Added to that are, especially for children and women, the problems of gender discrimination, premature mortality, widespread illiteracy, early malnutrition and infectious diseases. But this exclusively negative, problematic image needs revision, and soon!

Whether the most basic needs of all Bangladeshi children will, indeed, be fully met from now on depends vitally on two conditions: one financial, the other psychological. First, continue to increase the domestic and external

resources for the priority social sectors: primary education, basic health and nutrition, family planning and low-cost water and sanitation. Second, suspend disbelief. Curtail cynicism. Be open to the possibility. And let the dream drive the action.

Bangladesh represents one giant case for optimism. It also deserves the best the world has to offer. As Bangladesh, the most densely populated country in the world, gets ready to step into the 21st century, it needs all the help it can get. Protecting children, ensuring their survival, development and participation, lies right on the critical path toward a sustainable betterment of the human condition in this, the world's most populous LDC. There is no time to lose. It is their right. It is also good economics. And good politics. Because, as James P. Grant put it in his last State of the World's Children Report 1995, "unless the investment in children is made, all of humanity's most fundamental long-term problems will remain fundamental long-term problems".

I am grateful to my friend and former colleague, Dr Wah Wong, for writing this easy-to-read account of UNICEF's work for Bangladeshi children. His long experience in UNICEF allowed him to put many of the local developments in a global context. **Protecting Children, Protecting the Future** is a very welcome addition to our understanding of Bangladesh as a test case of social development benefitting children.

**Rolf C. Carriere,**  
UNICEF Representative  
Dhaka, February 1995

## About the author

Wah Wong joined UNICEF in 1953 and retired in 1984. He has served at all levels of the organization: New York HQ (chief of the Middle East section); Asia regional office in Bangkok; and field postings in the Philippines (as UNICEF Representative), India, and Pakistan. As programme officer in Karachi and Lahore during the 1960s, he made numerous trips to what was then East Pakistan. He is the author of *UNICEF in Asia: a Historical Perspective*, issued in 1988 as part of UNICEF HQ's History Project, as well as articles on immunization and disability prevention in *Assignment Children*.

He was born in Vancouver, Canada; has a Ph.D. in international law and relations from New York University, N.Y.; and is currently Vice-President (Organization) of the national Canadian UNICEF Committee, for which he has carried out a number of field monitoring and evaluation missions. As well, he represents UNICEF British Columbia on the Provincial Baby-Friendly Network, an initiative of the Registered Nurses Association of B.C. to promote breastfeeding. He and his wife, Vivian, have two sons and two grandsons.

## Acknowledgements

The author wishes, *first*, to thank Rolf C. Carriere, UNICEF Representative to Bangladesh, for asking him to write this. It has been a joyous assignment. He would like also to express his deep appreciation to him and to the many persons who have kindly reviewed the various drafts and offered valuable comments and corrections; they include M. Mujibul Huq, UNICEF Adviser; Kazi Fazlur Rahman, former JGUAG Chairman; Manzoor ul Karim, UNICEF Adviser, and Jowshan Rahman, Chief, Programme Policy and Monitoring Section, UNICEF Bangladesh. As well, he would like to thank all those who were interviewed, either personally or by telephone/fax and correspondence, for their useful contributions. Finally, his gratitude and thanks go to Clare Blenkinsop, Information and Communication Officer, UNICEF Bangladesh, for shepherding this story through to its final print stage — along with a special word of appreciation to one of her staff members, Murtaza Ali Khan, for his invaluable computer assistance; and to Mahboobul Islam, retired staff member in the same section, for smooth guidance in facilitating the numerous meetings and interviews in Dhaka. The standard disclaimer that any errors and omissions are solely the author's, being so very true in this case, is offered in all humility.

# Contents

	Page
<b>1. The pre-Bangladesh Period</b>	<b>1</b>
In the beginning	1
The wonderful spirit of UNICEF	3
<b>2. The Surprising Seventies</b>	<b>5</b>
The cyclone of November 1970	5
The birth of Bangladesh, 1971	6
The emergency period, 1972-1973	6
<i>Tilapia nilotica</i> , the “miracle” fish	11
Beginnings of the tubewell explosion	12
The problem of excreta disposal	16
JGUAG (Joint Government/UNICEF Advisory Group): regular monitoring, review, and policy guidance	17
Other achievements and problems	18
<b>3. The Exciting Eighties</b>	<b>21</b>
Immunization: the “near miracle” in Bangladesh	22
“No tubewell handpump, no wedding”	29
“No household latrine, no wedding”?	31
Women in development — and in Bangladesh	32
The Grameen Bank, UNICEF, and a quiet social revolution	35
Jorimon and Manjira Khatun	38
BRAC: another beautiful partnership for UNICEF	41
Lobon-gur: a home-made oral rehydration solution	41
NFPE (non-formal primary education) – especially for girls	44
The Convention on the Rights of the Child	47
<b>4. The Innovative Nineties</b>	<b>49</b>
World Summit for Children: and Bangladesh’s National Programme of Action (NPA)	49

Centre stage for women in development	50
Centre stage as well for the girl child	52
<i>Meena</i> : the girl child in South Asia	53
Changing of the guard at UNICEF Bangladesh	55
Mid-decade accomplishments — and year 2000 goals	57
An ‘A’ for access to safe water supply	57
A ‘B’ for environmental sanitation	58
IDD (iodine deficiency disorders): another success story	60
Vitamin A deficiency: and the prevention of blindness	62
BFHI: breastfeeding, not bottle-feeding	62
ORT (oral rehydration therapy): some new initiatives	64
Building on the “near miracle” of immunization	64
Primary school enrolment: just the tip of the iceberg	66
Malnutrition: a most stubborn problem	68
Reducing the IMR, U5MR, and MMR – and slowing population growth	69
UNICEF’s new country programme for 1996-2000	75
Education: a key element to unlock other doors	77
An innovative ‘rights’ approach	81
Computer wizardry for district planning, programming and implementation	82
<b>5. Conclusion</b>	<b>89</b>
The legacy of James P. Grant	89
Looking back	91
Taking stock	91
Looking ahead	92

## List of Photographs, Charts and Panels

"D and DS" kits being distributed	9
The "Ming House" chinese restaurant	10
<i>Tilapia nilotica</i> fish seed multiplication farm	11
No. 6 Suction Pumps awaiting distribution	13
A UNICEF Bangladesh Staff Association reception	21
The EPI logo " <i>Mori</i> "	23
Audrey Hepburn's visit to Bangladesh in 1989	24
EPI Coverage, 1991	27
The Sanitation logo	29
Rural Water Supply Coverage	30
One of the first Tara Pumps	31
Grameen Bank's 16 Decisions	36
Report from Asiaweek on Dr. Muhammad Yunus	40
A BRAC field worker teaching how to mix homemade ORS	42
Ray of Hope: a government primary school success story	46
Bangladesh's Prime Minister Begum Khaleda Zia	49
The Meena logo	53
The Story of the Siberian ducks	54
UNICEF Bangladesh's Programme Communication and Information Model	59
James P. Grant inaugurating a salt iodisation plant	60
The Breastfeeding logo	63
EPI Coverage Evaluation Survey, 1994	65
The Education logo	67
Infant Mortality by Interval Between Births	71
Towards Achieving the NPA Goals	74
New office building near Sheraton Hotel	76
Country Programme Recommendations for Bangladesh	79-80
Map on malnutrition from <i>Progotir Pathay</i>	83
A Situation report for a district from <i>DISIDE</i>	84
James P. Grant visiting a BRAC non-formal school	90
Bangla Desh – a song by George Harrison	95

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# 1. THE PRE-BANGLADESH PERIOD

## In the beginning...

UNICEF, the United Nations Children's Fund, was created by the United Nations General Assembly on 11 December 1946 as the "United Nations International Children's Emergency Fund" to help the starving children in Europe. Their plight being indeed desperate, a 19-minute documentary film, *Seeds of Destiny*, had been prepared earlier that year for showing in movie theatres. However — as Judy Spiegelman recalls in her *We Are the Children*, beautifully written and illustrated in celebration of UNICEF's 40th anniversary in 1986 — that film was considered to be "too gruesome, not a fit subject to show children." Instead, it was screened privately in churches, unions, service clubs, and other groups across Canada, the United States, Britain, France, and Australia, raising over \$200 million — and, at the 1947 Academy Awards ceremony, becoming the first documentary to win an Oscar.

Despite its name as a "fund," implying that it would simply collect money, UNICEF decided from the outset to be a field-oriented organization. Accordingly, in addition to the regional office in Paris, 13 field missions were opened throughout Europe, drawing partly on UNRRA staff with the phasing out of the United Nations Relief and Rehabilitation Administration.

With huge quantities of skim milk powder donated mainly by the United States, Canada, and Australia; and sweetened by contributions of sugar from such recipient countries as Poland, Italy, Czechoslovakia, and Greece, some six million needy children were fed at the peak of operations. As well, 30 million children were tuberculin-tested for tuberculosis and 14 million received BCG vaccination through the WHO/UNICEF-assisted International Tuberculosis Campaign (ITC), a remarkable Scandinavian Red Cross initiative by Denmark, Sweden and Norway (direct BCG vaccination without prior testing was to come later). Other UNICEF assistance included cod liver oil, cotton for baby diapers, and leather for much-needed children's shoes.

In these and other ways, UNICEF's logo reached the remotest villages and corners of Europe, and it is safe to say that UNICEF's credibility as an action organization with dedicated field staff, bringing aid of a practical nature to the vulnerable groups, began to be established very early in its history.

In expanding its work to Asia, UNICEF, in the spring of 1949, established a regional office in Bangkok and also began to open field missions in various countries, including a country office in Karachi which was responsible for what was then West Pakistan and East Pakistan. Because of the physical separation of the two wings of the country, UNICEF in 1951 appointed Dr. Victor Fenn to cover East Pakistan, with Wilfred D'Silva as his administrative officer; and one driver, Gulzar Khan, who prided himself at having at one time driven for Sir John Anderson, the Governor of Bengal.

The UNICEF office for East Pakistan in Dacca ('Dacca' was changed to 'Dhaka' in 1982, and the latter spelling will be used from now on) operated at first out of Dr. Fenn's home. It was not until June of 1952 that UNICEF was given a small room in the Eden buildings, which housed the Government Secretariat; or, more accurately, it was half of the room of the Secretary of Health, generously donated by him. Small was indeed beautiful then!

The location of the office within the government compound gave UNICEF a unique advantage and prestige. Its only drawback, as recalled by D'Silva, was that "whenever there was a students' strike, the Eden Buildings would be surrounded and we just could not get out."

In any event, UNICEF's close juxtaposition with Health made eminent sense. Much of UNICEF's work in the early period, world-wide, was in health, and so it was for East Pakistan in the 1950s and 1960s. M.G. Gomes, retired local staff member, has described those health and other projects in his study, *UNICEF in Bangladesh*, which he had prepared in 1984 for the UNICEF History Project, and which old-timers can only read with an almost overwhelming sense of nostalgia.

UNICEF assistance in those early decades included milk powder, soap and other supplies for the maternal and child welfare programme; laboratory supplies, chemicals, and transport for malaria eradication; vaccine for the BCG campaign against tuberculosis; pipes, cement, and reinforcing bars for the rural water and sanitation programme; supplies and equipment for primary and secondary schools, teacher training colleges, and primary training institutes; medical and laboratory supplies, transport, and leprosy drugs for the leprosy control programme; machinery for the freeze-dried smallpox vaccine plant, followed by reimbursable procurement of laboratory and other supplies in the successful fight against smallpox, led by WHO, the World Health Organization; equipment for the then-thin network of health centres, as well as for training schools for nurses, midwives, and lady health visitors (LHVs); and stipend support for the training of those health personnel.

This dry summary of some of UNICEF's inputs in the early years had its very human side, as Gomes has brought out in his study. The first batches of graduating LHVs, for example, were truly pioneers, because after their 27-month training, they were assigned to the rural areas to take charge of the maternal and child welfare (MCW) centres — an unprecedented event, considering the social conditions obtaining at that time. And the very large water supply programme, which was to develop later, had its strong beginnings in this pre-Bangladesh period.

## The wonderful spirit of UNICEF

Also, in looking back at those early years, one intangible feature stands out above all others; and that is the fierce (Maggie Black, in her 1986 *The Children and the Nations: The Story of UNICEF*, uses the word “palpable”) sense of commitment which permeated the entire UNICEF staff, and which veteran staff members, including quite a few in Bangladesh today, still recall with feeling. Several persons were responsible for this, starting with UNICEF's first Executive Director, Maurice Pate.

Pate set a sterling example at the global level, establishing from the very beginning such basic and enduring guiding principles as non-discrimination and fidelity to the cause of needy children and mothers. Proposed for nomination for the Nobel Peace Prize, Pate turned down the offer, saying that the organization as a whole, and not he personally, should be honoured. This indeed came to pass in December 1965, but sadly after his death earlier that year. Mr. Henry R. Labouisse, his successor, accepted the Nobel Peace Prize on behalf of UNICEF, and guided the organization through its maturing years, up to and including the International Year of the Child in 1979.

In Asia, the wonderful spirit of UNICEF was exemplified in the person of Sam Keeny, a charismatic personality who was UNICEF's regional director for Asia for 13 years from 1950 to 1963. His dynamic leadership was exactly what Asia needed to motivate governments and UNICEF staff to carry out basic health and other programmes, despite limited resources and personnel. Margaret Gaan, who served in the Bangkok regional office before, during, and after Keeny's tenure, retiring as the deputy regional director; and who has written a book about those early years, has said that those “splendid” times “may grow dim in my memory, but will remain forever bright in my heart,” adding that “Today, in what the French gently call ‘le troisieme age,’ my years are serene and good, but they are not the golden years. Those were the golden years.”

Unlike today, when over 50 per cent of UNICEF's programme resources are spent on non-supply assistance, much of the UNICEF aid in those early, splendid golden years was in the form of supplies and equipment, involving much mundane office work. Indeed, the UNICEF Executive Board up to 1966 met twice a year to approve project funding; and since country programmes of a long-term, 3-5 years' duration, consolidating many projects into one document, was still a thing of the future, Pakistan approached the Board each year for funds for East and West Pakistan, presenting over 120 separate project recommendations in the period 1948 to 1971. The paper work was enormous.

However, for the UNICEF staff in East Pakistan and elsewhere in Asia, ordering BCG vaccine or pipes for water supply was not just a paper exercise; it was perceived as part of the important process of actually helping a child in need at the village level. And, because regular field visits was a standing order of Keeny's, one which quickly became a staff passion, actually seeing and helping a child, many children, became the means by which the UNICEF staff in Asia, already highly motivated, could articulate their idealism of service to an organization dedicated to helping needy children everywhere. So it was then, in the field; and so it remains today, everywhere, in the field.

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## 2. THE SURPRISING SEVENTIES

**A**s the 1960s came to an end and the 1970s began to unfold, one event towards the end of 1970 will be etched forever in the history of UNICEF in what was then still East Pakistan.

### The cyclone of November 1970

Francis Smithwick, who had come to head up the East Pakistan office in 1965, and Wilfred D'Silva were looking at a water project in Sandwip island, together with Habibur Rahman from the Department of Public Health Engineering, when a devastating tropical cyclone and massive tidal bore struck the southern coastal region of East Pakistan on the night of 12 November 1970. The storm coinciding with high tide, the surge height rose to 20-24 feet above sea level, killing an estimated 500,000 people and totally destroying crops on one million acres of land. Most of the homes, schools, fishing boats, and livestock in the path of the cyclone were swept away by the tidal wave which accompanied the storm. Habibur Rahman recalls that "Smithwick was moved and was weeping.... He had heard about cyclones but had never seen such disaster. He was shocked to see so much destruction and death of thousands of men, women, children and cattle." The off-shore and exposed island of Sandwip being in the path of the storm, Gomes recalls that an "invisible bond of friendship kept us anguished for two sleepless nights until we received a telegram informing us of their safety."

UNICEF responded to the emergency in its usual efficient and effective manner, promptly diverting a large number of UNICEF vehicles for use by medical teams; releasing 1,000 tons of rice, 60,000 blankets, and other supplies for the affected population; and making available the equivalent of US\$100,000 in local currency to purchase nylon twine so that surviving fishermen could mend their nets or knot new ones urgently to enable them to resume fishing.

Safe water being another high priority, teams of public health engineers and technicians from all over East Pakistan, drawing on stocks of UNICEF pipes which had, most serendipitously, arrived in Chittagong shortly before the

storm, were able by mid-December to repair 9,120 existing tubewells, re-sink 1,298 tubewells which had been made unserviceable, and dig 1,088 new tubewells. And, because the World Bank was also embarking on a safe water programme, it was only natural that it should join hands with UNICEF in further rehabilitation efforts — the first such UNICEF-World Bank collaboration in a project of this kind.

However, all of those post-cyclone safe water supply plans had to be suspended with the arrival of 1971 — the year that UNICEF turned 25 years old; the year that Bangladesh was born.

## **The birth of Bangladesh, 1971**

Independence Day is celebrated each year in Bangladesh on March 26 in commemoration of the 1971 “Declaration of Independence” from Pakistan. What happened during that year can never be adequately, objectively, fully summarized. Just the one mind-boggling figure of 10 million people out of a total population of 70 million fleeing to India to seek refuge — and 10 million swiftly returning when the fighting was over — illustrates the gigantic proportions of the war of liberation which took place.

## **The emergency period, 1972-1973**

Two supplementary child feeding programmes, reaching over 650,000 child refugee beneficiaries, were implemented in India itself, named Lifelines Alpha and Beta, the latter for the most severely malnourished children under the leadership of Dr. B.N. Tandon of the Indian Medical Research Institute. The UNICEF Executive Board at its April 1972 session learned that Lifeline Beta turned out to be “strikingly successful” in promoting weight gain and “most gratifying” in keeping child mortality extremely low — utilizing a highly concentrated children’s food containing calcium caseinate, skim milk powder, and sucrose, or K-Mix II, originally developed to save starving children in the Nigerian emergency of the late 1960s. How commonsensical for one tragedy to help another by transferring lessons learned!

Another extraordinary development which occurred towards the end of the 1960s, and which helped to save lives, was the discovery by the then Cholera Research Laboratory in Dhaka of the oral rehydration solution (ORS) — a scientific and medical breakthrough for the treatment of diarrhoea which *The Lancet* has described as “potentially the most important medical advance this century.” This oral rehydration solution proved to be most useful in 1971 when it slashed cholera death rates from 50% to 3% among thousands of refugees in the war of liberation that culminated in Bangladesh’s

independence. However, as Maggie Black has observed in her 1986 history of UNICEF, ORS for several years following its discovery “suffered a classic fate at the hands of what Halfdan Mahler [the then Director-General of WHO] called the medical consumer society: its very cheapness and simplicity led to its widespread neglect.”

Fortunately that was just a temporary set-back; ORS is now used worldwide, saving the lives of over a million children annually, and winning for the International Centre for Diarrhoeal Disease Research, Bangladesh, ICDDR,B — established in 1978 as the successor to the Cholera Research Laboratory — the Maurice Pate Memorial Award in 1984 in recognition of its work in the treatment of diarrhoeal diseases.

With the birth of Bangladesh in 1971 and the return of the refugees from India, the focus for child feeding shifted back to the new nation. Indeed, UNICEF's first official Government of Bangladesh communication, received on 26 December 1971, was a request to reactivate and expand the child feeding programme into all 19 districts existing at the time.

In the period 1972-73, USAID generously donated over 120,000 metric tons of an instant, high-protein food — CSM/WSB, or corn-soy-milk and wheat-soy-blend — to implement a child feeding programme. Elementary schools were chosen as the channel for distribution, but it was agreed that the feeding would benefit all young children in the areas around the school, not just school children. UNICEF staff were augmented by experienced personnel from CARE to help implement this huge programme.

The physical distribution of such large quantities of this high-protein food for children posed a real dilemma because it competed with the movement of traditional food grains, particularly rice, for the general population, in a period of high dislocation. The Government through its Food Ministry made a critical decision in the fall of 1972 that “CSM/WSB will be treated as a food item and will be accorded the same priority of movement as food grains” — thus permitting the child feeding programme to proceed, and eventually to reach some three million beneficiaries.

Because the CSM/WSB food required no further cooking, was flavoured and sweetened, and required only mixing with water for instant consumption; this commodity was very popular and was an important factor responsible for raising, however slightly, the nutritional status of the children. CSM/WSB was also formulated with a vitamin and mineral pre-mix, including Vitamin A, which helped to alleviate the shortfall of this vital nutrient and to combat xerophthalmia with its real threat of blindness and death — a precursor of the UNICEF programme to distribute high-potency vitamin A capsules twice a year to children under six years of age as a preventive measure.

Within a larger framework, and considering the extreme situation in which the new nation found itself, the United Nations launched in 1972 an extraordinary, coordinated relief effort: the United Nations Relief Operation in Dacca, or *UNROD*, later re-named *UNROB*, the United Nations Relief Operations, Bangladesh, under Sir Robert Jackson, the UN's most experienced relief official. UNICEF and a host of other UN agencies, as well as more than 50 international voluntary agencies, were involved.

By the end of December 1973 when UNROB completed its operations, assistance in the two-year period 1972-1973 totalled \$1,324 million: \$870 million from bilateral sources, \$346 million through the UN system, and a remarkable \$108 million through national voluntary agencies and private donations. For example, sales proceeds of the record of the Bangladesh Concert, put on by George Harrison, one of the Beatles (see page 95), raised \$1,730,380 for UNICEF, as reported to the 1973 session of the UNICEF Executive Board.

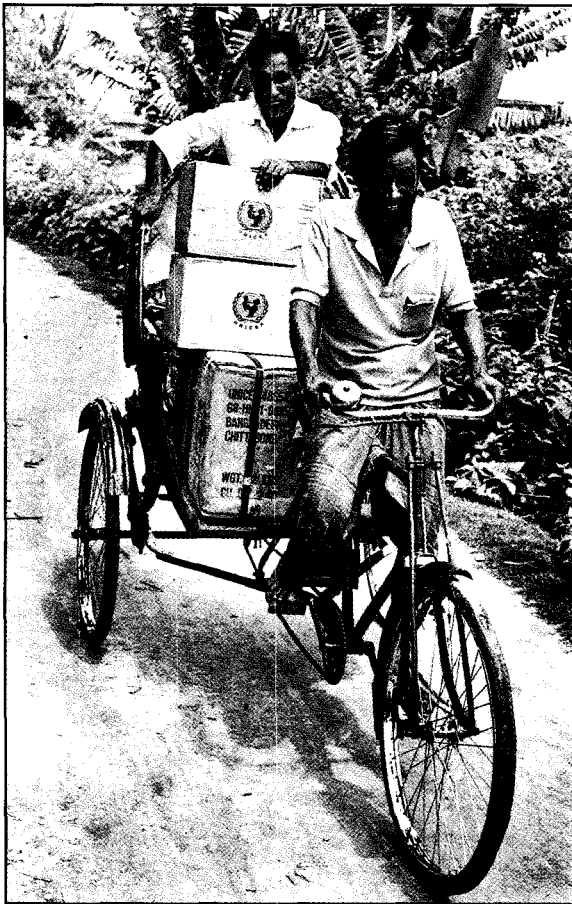
In addition to its support for the child feeding programme, UNICEF aid included blankets, drugs, cloth, transport, and transport maintenance services, as well as reimbursable procurement of vehicles, blankets, tarpaulin sheeting for shelter, food, and surface freight costs for other members of the UN family — a re-affirmation of UNICEF's solid experience in supply procurement and administration, highly valued then, as well as now, in Bangladesh.

UNICEF also recruited a large number of local staff to help in the field, first at the zonal level, and then eventually posting a UNICEF district representative (UDR) in each of the 19 districts, and a UNICEF division chief (UDC) in each of the four divisions, as well as strengthening its support at the two important ports of Chittagong and Khulna. Many of these local staff have advanced through the ranks and are today occupying senior positions in UNICEF Bangladesh, including the following who were interviewed for this story: M.S. Islam, Administrative Officer; Ahmed Azam, Administrative Officer; M.H. Khan, Transport Supervisor; Shafiqul Islam, UNICEF Division Chief, Khulna; and Ms. Mahera Khatun, UNICEF Division Chief, Dhaka, the only woman who heads a divisional office. Several of them expressed their appreciation to UNICEF for giving them this unique opportunity of travelling in, and getting to know more about, their own country.

Conversely, UNICEF benefits enormously from the talents which local staff, including in particular the professional national officers, bring to the organization. The local/national staff know the language, the culture and customs, and the politics of their own country; combined in many cases with specialized training and skills, they constitute the backbone of every field office.

With regard to UNICEF's international staff during the explosive months of 1971, Francis Smithwick was transferred earlier in the year to West Africa; en route, he attended the UNICEF Executive Board meeting in Geneva, where he gave a vivid account of the fighting that was going on.

Perry Hanson, another of those early and devoted pioneers who started his UNICEF career in China, served *inter alia* as the UNICEF Representative to Pakistan from 1965 to 1967, and who was chief of the Asia section at UNICEF HQ during the summer of 1971, was asked to fill in upon Smithwick's departure. Hanson recalls that "Wilfred D'Silva was in charge when I arrived; the small UNICEF staff was still housed in cramped quarters at the old secretariat building. Partially to maintain neutrality during this turbulent period... and because we simply had to have more space for a



Akil Khan/UNICEF

*Imported "D and DS" kits from Copenhagen being ferried to rural health centres in the 1970s. These Drugs and Dietary Supplement kits were a significant part of UNICEF assistance throughout this period.*

quickly expanding staff, we moved (with the blessing of HQ) to a UNICEF House of our own." That house is today a Chinese restaurant, and the current UNICEF Bangladesh staff in Dhaka of some 150, not counting another 100 posted at the divisional level, are scattered in six buildings, soon to be consolidated into one.

Before Hanson returned to HQ in early October of 1971, Bob Walker arrived to hold the fort as chief of operations and stayed on in Dhaka through the difficult months which followed, performing "an outstanding job" as reported to the April 1972 UNICEF Executive Board. Walker was joined later on by Glan Davies, who remained as UNICEF's Representative to Bangladesh for the next three years, and who was highly regarded, not just because he was married to a Bengali woman, but because of his quiet, self-effacing manner, Welsh wit, and his long experience in UNICEF and the sub-continent. Davies will also be remembered for his contribution to solving the protein problem through his serendipitous encounter with a "miracle" fish in Thailand.



Early in the 1970s the UNICEF Bangladesh office moved to this building on Mirpur Road in Dhaka — now, in 1995, the "Ming House" chinese restaurant.

## *Tilapia nilotica*, the “miracle” fish

Glan Davies attended a conference in Bangkok early in 1974 and learned about a “miracle” fish which multiplies very rapidly. Intrigued, Davies felt that this might help to solve the nutrition problem in Bangladesh, and by the fall of that year, the Thai Government had very generously donated 500,000 fingerlings of *tilapia nilotica* for Bangladesh. Perry Hanson, Davies’ replacement, recalls that one of his first tasks as the new Representative to Bangladesh was to interview and hire Damrong Silpachai, a Thai fisheries expert, to look after those fingerlings which were being airfreighted to Dhaka for distribution to the fish seed multiplication farms in various parts of the country.

Azizul Haque, former Presidential Adviser, who later also became UNICEF Adviser, in a delightful interview in May 1994, recalls with pardonable glee that 1974, unlike 1975 when good weather prevailed, was the year of



Akil Khan/UNICEF

*One of the Thana Fish Seed Multiplication Farms for *Tilapia nilotica* which were run by the Department of Fisheries, with assistance from UNICEF, throughout Bangladesh in the mid 1970s.*

disastrous floods — thus helping to spread the fast-growing fish all over the country! *Tilapia nilotica*, beginning at three months of age, will spawn three times a year, producing between 400 and 1,000 spawn each time. In 6 to 8 months a *tilapia* can become edible with a weight of half a kilo or more. *Tilapia* can now be found all over the country, not only helping to combat food scarcity and malnutrition, but also contributing to family income — as well as winning for UNICEF Bangladesh the Presidential Gold Medal Award in 1977 for its contribution in fisheries.

More: A year later, the Presidential Silver Medal for agricultural development went to Shafiqul Islam, who was then serving as the UNICEF district representative at Faridpur and was widely known as the “peanut king” because of his vigorous promotion of groundnut cultivation in the charlands of the mighty Padma river — thus helping to benefit tens of thousands of poor farmers, as well as to improve the nutritional level of children and mothers in the region.

## **Beginnings of the tubewell explosion**

Another success story which had its beginnings in the 1970s was UNICEF’s bold, large-scale entry into the safe water supply programme in Bangladesh, eventually making it, together with the one in India, one of the two largest UNICEF-supported water supply programmes in the world.

In Bangladesh today it is estimated that, on average, each child under five years of age has 3 to 4 diarrhoeal episodes per year, leading annually to 250,000; while the prevalence of parasitic infections in the same age group is very high. The provision of safe water is therefore one of the most effective and economical ways to promote child health. At the same time it is recognized that safe water by itself is not enough; good hygienic practices such as washing hands before eating and after defecation, together with safe excreta disposal, are essential elements — along with nail clippers and deworming medicine, two additional supply items currently being provided by UNICEF.

Logically, then, the twin problems of water supply and excreta disposal should be tackled together; and, indeed, in the early 1950s, the UNICEF secretariat at New York HQ actually turned down a request from a European country for a water supply project because it did not include excreta disposal. Certainly, throughout Asia, going back to the 1950s, many efforts had been made to promote the use of waterseal latrines — all to little or no avail because of the deeply-ingrained social and personal habits developed by the population over time.

Bowing to reality, the WHO/UNICEF Joint Committee on Health Policy in March 1969 recommended that, while as far as possible water and excreta disposal should be programmed and implemented together, “this should not be insisted upon.” The UNICEF Executive Board in its May 1969 session agreed, adding that the linkage “should not be a rigid condition of assistance if either of the improvements is likely to be delayed in consequence.” With this flexibility in policy, rural water supply programmes began to take off in the 1970s.

When it comes to the matter of water supply, the problem in the case of Bangladesh — unlike so many other countries — is not its scarcity but rather its over-abundance; or, more accurately, the plentitude of unsafe water. Although the country is dominated and nurtured by two of the mightiest rivers in the world, the Padma and Jamuna, Bangladesh has also been described as one massive open drain. Much of the population uses ditches and streams for excreta disposal, thereby heavily polluting the surface water — and not realizing that the water they drink from the open ponds, or use for bathing and washing clothes, is terribly contaminated.



Akij Khan/UNICEF

*No. 6 Suction Pumps, in a DPHE yard in the early 1970s, awaiting distribution.*

The Government, together with UNICEF, made a basic decision in the early part of the 1970s to focus first on water supply, with the objective of multiplying the availability of tubewells in the country from 1 per 400 population to 1 per 200, the original target set down in pre-Bangladesh days. At the time this target was considered to be a very ambitious one because it meant sinking in the two years 1973-1974 100,000 new shallow tubewells, 1,200 deep tubewells in the coastal area, and resinking 60,000 tubewells choked up with sand. And, just as everything was shifting into first gear, the global oil crisis of 1973/74 occurred; Bangladesh was classified by the UN as a least developed country in need of special assistance; the prices of imported items needed for the water project jumped, and there were consequently inevitable delays in achieving those targets.

But the Government, through its implementing arm, the Department of Public Health Engineering (DPHE), and UNICEF, persevered. The DPHE decentralized its staff from the sub-divisional to the thana level in order to bring implementation closer to the people, virtually doubling its field staff in the process. As a result of this and other factors, those original tubewell targets were indeed reached, albeit a year behind schedule. New targets were set for the second half of the 1970s — 155,000 shallow and 5,000 deep tubewells — which were accomplished by mid-1980; a further 60,200 shallow tubewells were achieved by 1982/83.

Another factor enabling the tubewell targets to be reached was that the soil in much of the country was amenable to the rapid sinking of shallow tubewells. Bangladesh sits on a vast spongy aquifer which is replenished by rains — up to 2,200 mm a year — and by the annual inundation. As the floods recede the water table falls, but rarely (at least until recently) below 15 metres. The soft soil and lack of rocks in much of the surface area means that tubewells can generally be sunk without any mechanical device, utilizing the “sludger” technique, a traditional hand drilling method which requires no sophisticated equipment — just a lot of human energy.

Also, problems which developed along the way were turned into opportunities. Thus, efforts to design a stronger handpump, initially frustrating, eventually led to a new version of what was generally known as the No. 6 handpump, with inputs from a number of sources. This new version, as described by Maggie Black in her 1990 comparative water study entitled *From Handpumps to Health*, “was a low-cost pump of no great distinction, with a lifespan of a decade or two at most. But it was an ideal pump for the local techno-economic context. It offered the prospect of a much lower breakdown rate and helped to standardize tubewell and pump components. It also aided the economy by boosting the private market in tubewell construction and by creating thousands of jobs in local foundries.”

The use of PVC pipes, which began to appear on the water scene to replace the more expensive galvanized iron (GI) pipes for well casing, suffered a temporary set-back when, because of the 1974 oil crisis, the prices of imported PVC pipes jumped 65% on average. That was the bad news. The good news is that it helped to stimulate a local PVC industry, thus providing a great deal of local employment, and saving much-needed foreign currency.

UNICEF staff, of course, also helped. Martin Beyer, UNICEF's top water man at New York HQ who provided unlimited enthusiasm and wise guidance, beginning in 1974 and extending through and beyond the International Drinking Water Supply and Sanitation Decade 1981-1990 (IDWSSD), recalls in his 1986 water history the contributions made in Bangladesh in the early years by such staff members as Richard Phillips, the earliest water pioneer; Tim Journey, who helped in the development of the new No. 6 handpump; and Philippe Heffinck, who invented two simple, inexpensive composite wrenches for handpump maintenance, highly prized by handpump caretakers who are given these only upon completion of their training course. Engineers who headed up UNICEF Bangladesh's water and environmental sanitation section included John Shawcross, John Skoda, and — during the latter part of the 1970s — Abdul Awal, the dean of a whole group of highly competent Bangladeshi engineers, some of whom, including Awal himself, were later to take up international posts abroad.

And last but not least, a major factor in achieving those ambitious tubewell targets in the 1970s — thus setting the stage for a tubewell explosion in the next decade — was the availability of a special procedure known originally as “notings,” which the UNICEF Executive Board later changed to “supplementary funding.” This procedure was devised by UNICEF HQ towards the end of the 1960s when global income was a bit over \$40 million, and UNICEF was reaching for a target of \$50 million.

Essentially, the Executive Director was authorized to accept additional contributions for proposals “noted” by the UNICEF Executive Board for which funds from general resources were not sufficient or available. This novel way of channeling more funds to UNICEF proved to be very acceptable and popular with donor governments, and was launched just in time to help the new nation of Bangladesh cope with its extraordinary needs in the light of UNICEF's limited general resources. Thus, in March 1972, the Board by mail poll — because of the urgency of the situation in Bangladesh — authorized the Executive Director to receive special contributions to supplement the allocation of \$3 million from general resources. As documented in the report on Bangladesh to the spring 1973 session of the UNICEF Executive Board, special contributions received up to March 1973 totalled \$10.8 million.

Almost all of the proposals for assistance to Bangladesh submitted to the UNICEF Executive Board during the 1970s — and, indeed, right up to and including the present day — included a “noting” component to solicit additional supplementary funding. Without this procedure of “notings” at that crucial time, enabling donor governments to make additional, special contributions to UNICEF, it is doubtful that the tubewell programme in Bangladesh would have expanded as rapidly as it did. Today, this “noting” or supplementary funding procedure is often taken for granted. Still, now as well as then, every “noting” proposal is in a sense a gamble; every acceptance by a donor government an occasion to rejoice.

## The problem of excreta disposal

Bertrand Mendis, a water engineer who served in Bangladesh twice (from 1976-79, and later from 1988-91) and who is now with the UNICEF Vietnam office, recalls that, in joining UNICEF in 1976, he was briefed at New York HQ by Dr. Charles Egger, deputy executive director. Egger stressed that there was a need to “do sanitation as well as water;” that, while UNICEF was helping enormously in water supply by going from 50/60,000 handpumps to 100,000 a year, it was time to take a more fundamental look at what was being done.

As a consequence, a WHO/UNICEF-assisted country-wide survey was carried out in the latter part of 1976 by field staff from a number of government ministries, covering water usage and sanitary habits, diarrhoeal morbidity, and related factors. The results, which were summarized in a 1978 publication, *Sanitation in Developing Countries*, indicated that over half of the 11,489 households surveyed used tubewells with handpumps as the source of drinking water; 27% used dug wells, and the remainder used surface water. As for excreta disposal, the survey found that less than 2% of the households were using sanitary waterseal latrines. Open latrines and pit latrines were used by about half the adults, but most children did not use any type of latrine at all. Result: children in the age group 1-10 years had a higher rate of diarrhoeal morbidity than those of other age groups, irrespective of the source of water.

As the end of the 1970s drew near, progress remained slow in the sanitation project. The UNICEF Executive Board at its 1979 session was informed that only 5,600 latrines were installed in 1978. “For a variety of reasons, environmental sanitation hardly exists in Bangladesh and major efforts must be made to increase awareness and develop a sense of urgency among those involved in this project.” Fortunately that sense of urgency, and some major innovative efforts, were to take place in the 1980s.

## **JGUAG (Joint Government/UNICEF Advisory Group): regular monitoring, review, and policy guidance**

As the 1970s progressed — indeed, not too long into that decade — attention began to turn to the need to close the emergency chapter and open a new one on long-range planning. UNROB's relief operations came to an end in December 1973, but in the preceding month, the Government had already published its First Five-Year Plan for the period mid-1973 to mid-1978, stating that "reconstruction efforts have to be integrated into the long-term development perspective." And UNICEF's country programme recommendation for the period 1974-1977, presented to the UNICEF Executive Board at its 1974 session, announced its determination that all of UNICEF's activities would henceforth be geared entirely to development.

To provide an organizational mechanism to implement that determination, the Government in August 1977 established a high-level review and coordination body known as JGUAG, the Joint Government/UNICEF Advisory Group, chaired by a member of the Planning Commission, Socio-Economic Infra-Structure and Programming Division, and consisting of representatives from those ministries and departments involved with social development; plus the UNICEF Representative, who at that time was Dr. Michael Irwin, credited with advancing the idea for this body. Dr. Irwin is also remembered for initiating the ABC (assistance to blind children) project in Bangladesh, arising from his personal and professional interest as a medical doctor in the field of child disability prevention and rehabilitation.

The purpose of JGUAG was, and still is, two-fold: to promote a coordinated and continuing analysis of the situation of children and mothers in Bangladesh, identify their specific needs, and suggest appropriate programmes to meet those needs within the context of national development planning; and to recommend how UNICEF resources can best be used to provide additional and improved services for children and mothers in the country.

One of the first tasks of JGUAG was to review and endorse the sub-mission of a UNICEF "holding" proposal to bridge the gap between the Government's First Five-Year Plan, ending in mid-1978, and its Second Five-Year Plan, scheduled to begin in mid-1980. JGUAG also used the occasion to identify and discuss the major problems facing the country, including its high infant and child mortality rates, whereby 25% of the children born may not reach the age of 5 years; the high incidence of diarrhoeal and infectious diseases; the poor nutritional status of the population, particularly children; and the high maternal mortality rate as well as the high fertility rate — obstinate issues which remain key challenges even to this day.

With the establishment of this Advisory Group, a meticulous system for monitoring the implementation of all UNICEF-assisted projects was instituted which is still followed to this day. Government project managers prepare two implementation reports: a status report, and an input/output report, which are sent to the secretariat of JGUAG, formerly located in the External Resources Division, now called Economic Relations Division of the Ministry of Finance. The secretariat prepares a summary status report on all the projects, with an analysis of major bottlenecks and constraints, and presents this report for review by the Advisory Group at its annual sessions. Other UN agencies, bilateral donors, and concerned NGOs are invited to attend as observers.

The result is a joint Government/UNICEF system of regular, systematic, conscientious reviews of UNICEF assistance in Bangladesh which is unique among all the UN agencies in the country, and which has without doubt enhanced the effectiveness of the UNICEF programme. In interviews with the past chairmen of JGUAG — beginning with Mafizur Rahman, its first chairman, and including the immediate past chairman, M. Mokammel Haque; Kazi Fazlur Rahman; and M. Mujibul Huq, now Special Adviser to UNICEF Bangladesh — all agreed that it was useful to have this collaborative Government-UNICEF mechanism which meets regularly to take stock and provide some critical inputs into programme priorities and policies. JGUAG has evolved into an invaluable and indispensable tool for UNICEF Bangladesh and the various government ministries concerned with child issues to develop a common vision and direction — another big plus for the 1970s, when JGUAG was conceived.

## **Other achievements — and problems**

Before leaving the surprising seventies, brief reference should also be made to the 1979 International Year of the Child (IYC), which in Bangladesh generated many studies and research activities in addition to celebrations. And in the field of education, Kazi Fazlur Rahman, former JGUAG chairman, recalls that in the late 1970s UNICEF provided valuable assistance in the form of paper for printing primary school text books; at the time, it was virtually the only agency, bilateral or multilateral, to provide any assistance in the field of primary education for Bangladesh.

In the health field, the eradication of smallpox deserves special mention. This was significant not only as a remarkable, world-wide public health achievement in its own right, but also because it opened the way for planners to believe that other diseases could also be similarly eliminated.

UNICEF had assisted Bangladesh with some equipment and supplies, but the main load was of course carried by the huge number of government staff in terms of smallpox vaccinations, meticulous follow-up, and relentless pursuit of contacts, with full technical assistance from WHO. The UNICEF Executive Board at its 1978 session was happily informed that "In December 1977, after an intensive smallpox vaccination and case-finding campaign carried out over the last several years, Bangladesh was declared by WHO to be smallpox-free." The very last victim of smallpox in the world was tracked down in Somalia. In May 1980 the World Health Assembly declared the disease extinct — a fantastic achievement for which WHO deserves full credit.

The end of the 1970s, however, also saw some major problems in Bangladesh which were hardly touched on or received very limited attention from UNICEF: the whole issue of women in development; the girl-child; child labour with its international as well as domestic implications; immunization, going beyond 2-3% coverage; and the crucial involvement with non-governmental organizations (NGOs), which for UNICEF Bangladesh was very nominal throughout most of the 1970s. All that was to change, and change dramatically, in what can only be called the exciting eighties.

#### **Main sources**

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Personal correspondence and telephone interviews with Perry Hanson, now retired in Vermont, U.S.A.; and with Bertrand Mendis, formerly posted in Dhaka and now with UNICEF/Vietnam; April/September 1994. Also, personal interviews with M.G. Gomes, retired veteran UNICEF staff member and author of *UNICEF in Bangladesh*, and Habibur Rahman, retired engineer with the Dept. of Public Health Engineering, survivor of the 1970 cyclone; along with other senior DPHE staff, including retired Chief Engineer M.A. Karim; at Dhaka, May 1994.

Personal interviews with former chairmen of JGUAG: Mafizur Rahman; M. Mokammel Haque; Kazi Fazlur Rahman, and M. Mujibul Huq; and with numerous UNICEF staff members, including M.S. Islam; Ahmed Azam; M.H. Khan; Shafiqul Islam, and Ms. Mahera Khan; at Dhaka, May 1994.

### 3. THE EXCITING EIGHTIES

When James P. Grant succeeded Henry R. Labouisse as UNICEF's Executive Director in January 1980, one of his earliest decisions was to identify four low-cost, high-results projects in pursuance of his child survival and development revolution. These were summed up in the mnemonic "GOBI," standing for growth charts, oral rehydration, breastfeeding, and immunization. The "I" for immunization became the top UNICEF priority for the 1980s, which made good sense considering that WHO in 1974 had launched a global Expanded Programme on Immunization (EPI) against the six main vaccine-preventable diseases of tuberculosis, diphtheria, pertussis, tetanus, polio, and measles.



Akil Khan/UNICEF

*A UNICEF Bangladesh Staff Association (UBSA) reception in the early 1980s, held in the transport yard of the UNICEF office in Dhanmondi. Ahmad Mostefaoui, then Regional Director of East Asia and Pakistan Regional Office (EAPRO), Bangkok, seen foreground right, was the guest of honour.*

In 1977 the World Health Assembly had further endorsed universal child immunization (UCI) by 1990 as the goal of EPI. However, as explained in Grant's 1995 *State of the World's Children Report*, "when work began to persuade all nations to take this goal seriously, it was clear that if 'universal' were to be interpreted as 100% then the goal was pitched impossibly high. WHO and UNICEF therefore took the realistic decision to redefine the goal to mean that 80% of children should be fully immunized against six major diseases by the age of one year. Ambitious, but not impossible." Not impossible, perhaps, for those countries which already had high coverages (60-70%); but most unlikely in countries with very low coverages (1-5%) — such as Bangladesh.

It must therefore have come as quite a surprise to many to hear Bangladesh announce, at the 1985 session of the UN General Assembly in celebration of the 40th anniversary of the United Nations, its decision to achieve the goal of universal child immunization (UCI) by 1990. Other countries had already made this UCI commitment much earlier, so that Bangladesh would have to play catch-up. M. Mujibul Huq, UNICEF Special Adviser, who in 1985 was the JGUAG chairman and represented his government in the discussions with James Grant, recalls escorting Grant to his car after the conclusion of the meeting in the Planning Commission at which that decision had been made, and expressing his personal fear that even reaching 60% would be very difficult.

In the event, M. Mujibul Huq was to prove himself unduly pessimistic; for, what actually happened in Bangladesh through his own dedicated efforts along with that of the entire country with regard to the immunization programme in the next few years, leading up to the target date of 1990, is nearly unbelievable.

## **Immunization: the "near miracle" in Bangladesh**

Manzoor ul Karim, former senior government official who was appointed Secretary of Health in November of 1985, and who is now an adviser to UNICEF Bangladesh, commented in an interview that there was indeed much skepticism in the beginning that Bangladesh could even come close to achieving UCI's 80% goal. He recalls that UNICEF sent him to Turkey to observe the successful immunization programme there, and that he returned "with knowledge and inspiration;" for the next 3 years, as Health Secretary, he helped to "rev up the immunization campaign and see it take off" by adopting the strategy of obtaining the local leadership's total commitment to the programme. He also paid tribute to Tony

Kennedy, UNICEF Representative to Bangladesh, who remained in that posting for nearly 6 years, beginning in the spring of 1983 until early 1989. The stability provided by Kennedy helped enormously in ensuring proper programming and execution.

Soon after Bangladesh had announced its decision to embark on the road to universal child immunization, the UNICEF Bangladesh programme communication and information section under David Mason and later, Neill McKee, entered the picture. First, after a great deal of careful market research, the *moni* logo was developed which, because it was simple, appealing and easily recognized, proved to be very effective in raising awareness and promoting UCI throughout the country.

There then occurred an extraordinary mobilization of a whole range of partners in pursuit of UCI/EPI. There was the print media, with many journalists taking up the cause of the programme when they learned that Bangladesh was so far behind. There was the radio and television media, which granted three precious minutes of prime commercial time daily for children's issues, with a special focus on EPI. There were the entertainment stars, highlighted by the appearance of international cricket star Imran Khan, when the country went wild for a week in September 1989. This was followed in the next month by a visit from Audrey Hepburn, whose gracious comment from the heart ("Bangladesh, Beautiful and Brave") will be forever remembered. Audrey Hepburn was received by the top movie heroines of Bangladesh,

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### The EPI logo "Moni"

*Since moni is a term of endearment in Bangladesh for children of both sexes, this was the character created for the EPI logo. Six arrows symbolising the six communicable diseases and a ring, symbolising protection were added. The slogan reads "Immunise your child". Moni in Bangla actually means the pupil of the eye or jewel.*



Shabana and Babita. Shabana had taken her tetanus toxoid (TT) shots on camera and exhorted mothers to do the same. Today, millions of her fans are immunized in Bangladesh.

As well, there were the many corporations which came on board, the first one being Dhaka Match Industries, which put the *moni* logo on the back of their "Seven Horse" brand. This approach was ceremoniously launched to create an impact on other private industries as well as in the government sector. Thus, other participants from the private sector included a whole rainbow of companies, ranging from Bata (signs and shoe boxes) to Fisons Bangladesh Ltd. (counter displays and posters to 20,000 pharmacies carrying their product) to Bangladesh Road Transport Corporation (which painted the *moni* logo on their public transports) to General Electric and Lever Brothers. There was also the National Anti-Tuberculosis Association of



UNICEF

*Audrey Hepburn, together with national film stars Shabana and Babita, during her visit to Bangladesh in October 1989.*

Bangladesh (NATAB) which put the *moni* tin plates on the back of rickshaws all over the country as well as stickers and posters on ferries, buses and trains. The *moni* logo was literally everywhere to be seen!

Along with the mobilisation activities, UNICEF was able to provide constant and close monitoring of what was happening at the EPI sites in the field, through daily reporting by the zonal offices. Mahboob Shareef, EPI programme officer, along with other UNICEF Task Force members collated and discussed the information everyday with Cole Dodge. Those daily reports were immediately sent to EPI Headquarters to supplement the Government's own figures.

And, while immunization was undoubtedly a health matter, "belonging" to the Health Ministry, the other Ministries in an unprecedented move joined hands to ensure EPI's success. The Education Ministry involved its teachers and students in social mobilization of the community; the Ministry of Information gave free broadcast time for EPI; the Ministry of Religious Affairs sent out information packets to Imams and religious leaders all over the country; the Ministry of Posts and Telecommunications issued stamps for EPI; the Ministry of Communications donated commercial space in the railway stations to put up the *moni* logo. And so on — including a key decision by the Cabinet Division that EPI be included as one of the four priority projects to be monitored by the Deputy Commissioners for districts, thus elevating immunization to a new level of importance and awareness.

Within the Health Ministry itself, some crucial policy decisions had to be made regarding the two wings of health and family planning. Immunizations of course would be carried out by the Health Assistants (HAs), who were usually male; but objections were raised regarding the involvement of the Family Welfare Assistants (FWAs) on the ground that this would distract them from meeting their family planning targets. The Health Ministry nevertheless decided that FWAs should participate, and this was based on the theory — subsequently proven to be amply correct — that their involvement in EPI, an activity which was growing ever more popular at the village level, would enhance rather than detract from their effectiveness in their family planning efforts. And, not incidentally, the fact that the FWAs were female proved to be an important factor. In any event, the synergism involved in combining related activities, yielding results which are greater than the sums of its parts, is not just theory; it really does happen in practice, as proven here in Bangladesh and elsewhere.

In addition to UNICEF, which covered 56% of the financial costs, other members of the international community joined in: WHO, providing technical support from its HQ in Geneva as well as from their local team; USAID, which focused on the urban areas; other bilateral donors, including SIDA (Swedish), CIDA (Canadian), and SDC (Swiss); and a number of

international NGOs, most notably Rotary International, which provided not only polio vaccines but also local costs for social mobilization for the immunization programme; plus many others, including CARE, Radda Barnen, World Vision, the Aga Khan Foundation, and Save the Children Fund (UK). There was also the very useful and satisfying partnership with a host of local NGOs and organizations, large and small, whose members contributed so much at the grass-roots level. These included the Boy Scouts, Girl Guides, Rangpur-Dinajpur Rural Services (RDRS), Voluntary Health Services Society (VHSS), and, outstandingly, BRAC, the Bangladesh Rural Advancement Committee.

Special mention should also be made of the EPI site flags and signs, displayed prominently at village outreach locations where 80% of the vaccinations outside of the urban areas took place, thus helping to transform this national programme into a truly grass-roots effort. Dr. Lutfar Rahman Talukder, former project director of the EPI programme, explained in an interview at his TB clinic that these EPI sites were actually houses of farmers who gladly offered their homes for the day, and who took great pride in providing this community service.

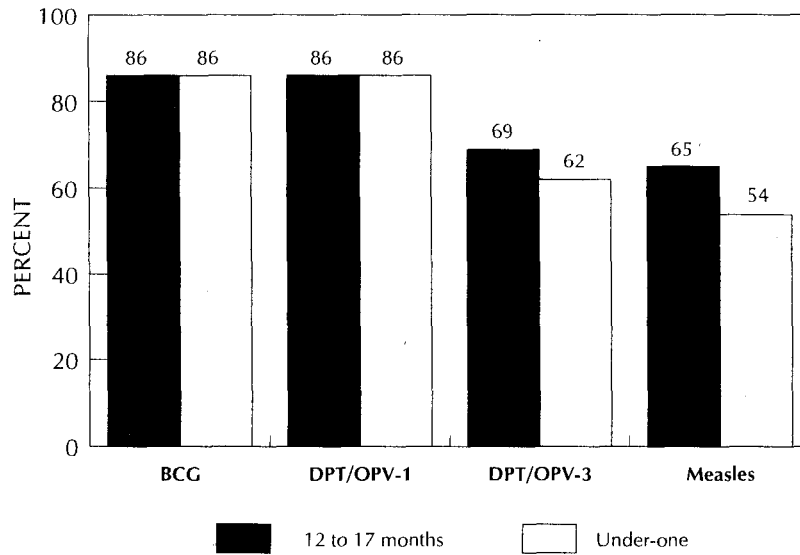
Altogether, in addition to thousands and thousands of these rural volunteers all over the country, a veritable army of government staff were involved in this tremendous immunization effort: 300 trainers and managers at the national level; over 54,000 vaccinators at the ward/union or grass-roots level, and another 3,000 cold chain supervisors and EPI technicians.

To make a long story short, the overall strategy was impeccable and its execution, while full of bumps and problems and headaches, yielded some solid results, helped by a last-minute decision as the end of 1990 approached to hold what turned out to be three highly successful Immunization Weeks in three successive months. Final total at the end of 1990, as confirmed by an inter-agency coverage evaluation survey carried out in February 1991: an excellent 86% coverage for BCG and DPT/OPV-1 (first polio shot).

Those completing DPT and all three polio shots were 69% (for 12 to 17 month olds) and 62% (for those under one). Measles, which was added late in the campaign, achieved a coverage of 65% and 54% for the 12 to 17 months and under-one age groups respectively. The inter-agency survey also provided a breakdown by division, showing that Rajshahi was the leader with 97% BCG and 80% completely immunized (see facing page).

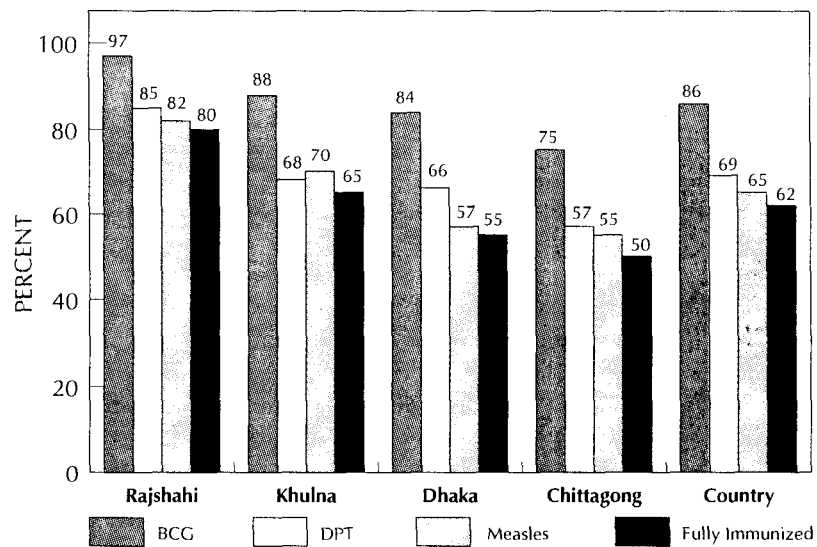
All in all, despite the fact that the global target of 80% for each of the vaccines was not attained across the board, the results as confirmed by the WHO survey were nevertheless very gratifying, especially when it is recalled that, at the start of the campaign in 1985, the national accomplishment was under 5%. These independent annual evaluation

### Bangladesh EPI coverage, by antigen and age, 1991



Source: CES Bangladesh-1991, Ministry of Health and Family Welfare

### Bangladesh EPI coverage of divisions and country, 1991



Source: CES Bangladesh-1991, Ministry of Health and Family Welfare

surveys have been continued every year since 1991, thus ensuring objective verification of achievements as well as identification of problems and areas needing remedial action on a regular basis.

On the UNICEF side, Tony Kennedy was transferred to Indonesia in 1989 and was replaced by Cole Dodge, who had earlier served in Bangladesh in the 1970s as the field director for OXFAM (UK). Dodge, in an interview in April 1994, recalls that, soon after taking over as UNICEF Representative, he asked the Cabinet Secretary, M. Mujibul Huq, the senior-most civil servant in the Government, and at one time chairman of JGUAG, what he planned to do upon retirement. M. Mujibul Huq replied that he would like to volunteer his time for UNICEF; the offer was promptly accepted, and M. Mujibul Huq as UNICEF Special Adviser focused immediately on the immunization campaign.

“He had a tremendous influence,” recalls Dodge. M. Mujibul Huq “travelled to every district in the country and gave long addresses, sometimes two and three hours in length to the entire civil service in the district, and he always came around to the future, to children, to vaccination, and to the importance of that programme; and I suppose if there is any one individual who really made the immunization thing work and to be sustained, it was M. Mujibul Huq over the years. A non-technical man, but a very revered and outstanding civil servant.”

When UNICEF HQ decided to write a book on immunization and Dodge suggested that Bangladesh be included, his offer was declined because there was some disbelief in the results which were being achieved and reported. So Dodge decided that Bangladesh should write and publish its own book, with M. Mujibul Huq as editor and many staff and others contributing. One day when M. Mujibul Huq was in Dodge’s office, discussing the immunization programme, he commented that what had been accomplished was truly a miracle. Dodge thought for a moment and replied, “Well, not a miracle; maybe a near miracle.” “*Ahah!*”, exclaimed M. Mujibul Huq; “*that’s what we will call our book!*” And so, when the book was published in 1991, it was entitled *Near Miracle in Bangladesh*.

The significance of this near miracle goes beyond immunization itself. Just as the eradication of smallpox provided the world with the confidence to consider the elimination of other diseases — most prominently, polio — so did Bangladesh’s quantum leap in successfully immunizing so many children provide the basis for the daring belief that other persistent maternal and child health problems could be similarly tackled, building on the tremendous network of 108,000 EPI outreach sites and its 16 million contacts which had been developed in the course of the immunization drive. And, indeed, that is precisely what is proposed for the 5 years, 1996-2000, in the Bangladesh country programme.

## “No tubewell handpump, no wedding”

Another near miracle in the 1980s was the sea change in the public attitude towards tubewells and handpumps, built very much on the tubewell explosion which had started in the 1970s. Maggie Black has written a superb account of this in her 1990 comparative study of water and sanitation programmes in Bangladesh, India and Nigeria. She notes that, just within the past 25 years, the tubewell in Bangladesh has replaced the open pond as the primary source of drinking water for more than three-quarters of the population. She credits this in the main to the persistence and hard work of the Department of Public Health Engineering (DPHE) in generating demand for the tubewell as an item of household improvement and convenience. Despite all the criticisms of the DPHE as being only able to provide hardware, not software; of being only concerned with the technical aspects, not the social mobilization or awareness issues, it is only fair to acknowledge the fine contributions of so many of their staff in bringing about a paradigm shift in the people’s thinking about the tubewell.

Certainly, by the end of the 1980s, the population per tubewell had improved to a figure approaching 150, well beyond the original target of 200 set some 20 years earlier, meaning that the number of tubewells had greatly multiplied during the decade (see next page). It also meant that, in the process of achieving that excellent ratio of population to tubewell, the programme has had to overcome many technical problems, such as devising the “Tara” pump for areas where the water table is below the 8 metre

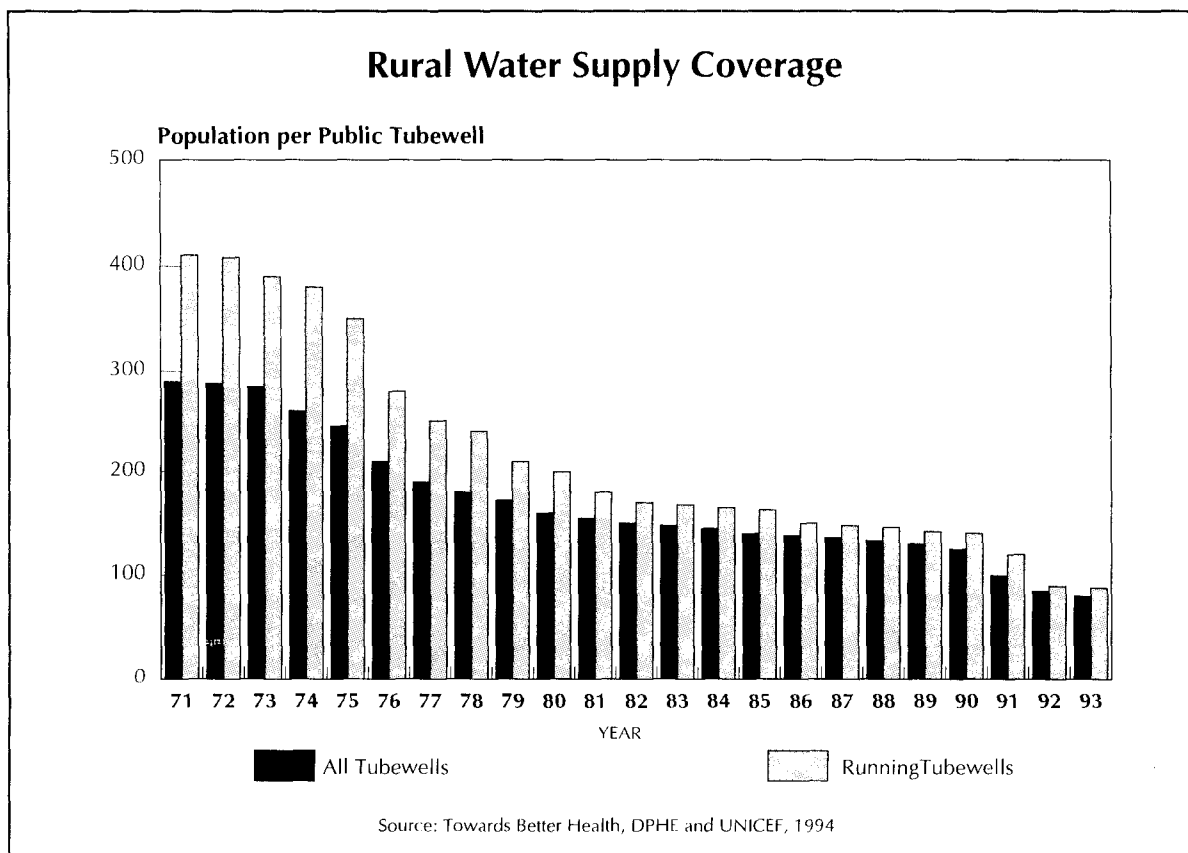
### The Sanitation logo

*The logo symbolises the most important aspects of the environmental sanitation programme. The slogan reads “Practise good sanitation and hygiene, and stay healthy”.*



suction limit. There were also financial and political issues, including the question of an appropriate tubewell subsidy, which ranged from 100% in the early days, to below 50% later on, to today's planned zero, for it has been found that even poor families *will* pay for something they perceive to be of benefit to them. The issue of equitable siting of the tubewells to ensure that the poorest families have access, along with major problems of tubewell maintenance, including an appropriate training programme for the handpump caretakers, all had to be faced and solved as well.

Not that everything is perfect now. The question of taking on more women as handpump caretakers, for example, still needs follow-up — only a relatively small number have been recruited so far, despite evidence that they perform well — along with a host of other issues. Nevertheless, the overarching result is that Bangladesh is one of the few countries to have reached the water supply goals of the International Drinking Water Supply and Sanitation Decade (IDWSSD), based on 85% of the rural population having access to safe drinking water within 150 metres.



There is also a rather unexpected but intriguing social dimension. The tubewell and handpump in Bangladesh have today become desirable consumer items, something households perceive as a means of improving quality of life. Indeed, as Maggie Black has commented in her water study, "Twenty years ago, the installation of a public tubewell would elicit complaints about noise, mud and nuisance from householders living close by the pump. Nowadays the axiom is: 'Marry your daughter to a man with a tubewell handpump.'"

### **"No household latrine, no wedding"?**

Will the same ever be said for the latrine: "No household latrine —no wedding?" Yes! It is already happening! M. Mujibul Huq in the course of his immunization promotion efforts went on a field trip to Barisal, where he came across a new latrine being built by a householder. He went up to the father and head of the family, who said to him, "Well, you know the times



Akij Khan/UNICEF

*One of the first Tara Pumps to be installed in a village outside Dhaka in the mid 1980s. The Tara "Direct Action" low-lift handpump was developed in the early 80s in Bangladesh by UNDP/World Bank, UNICEF and DPHE. There are now 74,000 operating in Bangladesh.*

are changing, and when my son wanted to marry we found a perfect family and a perfect girl for him. But they asked if we had a latrine. And they wouldn't agree to the marriage, until we built a latrine."

A true story — told and re-told countless times on radio and television — and not that surprising in Barisal District, where the percentage of people with latrines is well above the 1993 rural average of 33%, due to a successful coalition of many sectors in the community: government officials, public representatives, NGOs, and in particular the school children, all coordinated by dedicated local DPHE staff. Skeptics from abroad, who were convinced that Bangladeshis, being poor and illiterate rural people, would not develop a latrine habit and would never defecate in a pit latrine, were proven very wrong when they spent several months in Barisal and found that, in three thanas, over 90% of the households there had latrines, and that 90% of the people were using them.

## Women in development — and in Bangladesh

Women, of course, have always been a concern of UNICEF: in the beginning as mothers (in point of fact, only pregnant and nursing mothers, a statistical category which fortunately did not last too long); and then, gradually but inexorably, as detailed by Virginia Hazzard in her 1987 UNICEF history monograph, *UNICEF and Women, The Long Voyage*, in the direction of women as full partners and participants in development.

Two global landmark events, the International Women's Year (IWY) conference in Mexico in 1975, followed by the World Conference on the Decade for Women in Nairobi in 1985, helped UNICEF to shape its policies and programmes for women. It was at the Nairobi Conference that the Minister of Social Welfare and Women's Affairs presented the first official, comprehensive publication by the Government of Bangladesh on the *Situation of Women in Bangladesh*, which generated so much interest and attention that a second edition had to be issued.

Towards the end of the 1980s, there was also available an excellent work entitled *The Fifty Percent: Women in Development and Policy in Bangladesh*, written by Salma Khan, Director General of the Bangladesh Management Development Centre and a member of the UN Committee on the Elimination of Discrimination Against Women (CEDAW). In his foreword to Ms. Khan's book, Dr. Muhammad Yunus of the Grameen Bank trenchantly observed that,

*As a nation we have a lot to learn about ourselves.... When it comes to our knowledge about the other half of our society, it is*

*like knowing about the other half of the moon — we know it must be there, but never felt any urge to know more about it.*

UNICEF began to *do* something about it by augmenting its field staff, beginning in the mid-1970s, to cover this new field of women in development (WID). Renee Gerard was assigned to UNICEF Bangladesh in 1976.

Ms. Gerard quickly found that there was very little written at that time about the status of women in Bangladesh. In her own chapter on the subject as part of the situation analysis which was prepared in April 1977 for the 1978-80 UNICEF country programme, Ms. Gerard noted that, while information was scattered and incomplete, there were a number of major points on which there was general agreement: the low status of women, the lower rate of literacy, the high fertility rate, and the fact that 90% of Bangladeshi women lived in rural areas and were affected by poverty even more than men. "They are a subset of the poor and a subset which attracts little attention."

Ms. Gerard decided to help fill the literature gap and, in 1979, co-edited *The Situation of Women in Bangladesh*, together with the Women For Women Research and Study Group. Ms. Gerard noted, that in the UNICEF Bangladesh office, almost 100% of the staff were male, and that the advocacy and development of women's programmes met with many constraints within the UNICEF office itself. The best supporters were the local (Bangladeshi) programme officers; some of the opponents, "surprisingly," were the expatriate programme officers "who adopted a conservative attitude and claimed that [the] existing order concerning customs should not be challenged."

Enter Jowshan Ara Rahman with the Ministry of Social Welfare, who was persuaded by Renee Gerard to take over the women in development programme in UNICEF when the latter had completed three years in Dhaka. If Cole Dodge, among other things, was the UNICEF champion of safe excreta disposal, Jowshan Rahman was to become very quickly the UNICEF champion of women in development, for she was utterly convinced that the existing order must not only be challenged, but changed in a fundamental way if women, especially the poor rural women, were to participate in development at all.

Jowshan Rahman started working with several UNICEF-assisted projects in the field of self-reliance such the Swanirvar Movement and the Gram Sarkar (village government), in which leadership training workshops were provided for village women, after which they would return to their villages as community change agents. And, in 1980, Jowshan Rahman co-authored

an article in *Assignment Children* (“Leadership training for village women in Bangladesh”) in which she was able to report that 57 workshops had been held, training some 4,966 leaders; and that these in turn had helped to form 1,778 women’s groups and 854 women’s cooperatives to pursue income-generating activities.

These were excellent results; but it is Jowshan Rahman’s collaboration with the Grameen Bank which would yield even bigger dividends and eventually benefit not only thousands, but many hundreds of thousands of women, by expanding the economic parameters of Grameen to include such basic services as sanitation, clean water, and better health and nutrition measures.

It all started when Jowshan Rahman inquired of her friend Dr. Muhammad Yunus, founder of the Grameen Bank, what would the money which the poor landless women would be earning under his scheme be used for. Dr. Yunus replied that, of course, the money would be used to benefit the family; but *how*, asked Jowshan: for whom, for what purpose, and in what way? Well, for the children, for one thing. Fine; but HOW would the money be used for the children? for what? And so on.

This was in 1980; Grameen Bank was still a toddler, but already proving that poor, landless women, with no collateral, when organized in groups of five and provided with small loans on faith, would not only put that money to good use and actually make a little money, but also justify that faith and repay the loans, with interest, so that the money could be revolved to benefit more women. But little if any thought had been given — perhaps, under the circumstances of starting up a unique project, impossible at the time — to providing guidance to the women on how to spend the money in ways that would truly benefit the family.

On the other hand there was Jowshan Rahman, anxious to implement UNICEF’s basic mandate of helping children in poverty, acutely aware of the need to provide them with basic services such as nutrition and clean water and sanitation and basic education — but realizing also that this depended so much on the mother in the first instance, who herself was malnourished and lacked safe water and was illiterate — and who needed a helping hand to earn a little money, enhance her own status, build up her own self-confidence, and thus begin to lift herself and her family out of poverty. The stage was set for a beautiful partnership — and for a quiet social revolution in the country-side, which continues to this day.

## The Grameen Bank, UNICEF, and a quiet social revolution

Through endless hours of discussion and questions and debate between Ms. Rahman, ever persistent; and Dr. Yunus, ever patient, there emerged a consensus that a social development dimension needed to be added to what was essentially a purely economic programme of income generation. Thus, the women applying for loans would need orientation in banking rules and procedures, as well as some functional education to enable them to handle their new activities with confidence. As for their domestic needs, the women would benefit from some basic information on such essential things as child nutrition and sanitation and safe water. Group meetings to bring the women together to discuss their problems and successes, their failures and their fears, would also be useful in order to broaden their knowledge and enhance their self-confidence; all they needed for that to happen was compensation for their loss of income for a few days' work, a week at most.

Jowshan Rahman said UNICEF could help — and the rest, as they say, is history. A trainers training programme (TTP) was launched in July 1980 which continues to this day, and which has done so much in transforming and empowering women in the true sense of that often mis-used word. And, in a UNICEF-assisted national workshop under the TTP in March 1984, the Grameen Bank participants adopted "Sixteen Decisions" (see next page) which in straight-forward, simple sentences provide an enduring framework and guidance for members. They include the basic services of nutrition, health, child spacing, sanitation, water, and education, along with such social and moral issues as dowry and helping one another.

These decisions or guidelines do not just exist on paper; they are actively implemented in Grameen projects all over the country. With support from UNICEF, packets of oral rehydration salts (ORS), for example, are everywhere to help in diarrhoea cases; there is even a little rhyme which gives a formula to make ORS, just in case you forget. Even if you do, the jackets of the bank pass books have a picture of the ORS formula and instructions on how to use it, so you are constantly reminded. And in every housing loan — a typical one is for the equivalent of \$300, with which people can build a tin-roof house, with four concrete columns — there is a requirement that a latrine be built. In the words of Dr. Yunus, during an extensive and highly informative interview in May 1994, "We have no problems in getting our money back, and people can raise their children and live with dignity in a clean house, in a healthy environment, and in hygienic conditions."

Grameen Bank, Bangladesh

## SIXTEEN DECISIONS

Adopted in UNICEF-assisted National Workshop  
under the Trainers Training Programme, March 1984

1. The four principles of Grameen Bank - discipline, unity, courage and hard work - we shall follow and advance in all walks of our lives.
2. Prosperity we shall bring to our families.
3. We shall not live in dilapidated houses. We shall repair our houses and work towards constructing new houses at the earliest.
4. We shall grow vegetables all the year round. We shall eat plenty of it and sell the surplus.
5. During the plantation seasons, we shall plant as many seedlings as possible.
6. We shall plan to keep our families small. We shall minimize our expenditure. We shall look after our health.
7. We shall educate our children and ensure that they can earn to pay for their education.
8. We shall always keep our children and the environment clean.
9. We shall build and use pit-latrines.
10. We shall drink tubewell water. If it is not available, we shall boil water or use alum.
11. We shall not take any dowry in our sons' wedding, neither shall we give any dowry in our daughters' wedding. We shall keep the centre free from the curse of dowry. We shall not practice child marriage.
12. We shall not inflict any injustice to anyone, neither shall we allow anyone to do so.
13. For higher income we shall collectively undertake bigger investments.
14. We shall always be ready to help each other. If anyone is in difficulty, we shall all help him.
15. If we come to know of any breach of discipline in any centre, we shall all go there and help restore discipline.
16. We shall introduce physical exercise in all our centres. We shall take part in all social activities collectively.

Under the Sixteen Decisions, projects were also initiated in making and selling seedlings for planting, in purifying water, or in iodating salt to combat goitre. On seed distribution, Dr. Yunus proudly noted that Grameen became the largest vegetable seed dealer in the country. "Lots of vegetables were grown because of the seeds distributed through the Grameen system. And people could eat vegetables and overcome their nutrition problem also."

The successful Grameen experience has, of course, attracted world-wide attention, stimulating many similar projects in other countries — as well as a plethora of studies and evaluations. They all confirm that, comparing Grameen with non-Grameen families, the nutrition level is indeed higher, the infant and child mortality rates are lower, housing conditions are better, sanitation better, etc.

But does all this alleviate poverty? For UNICEF, the answer is crucial. Dr. Yunus said that this very question had indeed been studied by one group of researchers who spent 14 months in two old branches of Grameen, observing and documenting the daily lives of the families of the Grameen borrowers. "To sum up their findings: the borrowers who are with the Grameen Bank for 10 years or more, 48% of them have clearly crossed the poverty line, 27% of them came very close to the poverty line, but have not crossed it yet. 25% did not change at all... [the researchers] elaborated on the 25% who did not change at all, and identified the reasons. The major reason, number one, was that there is a chronic disease in the family... whatever money they earn is drained out to health care, to take care of the sick in the family.... Another reason they identified was that there was no male member in the family to help... there were other reasons, which they identified."

But it was the drainage of money for sick children and others in the family which made the biggest impression on Dr. Yunus. To compress the time frame for escaping poverty — say from 10/15 years to 6/10 years — health *must* be given high priority. Improve health, plug the erosion of money for sickness, cut down the loss of working hours, thereby increasing the family income; thereby increasing your moral and physical strength. "So this is one other area, where again UNICEF comes in to help us develop that programme. We have been very generously assisted to do that."

Dr. Yunus was also quick to add the essential reminder that, while "down the line everything you see, speaks of a very high level of accomplishments... we didn't do it. They did it on their own. All we did was to create an enabling environment for the families to take care of themselves."

That enabling environment also produced another very gratifying result. The participating women, with a bit more income in hand, combined with practical knowledge of how to meet the basic needs of their children and families, became in the process more self-assured, more confident, more dignified; they carried themselves well; they were not afraid to speak out, take risks; they were, in a word, completely transformed by the Grameen experience!

To put a human face to this transformation, the names of two Grameen village women come readily to mind.

## Jorimon and Manjira Khatun

Dr. Yunus and Jowshan Rahman early on had come up with the idea of publishing in book form true stories about some of the Grameen women, which were already being collected by the field staff. A grant from UNICEF Bangladesh made this possible, spurred on by Jowshan Rahman's immense enthusiasm. The result: *Jorimon and Others: Faces of Poverty*, issued in Bangla in 1982 and sold out in 8 months — an unprecedented event for a non-fictional work. For the first time the other half of the moon was being shown, revealing the stark reality of the situation of women in their own communities. Many people called Dr. Yunus to say "I could not sleep all night. I had to read it through all the way, because every one of them is so piercing a story. And I was all in tears, I could not believe I live in the same country as these people." *Jorimon* was later translated into English in 1984 with a second edition in 1987, both of which were also sold out; a third edition was issued in February 1991.

One common theme throughout the stories of the eight women who were featured in this book is their iron determination to live a life of honour and dignity, and to ensure that their children will not starve like they did, will not go through life illiterate as they did, will not live in poverty like they did. In Jorimon's case, a Grameen interviewer records that, on one of her visits:

*I noticed some books on an overhanging plank tied by a rope from the ceiling. 'Who reads those?' I asked. Jorimon replied that she and her husband were both illiterate... 'blind'. She had learnt only to sign her name with the help of Mr. Halim [the Grameen Bank field manager]. But she was not going to keep her children in darkness. She wanted to educate them so that they can take their rightful place among worthy people. They will then be honoured in society. She has put her younger son and daughter into school. Both of them are studying in class one...*

In fact, Jorimon — not her real name, but a true story nevertheless — has so captured the hearts and minds of the people in Germany that they have established a Jorimon Foundation to raise funds in support of Grameen's work.

Another of the Grameen village women gained international attention when the King Baudouin Foundation in 1992 awarded its international development prize to Grameen Bank. Despite some murmurs of protest as to how a village woman from Bangladesh could possibly handle meeting the King of Belgium, Grameen sent Manjira Khatun, a Grameen Board member, to receive the award in April 1993. As Dr. Yunus recalls in the May 1994 interview:

*The chemistry worked instantaneously. The King liked her right away, she liked the King right away. They started talking about their own lives... the King bringing in sweets and snacks for her; standing with her... she narrating her story, how she grew up; what difficulty she had growing up as a woman and how she was married off; how her husband abandoned her; how she had nothing, how she and her children starved; how she joined Grameen and how gradually now she has a house; she has income; she can take care of her children and so on... it was amazing. The next day we were received by the Queen. Manjira was the first one to be received. The Queen said "I know everything about you, because yesterday the whole evening the King talked about you and nothing else!" And [Manjira] was speaking at the press conference and she was in the newspaper, on the front page... telling her life story and so on.*

Today, Grameen Bank works in 34,900 villages, or half the number of villages in Bangladesh, with a staff of 11,000 personally dispensing loans to the borrowers every week, rain or shine, because a basic principle of Grameen is "people should not come to the bank, the bank should go to the people"; lending out in local currency the equivalent of an incredible \$35 million a month, in tiny to modest amounts according to approved procedures, to two million borrowers, of which 94% are women!

When asked how much of the transformation in the women's lives can be attributed to money they earn and how much to the social dimensions which were added as a result of UNICEF's intervention and advocacy, Dr. Yunus replied: "If we want to grade, how much of it, the impact, that has been made on the people's lives, on women's lives; how much of it comes from the money they earn, and how much of it comes from all these social programmes, I would almost tend to make it 50/50. Assign 50 marks on the money and 50 marks on all the rest of it." High praise for UNICEF, whose mandate fits in so well with that of the Grameen Bank to bring about a quiet social revolution among the poorest of the poor in the country.



Syed Murtaza Ali

The economics professor taught the world that the needy do not require handouts

■ UPDATE ■

## Banker to the Poor

*Bangladeshis Continue to Count on Yunus*

**C**an impoverished Bangladesh teach fat-cat America a thing or two about banking? Yes, says Muhammad Yunus of Dhaka-based Grameen Bank. When he was governor of Arkansas in the 1980s, Bill Clinton asked Yunus to replicate Grameen's small-loans scheme in his hardscrabble state. Yunus helped start up the Good Faith Fund in Pine Bluff. Some U.S. experts predicted that Americans would not line up unless they could borrow at least \$50,000. They were wrong. Many in Arkansas asked for sums as small as \$375. "Academics have their ideas about the world and the reality is so different," says Yunus. "I believe in the capacity and capability of human beings."

He is an academic himself. But the Chittagong University economics professor put theory into practice in 1976. His mission: to help the poor by lending without collateral. Grameen aims "to feed those who would otherwise go hungry," says Yunus, "not through handouts but by giving them the means to earn money for food." To date the bank has given out some \$1 billion in loans to 2 million families — with an incredible 98% repayment rate. What many banks don't realize, says the 54-year-old Yunus, is that most people honor their obligations if they have the means to do so. It is a lesson Grameen has taught development workers from the U.S. and 70 other countries.

Born to a well-off business family, Yunus started teaching economics at 22. He left for the U.S. in 1965 on a Fulbright fellowship, completing his Ph.D in economics at Vander-

bilt University five years later. Back home, Yunus worked briefly as a government economist, then returned to teaching. One day, while strolling in the village of Jobra behind the Chittagong University campus, he saw a woman weaving cane seats. How much do you earn a day? he asked. Four cents, answered the woman, adding that the rest goes to the money lender.

Moved by the weaver's plight, Yunus thought of ways to help his country's poor. Grameen Bank lent a total of \$25 to ten people in Jobra in 1976. Yunus had to scramble for capital. Grameen got a big boost in 1981 when the Rome-based International Fund for Agricultural Development lent it \$3.4 million. The central bank extended grants in 1983. Grameen received more support after Yunus was honored with the Magsaysay Award for community service in 1984.

**T**oday the bank has 1,042 branches and 11,000 employees who serve half of the country's 68,000 villages. Charging annual interest of 20%, it funds practically any income-generating activity from fish farming to cloth weaving to basket making. Borrowers, most of them women, ask for \$100 on average. The requirements? "The less you have," says Yunus, "the higher the priority you get." He recently won the 1994 World Food Prize, which comes with a \$200,000 grant from American philanthropist John Ruan. Yunus has decided to give the money to Grameen employees. They deserve it. ■

ASIAWEEK: 21-28 December, 1994

And much high praise, of course, to Dr. Yunus, whose casual conversation in 1976 with a woman weaving cane seats, as reported in *Asiaweek's* year-end issue for 1994, "How much do you earn a day? he asked. Four cents, answered the woman, adding that the rest goes to the money lender," started it all — and, in the process, produced some useful experiences to share with the developed countries.

## **BRAC: another beautiful partnership for UNICEF**

BRAC, the Bangladesh Rural Advancement Committee, was born in 1972 as a non-governmental organization (NGO) to provide desperately needed relief measures in the chaotic days immediately following Bangladesh's independence. With the emergency period over, BRAC turned its attention to rural development — not to develop pilot or experimental models, but to "go to scale" as rapidly as possible, as widely as possible, in order to reach as many rural poor as possible with measures that would improve their lives. Some of BRAC's earlier work among rural women has been eloquently described by Martha Alter Chen in her book entitled *A Quiet Revolution: Women in Transition in Rural Bangladesh*. Through the years BRAC has evolved into a huge, field-based, tightly managed and very effective organization in rural development.

Two of its major activities have attracted global attention: advocacy of a local home-made oral rehydration therapy, coupled with widespread monitoring and follow-up; and its pioneering work in initiating and expanding a network of non-formal primary education schools in the rural areas to "reach the unreachable" — meaning children from the poorest families, in particular girls, who have not been able to enter the formal system. Small wonder, then, that UNICEF is such a great admirer and supporter of BRAC. In the case of oral rehydration, for example, the BRAC experience was featured by James Grant in four consecutive issues of his annual report, *The State of the World's Children* (1984 to 1987 inclusive).

## **Lobon-gur: a home-made oral rehydration solution**

It was the Cholera Research Laboratory in Dhaka itself, as we had seen earlier, which had discovered in the late 1960s that a simple solution of salt and sucrose, when mixed in the right quantity with water and taken orally, could effectively replace the much more expensive intravenous route to fighting diarrhoeal infections. The Government, during the International Year of the Child in 1979, launched a national oral rehydration programme and, with UNICEF assistance, set up four oral rehydration solution (ORS) factories in four districts, which were soon producing many millions of

packets of the life-saving solution a year. The need, however, was enormous in a country where diarrhoeal disease was widespread; even if production could be stepped up, a large gap would still exist.

BRAC decided to help, and recognizing that an alternative was needed, supported a home-made version of ORS, using ingredients available in every household: a three-finger pinch of salt (lobon) and a four-finger scoop of gur, the local unrefined sugar — along with a set of simple messages called ‘seven points to remember’ which teaches mothers how to prepare this home remedy by mixing it with the right amount of water.

BRAC in mid-1980 then mobilized its field staff of 900 workers, sending them out by foot, rickshaw and bicycle during the dry winter season, and by country boats during the monsoon, to go door to door in villages, spending about 30-35 minutes with each mother and stressing the ‘seven points’ of successful treatment for childhood diarrhoea — including, most importantly, the message that the attempt to ‘dry up’ the child by



Akil Khan/UNICEF

*A BRAC field worker teaching village mothers how to mix lobon-gur, the homemade version of ORS using ingredients available in every household — salt, sugar and safe water. In the mid 1980s, BRAC workers taught more than seven million women how to treat diarrhoeal dehydration in this way.*

withholding food and drink, a natural reaction of parents the world over, is a mistake which increases the risks of dehydration and child death. Renumeration for the workers depended not only on how well the mothers remembered to mix the formula, ascertained through follow-up visits several months later by monitoring teams; but also on whether the solution had been properly prepared on the basis of samples taken away for laboratory examination.

Within three years these BRAC field workers had taught 2.5 million women in 20,700 villages how to prepare the lobon-gur mix; and, within three more years — by 1986 — BRAC had increased the number of its field workers to 1,200 and had taught more than 7 million women how to treat diarrhoeal dehydration, turning this project into the world's largest and most sustained effort to put a medical tool into the hands of mothers.

However, the monitoring teams which were sent to do spot checks found that, whereas 90% of the mothers even six months after their training could still prepare the mix accurately, the usage rates were very disappointing — as low as 8% in the early stages in some areas. In an interview with Dr. Fazle Hasan Abed, Executive Director of BRAC, in May 1994, several major reasons were identified: the initial focus on women only, leaving out the husbands and male community leaders, which was remedied by adding more men to the teams and widening the focus of the target audiences, thereby improving the usage rate up to 60%; secondly — and most critically — the importance of properly briefing and preparing the BRAC field workers in such a way that they themselves, as advocacy agents, are believers in the home remedy. Also, as had occurred in the case of ORS, the very low cost of the home oral rehydration therapy was itself an inhibiting factor instead of an advantage: *i.e.*, if it really works, shouldn't it be more expensive? — meaning, it can't possibly work because it is so cheap, so we won't use it.

By 1986, BRAC had become convinced that the mono-focused project needed to be more comprehensive; health problems were simply too many and too interlinked for a single intervention to have a major impact on infant and young child morbidity and mortality. Accordingly, BRAC broadened its health programme to include such other measures as distributing vitamin A capsules, for vitamin A deficiency blinds 30,000 children in the country each year and leaves several hundred thousand more with impaired vision; using the radio and other communications methods to encourage exclusive breastfeeding from the child's first day of life, especially not to discard the colostrum with its wonderful immunizing properties; and training birth attendants in safe delivery methods. BRAC also decided to train 10,000 villagers in community-based health care so that they could take over when the BRAC workers eventually withdraw.

This did not mean that the single-purpose focus on diarrhoeal management was discredited; on the contrary, the experience gained provided BRAC with the springboard for enlarging the scope of its health activities, much as UNICEF's single-minded, and at times controversial, global pursuit of Universal Child Immunization, resulting in a successful 80% achievement by 1990, gave the world the confidence to proceed with slaying other dragons in child diseases.

In Bangladesh, one of those dragons was not in health, but in education. The rural poor being assisted by BRAC expressed very strongly their wish to have their children go to school, but wishing was not enough; could BRAC help? BRAC's experience was in rural development and health, including adult literacy — but not in primary education. However, Dr. Abed wanted very much to respond positively to this felt need, realizing that education was an essential key to development. If water and food are essential for child survival, education is critical for child development; but that door is closed to the very poor, especially girls.

### **NFPE (non-formal primary education) — especially for girls**

In 1985 BRAC initiated its non-formal primary education (NFPE) programme to provide basic numeracy and literacy in a three-year cycle to the poorest rural children. It may appear to be an oxymoron to identify the poorest of the poor in a country such as Bangladesh where poverty is so pervasive, but BRAC's solid experience in rural development enabled it to do this by applying their own screening criteria.

Tuition would be provided free, but preference would be given to young girls 8-10 years old because girls were worse off than boys. Capital costs would be kept down by renting modest quarters. Classes would be small, 30 students only. Parents had to show real interest, not only by agreeing to participate in monthly parent meetings, but also by promising to make sure that their children who had been selected to attend would do so regularly. Most of the teachers, part-time, to keep costs low, would be female, and would come from the villages where the schools would be located. And while school hours would have some flexibility, to be determined by the parents and teachers, so that the children could help at harvest and other times, a basic curriculum very similar to that in Grades 1 to 3 of the formal school system would be closely followed.

On the basis of these innovative and very appealing principles, BRAC began its NFPE education venture in 1985 in 22 village schools. By the time Catherine Lovell and Kaniz Fatema wrote their BRAC article in *Assignment*

*Children* in 1989, the number of schools had jumped to 2,500; and a separate, two-year Kishor-Kishori (KK) category had been initiated — again, responding to demand — for those older children 11-16 years old who had dropped out but wanted very much to go back to school.

By 1991 the programme for both categories of schools had expanded to 6,003; by 1992, to over 8,000. Impressively, the drop-out rate is below 2%; the daily attendance surpasses 95%; more than 90% of the children who start, graduate; and a large proportion of those who finish the three-year cycle are admitted into Class IV of the formal school system. Also, for good measure, just as you could tell immediately that you are talking to a “Grameen” woman by her very self-confident demeanor, so can you tell right away that you are addressing a “BRAC school” student by his/her very appearance — neat and clean — and manner, outgoing and polite.

The authors of a 1993 evaluation (Manzoor Ahmed, Associate Director of UNICEF HQ's Programme Division, et al), entitled *Primary Education for All: Learning from the BRAC Experience*, in carefully examining all aspects of this tremendously exciting venture, called this “one of the most promising” of the non-governmental primary education programmes in Bangladesh, and praised the willingness of the BRAC staff “to revise and re-revise every aspect of its program to make it more and more relevant to the target group's needs,” thus contributing materially to the success of the entire project.

The 1993 evaluation also identified the challenges and problems which BRAC faces as it proceeds with its current and very ambitious plans to expand the programme to 50,000 schools nation-wide, with substantial support from the international community, including UNICEF. These include such issues as continuous training of the teachers; the need to provide quality supervision; and the difficult question of potential overlap with the formal education system as the BRAC schools continue to multiply, and very rapidly.

BRAC's NFPE programme, of course, is to support, not duplicate the government's primary school system, which has its own load and range of enormous problems, including shortage of physical facilities; wide variations in student-teacher ratio; and low attendance and completion rates, all acerbated by the rapid population growth; and all adding up to limited achievement as compared with the educational goals contained in the government's various Five-Year Plans.

Still, this does not mean that all BRAC schools are fine and all government primary schools are not. With UNICEF support, Directorate of Primary Education in 1992 published a book called *Our School* which had been

translated into English by the author himself, Mahfuz Ullah; and which recounts a number of heartening success stories in the government schools. They serve as excellent examples of what can be achieved within the system, given local community support — and the presence of a motivated and devoted teacher, headmaster, or someone from the community itself — proving once again that a few persons, or even one determined individual, can make a difference, against all odds.

Indeed, the targets established at Jomtien for Education For All (EFA), were reconfirmed in December 1993 in New Delhi at a meeting of leaders of the nine most populous developing countries, including Bangladesh, is now

## RAY OF HOPE

The general impression about primary education tends to be negative: high drop out and low completion rates, irregular attendance, teacher absenteeism, poor quality and lack of community participation. But there are exceptions that are not very well known. The book *Amader School* tells about eight successful schools in Bangladesh.

One of the schools described is Shibram Government Primary School, located in a very remote rural area in Gaibandha District. In 1991, it recorded 96% enrollment, 78% attendance, 5% drop out and 95% completion. Compared to the average national figures, this speaks of tremendous success. But there is more. The school runs a hostel for 60 students, employs nine additional private teachers and has built a laboratory. Students are informed about ORT, EPI and sanitation (most have a sanitary latrine at home). The school also produces a hand-written wall magazine, practices co-curricular activities and supports poor students with clothes, learning materials and food. It also has 14 income-generating projects. The school-community relationship is very strong and the practice of dowry and early marriage among girls is declining in the community.

Only six years ago the situation at this school was very poor. What has made the difference? The main architect behind the changes was the dynamic headteacher. The first thing he did was to motivate the teachers and develop a team spirit within the school, stressing their accountability to the community. This cohesive group then went to the community and motivated them to become actively involved in school management. With this simple formula, he obtained the full support of the community. Developmental activities are now supported through the income-generating projects and contributions from the community, cash or kind. For example, private teachers, who receive a lower salary than the regular teachers, are compensated by being provided with food.

firmly established; and the very fact that the BRAC schools have no problem in fulfilling their promise to assign 70% of the enrollment to girls, lays to complete rest the myth that parents do not care to educate their girls. It also belies the equally wrong but pervasive assumption that poverty is a formidable, nay insurmountable, barrier for poor parents to overcome. The BRAC schools prove otherwise — especially for girls.

UNICEF Bangladesh provides continuing support and encouragement to BRAC because the girl child is so close to its own heart. In 1992, BRAC won the UNICEF Maurice Pate Memorial Award for its inspiring work in providing basic education for poor children, especially girls.

## **The Convention on the Rights of the Child**

There is one more exciting development to report before leaving the 1980s, one that would have significant implications for the child in every country; and that is the unanimous adoption by the 44th UN General Assembly of the Convention on the Rights of the Child on November 20, 1989 — 30 years to the day after the UN Declaration of the Rights of the Child was approved. While both documents are important in terms of setting standards for the treatment of children everywhere, the significant difference is that the Convention has the force of international law for those governments which ratify or accede to it.

The Convention came into force very quickly, on 2 September 1990, when the required number of 20 countries ratified it. By October 1994, 167 nations had ratified or acceded to it, with a speed which is unheard of in the history of human rights treaties, and with that near-universal total of 167 signalling an unprecedented commitment by governments the world over to ensure that children's rights would be accorded high priority.

If Bangladesh was one of the earliest countries to ratify the Convention, as indeed it was, in August 1990; then UNICEF Bangladesh was one of the earliest country offices — if not the very first — to convert promise into reality by taking the Convention and using it as the framework for its future programme of assistance for the period 1996 to the year 2000 — thus truly making the 1990s an immensely innovative decade.

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