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## 4. THE INNOVATIVE NINETIES

If the 1980s closed with an exciting event — as indeed it did, with the birth of the Convention on the Rights of the Child — the 1990s certainly opened with an equally significant occurrence.

### World Summit for Children: and Bangladesh's National Programme of Action (NPA)

On September 29 and 30, 1990, the largest gathering of world leaders in history assembled at the United Nations to attend the World Summit for Children. Led by 71 heads of State and Government and 88 other senior officials, mostly at the ministerial level, the Summit adopted two documents: a *Declaration on the Survival, Protection and Development of Children*; and a *Plan*



Ruby Mera/UNICEF

*Bangladesh's Prime Minister Begum Khaleda Zia, co-chairing the Round Table at United Nations Headquarters in September 1993, on the third anniversary of the World Summit for Children. The other co-chair was President Violeta Barrios de Chamorro of Nicaragua. Also seen in the picture are UN Secretary General Boutros Boutros-Ghali and UNICEF's James P. Grant.*

*of Action* for implementing the Declaration in the 1990s. Together with the Convention on the Rights of the Child, the Declaration and the Plan of Action constitute a triad of promises by governments that they would be guided by the principle of ‘first call for children,’ meaning that the essential needs of children should be given high priority in the allocation of resources — in bad times as well as in good.

So that these Summit goals would not languish as simply paper statements of noble intent, participating governments also promised to draw up *National Programmes of Action* (NPAs) which would spell out how they would go about meeting the specific targets listed in the Summit’s Plan of Action. These include reducing deaths of women due to pregnancy and childbirth by 50%; providing safe water and sanitation for all; providing basic education for all children; enforcing the rights of children; and providing special protection to those in greatest need of help and support. A large number of countries have prepared NPAs to honour their Summit pledge of “Keeping the Promise to Children” — truly an unprecedented landmark in the long road to improving the situation of children, for now there are not only global standards, but also national yardsticks with which to measure how many more miles to go. In the case of Bangladesh the Summit Meeting has a particularly special meaning, for one of its follow-up conferences, held at New York and attended by a large number of countries, was co-chaired by Prime Minister Begum Khaleda Zia (see previous page).

Early in 1991 JGUAG initiated the process of preparing the country’s NPA, consulting numerous government departments, NGOs, and the international development community. The NPA was completed in December 1991 and formally launched by the Prime Minister under the title *Progoti*, meaning *progress*, in June 1992. Among other things, Bangladesh’s NPA sets down in quantitative terms where the country stands, as of 1990, on a number of health, nutrition, water, education, and women in development issues, and sets goals for mid-decade (1995), as well by the year 2000. The infant mortality rate (IMR) for example, was 110 in 1990; the mid-decade target is to reduce that to 80 (nearly there, at 84 in 1994), and to 50 by the year 2000: ambitious, but not at all unrealistic — provided there is good progress on the key issue of improving the status of women and the girl child.

## **Centre stage for women in development**

In his foreword to the English version of the National Programme of Action, M. Mokammel Haque, the then Chairman of JGUAG, noted that the NPA covered the period up to 1995, coinciding with the Government’s Fourth Five Year Plan (mid-1990 to mid-1995); and added that the “inclusion of a macro-chapter on women in development for the first time in [that] Plan, and the decision to make women the central focus of all development efforts are

clear signs of the priority status accorded to women in development." That decision, however, was not made without a struggle — one that was initiated and supported by UNICEF Bangladesh under a women's advocacy project.

The first draft of that Fourth Five-Year Plan, in the frank words of Colin Fraser, author of a UNICEF HQ case study on communication and social mobilization, was in so far as priority to areas of concern for women was concerned, "a trite affair that would have been unlikely to bring about any real changes. Its tone was thoroughly complacent...". It being thoroughly unsatisfactory and, in any event, completely out of step with the real progress made in improving the status of women and girls by Grameen Bank, BRAC, and so many other development agencies in the country, a pressure group of about 100 women, actively supported by UNICEF, went to the Government and engaged in a "lively and loud public debate with the planners. The result was a final version of the fourth five-year plan that threw out all the platitudes and pious hopes of the draft and identified precise objectives, strategies and activities that would integrate women into the mainstream of economic life and reduce gender inequities."

This was also a significant improvement over the previous Third Five-Year Plan (mid-1985 to mid-1990), which had treated women as a separate issue and thus risked marginalizing them still further. In the current Plan, the women in development (WID) strategy permeates the entire document and is an integral part of every sector. But, as trite as the saying is, the proof of the pudding is indeed in its eating. Thus, despite the existence of a Dowry Prohibition Act (1980) and a Cruelty to Women Act (1983), the country programme recommendation document to the March 1995 session of the UNICEF Executive Board could not avoid saying that there has been no discernible decrease in dowry-related deaths or violence against women.

Nevertheless, the cumulative effect of those Acts, along with the current Fourth Five-Year Plan, plus the Government's earlier action in November 1984 when it ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), is to construct a solid set of standards against which government/community/family/individual actions regarding women and girls can and will be measured and judged. There are, as well, some global instruments such as the World Summit's Declaration which says, very succinctly and to the point, "We will work to strengthen the role and status of women."

For the balance of the 1990s, therefore, UNICEF Bangladesh, as promised in the new country programme, will continue to work closely with the Government and with BRAC and Grameen Bank, as well as with a significant number of local women's NGOs working in related fields, to

ensure that what is said on paper — many important pieces of paper — will be observed in practice. Jorimon and Manjira Khatun and millions of women all over the country are there to keep the vigil.

## Centre stage as well for the girl child

The World Summit's Plan of Action had said, quite sensibly, that efforts to enhance the status of women "must begin with the girl child," adding that "Equal opportunity should be provided for the girl child to benefit from the health, nutrition, education and other basic services to enable her to grow to her full potential." Most gratifyingly, countries in SAARC, the South Asian Association for Regional Co-operation — which includes Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka — not only observed 1990 as the "SAARC Year of the Girl Child," but went on to declare 1991-2000 as the "SAARC Decade of the Girl Child" — thus focusing regional as well as national attention on what is widely acknowledged to be one of the most neglected sectors in virtually all of the SAARC countries.

To provide some real substance to this excellent SAARC declaration, Bangladesh's Ministry of Social Welfare chaired an inter-ministerial committee on the Girl Child, including UNICEF as a member, which has prepared the *Bangladesh Decade Action Plan for the Girl Child 1991-2000*, spelling out in quantitative terms a number of gender-specific objectives to be achieved by the year 2000 in the three important areas of basic education; health, sanitation and nutrition; and legal and social support for women. These efforts, of course, would be implemented as an integral part of the country's National Programme of Action (NPA), and would involve a whole range of NGOs as well as numerous government departments. This Government/NGO/UNICEF tripod provides sturdy support for the girl child.

Indeed, from UNICEF's perspective, the girl child is a most crucial factor in national development. In issuing its 1992 Situation Analysis of Children and Women in Bangladesh, *Asha*, the UNICEF Bangladesh office took the unusual step of eschewing the traditional sector-by-sector analysis and, instead, placed the girl child at centre stage. *Asha* opens with these two riveting paragraphs:

*From her first cry at birth, a girl child has to battle traditional preference for boys. At the birth of a boy, the parents give azan—a call for prayers. For the birth of a girl, no azan is called.*

*Whatever conditions prevail for children, they are always worse for girls than for boys, from the very food she gets to eat, to the education she receives. For this reason, the story of the children in Bangladesh will be told from the perspective of girl children.*

The situation analysis then proceeds to do just that, tracing the gender inequalities which persist for the girl child in such basic areas as health — the infant mortality rate, IMR, is higher for girls than for boys — and education, with fewer girls going to school than boys. There are, as well, the difficult problems which she faces as she passes from adolescence into young womanhood and motherhood, including “too little food, too many babies” as evidenced by the large number of under-weight infants and the very high maternal mortality rate — at 450 per 100,000 live births, among the highest in the world. There are still many miles to go on the journey to improve the condition of the girl child.

## **Meena: the girl child in South Asia**

To help shorten that journey, UNICEF Bangladesh, along with several of the other country offices in the SAARC region, with generous support from the Government of Norway, are developing a unique, carefully researched and highly professional package of communication materials for use throughout the region, based on the adventures of a little girl named Meena. Meena is so typical of the girl child in South Asia — full of vitality, humour and determination — that her stories, told over the radio, in animated film, and in comic book form, have captured the imagination and delight of adults and children alike.

To date, five of a projected 13 episodes have been produced, with work well advanced on the remaining eight. Episode 1 (“Meena: count your chickens”) has been dubbed into 23 languages and is being used for children’s broadcasting and as educational material for primary schools.

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### **The Meena logo**

*Meena is the heroine of an animated film series, produced by UNICEF in South Asia in collaboration with Hanna-Barbera Productions and Ram Mohan Studios. The entertaining stories about Meena are full of adventure and comedy, but at their heart lie the real-life problems faced by female children and insights into how these can be overcome.*



## THE STORY OF THE SIBERIAN DUCKS

*A scientist was puzzled to see Siberian ducks fly in the 'char' areas of the Bay of Bengal. He wondered how it was possible for the ducks to fly all the way from the northern part of Russia to the south of Bangladesh. The first thing the scientist did was to examine one duck and the efficiency of the duck flying through the air. He calculated the number of kilometers which it had to fly and the amount of energy which the bird has stored up in fat to be used on the long flight.*

*When he had done all his calculations, he concluded that it was impossible for the duck to fly from Bangladesh to Russia.*

*One warm spring day the scientist was sitting on the banks of the Brahmaputra next to a poet. They looked overhead and saw a 'V' formation of ducks flying north. And the poet thought: Well, if the individual duck cannot go alone, then maybe there is something to the ducks working together? The scientist scratched his head and went back to his laboratory. He reconstructed his wind-resistance models and found that the lead duck creates a wave of air which lifts the duck behind him, so that by flying in a 'V' all of the ducks gain 71% more efficiency. That allows them, in working together, to fly from Barisal to Siberia.*

*Sitting back on the banks of the Brahmaputra, the scientist was feeling very proud of himself for having solved the problem in a scientific way. He related his discovery to the poet, and the poet asked: "Ah yes! my friend, my learned friend, but what about the lead duck? The lead duck is the one in the front; he does not benefit from the 71% lift, since he has to lead the way. How does that duck have the energy to fly all the way?"*

*Two possible explanations flashed. One is that whenever ducks fly in a flock, they make a constant honking noise from behind, encouraging the lead duck to go on. The second is that it's not the same duck who leads all the way. When one duck gets so tired that it can no longer fly as the lead, it drops out to the rear formation and another duck comes to the front to take the leadership role.*

The moral of the story is clear: it is impossible for one duck, one Siberian duck, to fly to the charland of Barisal from Siberia and back; but, by working together, the ducks are able to make the impossible journey. And so, too, the people of Bangladesh would make the impossible, possible — through enlightened leadership and by working together.

The story line is simple, and appealing: Meena, who is determined to learn, sends her pet parrot off to school when she is not allowed to go herself. Using the knowledge of counting which her parrot brings home, Meena catches a chicken thief. Meena's resourcefulness convinces her parents that, like her brother Raju, she too should go to school.

The other episodes deal with different topics but are equally entertaining. Episode 2, for example, is all about sharing food and household chores between Meena and Raju, her brother — and how Meena's playful suggestion that she switch roles with Raju for a day convinces her parents that Meena needs fair treatment. Thus, one can see that the stories' appeal lies in the fact that they describe real-life problems faced by female children; and how, in solving them, their lives and those of their families can be transformed in a beneficial manner.

According to independent researchers, the potential of Meena as a communication tool is "unlimited", and this is being borne out by current developments. In Bangladesh itself, BRAC has recently agreed to disseminate Meena materials through its extensive network. And, besides a growing interest and usage in other SAARC countries, Meena has also extended its influence to UNICEF's eastern and southern regions in Africa, where a similar project has been started, focusing on the adolescent girl. Cole Dodge feels that this will have "profound implications" for the future direction of UNICEF-assisted programmes there. Meena is fast becoming a role model for girls everywhere as her message begins to spread into more homes and opens up more hearts and minds — truly a major innovation for the Nineties.

## **Changing of the guard at UNICEF Bangladesh**

Meantime, there had been an internal re-organization in the three-tier structure of UNICEF. Keeny's Asia region, headquartered in Bangkok, which had stretched from Afghanistan to Korea, had been split into two in the early 1960s, with New Delhi serving as the second regional office in Asia; Pakistan, and later Bangladesh as well, remained with the Bangkok regional office. In 1991, the regional office in New Delhi was transferred to Kathmandu, Nepal, taking with it UNICEF Bangladesh, and thereby placing Bangladesh with Pakistan, India, Nepal, Bhutan, Afghanistan, and Sri Lanka. This grouping fits in well with the membership of SAARC. It also facilitates the smooth operation of UNICEF at the regional level.

There also occurred a changing of the guard at UNICEF Bangladesh. Cole Dodge was transferred to Nairobi as UNICEF's regional director for Eastern and Southern Africa in the fall of 1992, leaving behind him a heightened image for UNICEF, as well as his enduring story of the Siberian ducks,

which he linked to the need for enlightened leadership and teamwork in the case of environmental sanitation, but which continues to instruct and inspire in other fields as well.

Cole Dodge was, among many other things, a fanatic on the subject of safe excreta disposal. Once, on a field trip, he slipped on some excreta — not an unusual occurrence at all; but, for Dodge, it inspired him to lecture the large group accompanying him about the pathogen overload, some 28,000 metric tons a day of human excrement, and its serious effects on everyone's health. On subsequent field trips he would sometimes deliberately slip again into excreta, much to the embarrassment of everyone except himself, so that he could deliver his message, which he repeated as often as possible on radio and television.

Dodge's passionate advocacy convinced the *Ansar* organization, a government-sponsored voluntary auxiliary force, and the *Village Defence Party*, a civil defence group, to come on board. Ansar-VDP together have 32 women forming a group in each of Bangladesh's 68,000 villages, or over four million people in all! Ansar-VDP have made sanitation a priority for the 1990s, training people to build latrines, urging them to buy the concrete materials, or, if they cannot afford that, to build a simple and inexpensive pit latrine. Early results are encouraging.

Dodge was also fond of exhorting whatever audience he was addressing to work together to achieve seemingly impossible goals by telling his famous story of the Siberian ducks: how one Siberian duck could never make the long migration to Bangladesh on its own, but that, by working together, many Siberian ducks could — provided there are enlightened leaders who realize that they cannot lead all the time but, like the Siberian ducks, let others take the lead at the appropriate times (see page 54 for the story).

In fact, Dodge loved the story of the Siberian ducks so much that he told it everywhere and to everyone — even, and including, Prime Minister Begum Khaleda Zia, who was so captivated by the story that she told it in Bangla in Parliament! A sanitation logo was devised (see page 29), showing the three essential elements of latrine, clean water, and washing hands, a logo which the Prime Minister herself launched in a national sanitation drive in June 1992.

Thus was the message of sanitation — and working together with enlightened leadership to achieve that impossible goal — disseminated up and down, far and wide.

Dodge was replaced by Rolf C. Carriere, transferring from Yangon where he was the UNICEF Representative to Myanmar and, before that, with UNICEF in New Delhi. In his previous assignments with the World Bank and with

FAO, the Food and Agriculture Organization, Carriere had the opportunity to visit Bangladesh on a number of occasions, and had always thought that a posting with UNICEF Bangladesh would be very rewarding; the UNICEF staff there struck him as being genuinely concerned with serving the cause of needy children, despite — or was it because of? — the fact that Bangladesh was one of the least developed of the developing countries. Now here he is, in charge of the UNICEF country office!

Carriere arrived at a time when the UNICEF Bangladesh office was striving to do two things at the same time: implement a “holding” allocation for the years 1993-1995, and also plan for the new country programme for the period 1996-2000 — a crucial five years because, if the Summit goals for the year 2000 are to be accomplished, they would have to be carried out in that period. This would be no “ordinary” country programme exercise.

In addition, Carriere and his staff also had to handle with care the December 1992 report of the multi-donor evaluation of UNICEF, initiated and carried out by the Governments of Australia, Canada, Denmark and Switzerland in 1991/92 — and which included case studies of six countries, one of which was Bangladesh. The timing was actually quite propitious, enabling Carriere to take this multi-donor evaluation and its Bangladesh case study into account in preparing the new country programme. In point of fact, the topology suggested by the multi-donor evaluation of service delivery, capacity building and community empowerment, along with the strategy of advocacy and social mobilization, exactly describes Bangladesh’s new country programme — except that it has gone one innovative step further of framing that country programme within the context of the Convention on the Rights of the Child.

## **Mid-decade accomplishments — and year 2000 goals**

As 1993 and 1994 came and went and 1995 became a reality, the mid-decade report card for Bangladesh, and UNICEF, adds up to a respectable “B,” with good progress achieved in most of the Government’s 12 major mid-decade goals for children; and with safe water supply leading the way.

### **An ‘A’ for access to safe water supply**

Access to safe water supply earns an “A” with a remarkable achievement of 97% coverage of the rural population as against the mid-decade target of 80%, due to the persistent efforts of the Government and UNICEF beginning immediately after Independence in 1972, as well as to the greater role of the

community in installing, managing and maintaining tubewells. Generous and sustained supplementary funding from bilateral donors, in particular Denmark and Switzerland, is another important factor.

This excellent tubewell performance has enabled Philip Wan, the current and latest in a long line of dedicated and hard-working chiefs of UNICEF Bangladesh's water and sanitation section, to recommend that UNICEF in the new country programme for the period 1996-2000 may now finally withdraw from helping in the new high water table areas as well as from rehabilitating defunct water systems. More attention can now be devoted to reducing disparities in such underserved areas as the Chittagong Hill Tracts, where the coverage for safe water supply is only 39%; and to tackling the serious problem of a declining water table due to increased irrigation usage, which results in large numbers of suction tubewells becoming non-functional for parts of the year. UNICEF is assisting the Government in identifying appropriate technologies to address this issue, and the early 1990s saw the development of the "mini-Tara" pump which is effective in rehabilitating affected tubewells at substantially reduced costs.

Not coincidentally, this water supply success, by reducing the need for any further large UNICEF inputs for that component, has opened up a wonderful window of opportunity for a very, very strong emphasis on education in that new country programme, described on page 77-78.

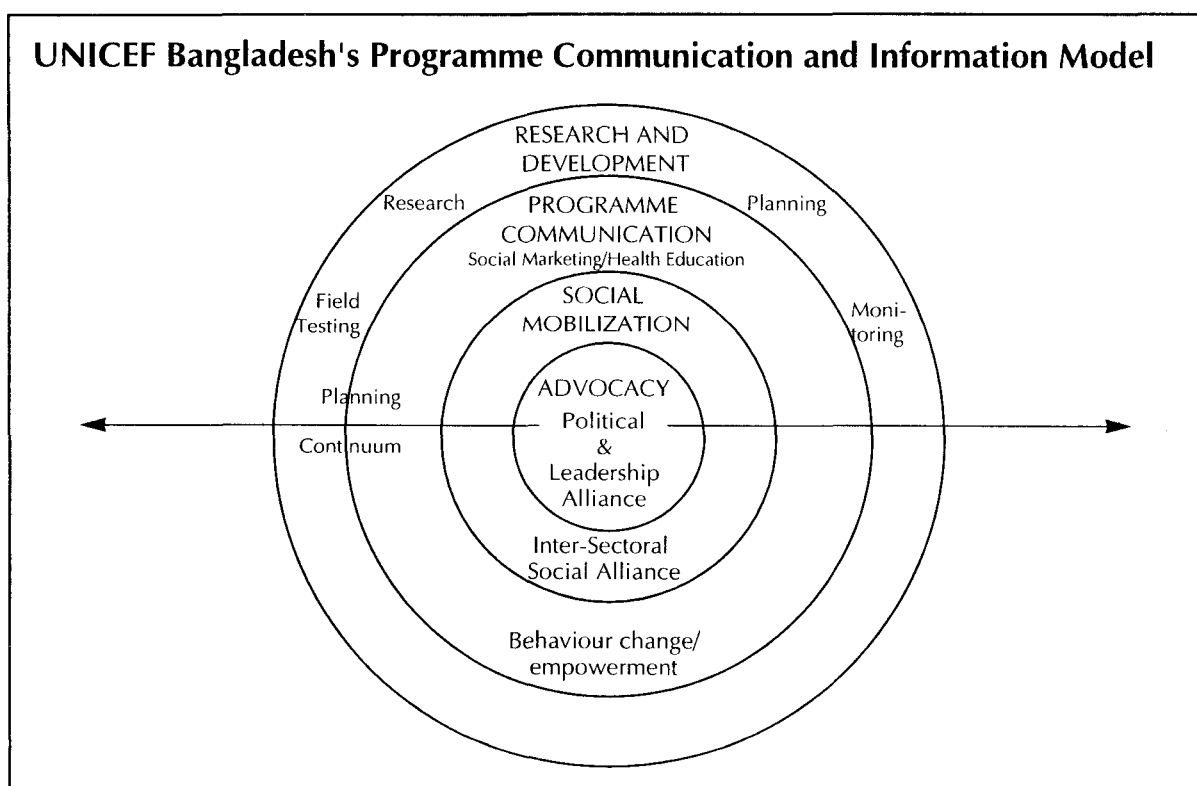
## **A 'B' for environmental sanitation**

As a result of the Prime Minister's advocacy of environmental sanitation, coupled with Cole Dodge's support and his Siberian ducks story, as well as grassroots assistance from Ansar-VDP as noted above, the mid-decade sanitation goal, set at a realistic 35% coverage of the rural population, was also reached. The building of low-cost, "do-it-yourself" pit latrines for the great majority of poor rural families will continue to be encouraged in order to reach the target of 80% coverage by the year 2000. A recent WHO survey on these home-made "do-it-yourself" latrines, commissioned by DPHE and UNICEF, showed that 43% of the owners spent less than 100 takas (about US\$ 2.50) for latrine construction. About two-thirds of the sanitary latrines in the rural areas are of this do-it-yourself type; the remainder are of the waterseal design, although this category is growing with the expanding involvement of the private sector. As a result, UNICEF will now be able to stop subsidizing production of concrete latrine parts.

It is also now clearly recognized that equal attention must be paid to improving personal hygiene practices, mainly proper washing of hands with soap/ash before taking food and after defecation, as well as promoting the

installation of more latrines, if the health of the population is to be truly improved. UNICEF Bangladesh's programme communication and information section has put together a triple strategy of advocacy, social mobilization and programme communication — recently enlarged with a fourth circle to include the important component of research and development — to produce a variety of materials which would stress, besides the health reasons, such factors as security, privacy, and convenience for women and girls, identified by behavioural studies as key reasons why families install latrines. Primary schools are being provided with latrines so that they can serve as the centre for learning about hygiene and sanitation. It will be a long reach to achieve the year 2000 goal of 80% coverage, but that target should not be beyond Bangladesh's grasp.

Of the remaining mid-decade goals of the Government, it is expected that nine of them will almost certainly be achieved by the end of 1995: universal salt iodation; 80% vitamin A coverage; 100 hospitals certified for BFHI, the Baby-Friendly Hospital Initiative; 80% ORT use rate; four immunization-related goals, including the eradication of polio; and 85% primary school enrolment. That leaves the most stubborn problem of them all, the reduction of severe and moderate child malnutrition by 50% by the year 2000.



## IDD (iodine deficiency disorders): another success story

When Rolf Carriere attended his first JGUAG annual session in November 1992 at BRAC's Management Training Centre in Rajendrapur, he predicted that, after the near miracle of immunization and the building of an extensive network of tubewells for safe water supply, the control of iodine deficiency disorders (IDD) might well be "another success in the making for Bangladesh." That forecast is turning out to be true.

It has long been known that the addition of minute quantities of iodine to salt can solve the health problems caused by lack of iodine in the diet. In fact, UNICEF Bangladesh has prepared a little awareness package which includes a testing kit as well as a tiny vial showing how much (i.e., how little!) iodine a person needs in his entire lifetime; these are proving to be



Shehzad Noorani/UNICEF

*James P. Grant inaugurating the salt iodisation plant at Nabi Salt Industries, Dhaka in April 1992. In the photograph he is seen with the Bangladesh Minister of Health and Family Welfare, Chowdhury Kamal Ibne Yusuf.*

very effective in capturing attention and interest. In developed countries, the most visible sign of iodine deficiency, goitre, has virtually disappeared because of universal salt iodization, but the problem persists in many developing countries, due mainly to soil erosion and poor diets. Goitre, however, is only one manifestation of iodine deficiency; there is a whole range of consequences which are covered under the umbrella of iodine deficiency disorders (IDD), from mental retardation to physical abnormality; from stillbirths to cretinism.

In Bangladesh, the problem of iodine deficiency was identified in the early 1960s during the first nutrition survey conducted by the University of Dhaka in what was then East Pakistan. The seriousness of the lack of this micro-nutrient (James Grant preferred the term “giant” or “super” nutrient as being much more accurate), was confirmed in a 1993 IDD survey, which showed that the prevalence of goitre is very high at 47% of the total population, with girls and women worse off than boys and men.

During the 1980s when Tony Kennedy was the UNICEF Representative, serious and sustained efforts were made to tackle the IDD problem, but without much success. In retrospect, Kennedy said that “we may have understood too little the economics and mechanics of market forces and did too little to enlist the private sector directly in the effort. Whatever else is clear, in the manner that we went about it, scientific information, affordable technology and a programme that required no direct subsidy to bring great benefits, were not in themselves enough to carry the day.”

That day finally arrived in April 1992, when — after intensive and successful efforts by Cole Dodge to sort out some inter-ministerial territorial disputes — James Grant visited Dhaka and unveiled a plaque to commemorate the involvement of the private sector (see facing page). With support from UNICEF and CIDA, the Canadian International Development Agency, almost all of the 265 salt crushing plants in the country have now been equipped with salt iodation plants. Iodation of the total salt supply has become a doable goal and — along with a strong awareness and education programme to encourage consumption of iodated salt — will ultimately mean the virtual elimination of iodine deficiency by the year 2000, thus benefiting future generations of children in Bangladesh, and fulfilling one of the Summit goals in the process.

And, at the global level, Kiwanis International has adopted the IDD programme for their fund-raising drive over the next few years, thus providing another source of much needed assistance.

## Vitamin A deficiency: and the prevention of blindness

Vitamin A deficiency — another of those micro-nutrient deficiencies which cause such macro disasters in children — has long been a problem in Bangladesh. Almost 100 children a day go blind because of vitamin A deficiency, and more than one half of this number die. Less severe vitamin A deficiency affects one million children in the age bracket 6 months to 6 years. Measles vaccination takes on added importance when it is realized that measles depletes the body of vitamin A, thus leaving the child more susceptible to night blindness and to blindness itself. No UNICEF field person can ever erase from his/her memory the distress at seeing a child blind for lack of this essential vitamin, available for just a few takas in capsule form; or ever forget the joy of watching a young child retain his or her sight after vitamin A supplementation.

Early in 1973, UNICEF Bangladesh began providing high-potency (200,000 IU) vitamin A capsules every six months to children under 6 years as a preventive measure against deterioration of eye conditions that lead to blindness. This project had a strong appeal for external donors and attracted special contributions. By the mid-1980s some 40 million capsules were being distributed annually, resulting in a coverage of some 46%; by 1994 this had increased to 70%, making the mid-decade target of 80% a very attainable one — with the decided improvement that vitamin A is now being combined with breastfeeding promotion and diarrhoeal disease case management to form an integrated package of three services for children, available at EPI sites. In this way, the sum of those 3 equals 4 or 5 because of the real synergism generated through integration.

## BFHI: breastfeeding, not bottle-feeding

UNICEF, in honouring the “B” for breastfeeding in “GOBI,” the four low-cost, high-results child interventions introduced by James Grant, took the highly unusual step early in 1990 of vigorously advocating a breastfeeding programme world-wide — not just in developing countries, but in industrialized countries as well. Decades of commercial promotion of infant formula and breastmilk substitutes through free and low-cost supplies, leading to a blind, unquestioning bottle-feeding culture, had brought about a world-wide decline in breastfeeding which alarmed both WHO and UNICEF. As a result, they launched the “Baby-Friendly Hospital Initiative,” or BFHI, focusing on the hospital as the trend-setting institution in the community, and announcing *Ten Steps to Successful Breastfeeding* to promote, among other things, exclusive breastfeeding from birth to 6 months of age in order to give the infant the best possible start in life.

In the case of Bangladesh, although breastfeeding initiation rates are high, new mothers too often discard the colostrum, nature's first immunizing agent to protect the new-born infant; and the prevalence of *exclusive* breastfeeding, meaning no water, sugar, honey, mustard oil, or cow's milk, etc., is low at 25%. A Campaign for the Protection and Promotion of Breastfeeding (CPPBF) had been launched in 1989 to increase awareness and improve performance, with the Government demonstrating its unequivocal support for breastfeeding by enacting legislation controlling the marketing of breastmilk substitutes, based on its Dhaka Declaration on the Protection and Promotion of Breastfeeding. In addition to the promotion of colostrum in the first few days of the new-born, mothers are also encouraged to breastfeed as long as possible; a recent case-control study by Dr. Dilip Mahalanabis of the ICDDR,B, published in the British Medical Journal and issued by UNICEF HQ as the "Breastfeeding Paper of the Month" for March 1994, found that prolonged breastfeeding is associated with a substantial reduction in the risk of vitamin A deficiency.

Meantime, by the end of 1994, 17 medical facilities out of 100 have been certified as "baby-friendly," with many more awaiting certification. With hospitals leading the way, more and more communities and families will also become "baby-friendly" by the year 2000, setting a fine example — and challenge — for neighbouring countries as well as those in the industrialized world, where the bottle-feeding culture still dominates.

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### Logo of the Campaign for the Protection and Promotion of Breastfeeding

*The slogan of the breastfeeding logo reads, "Breastfeed and save the life of your child". The logo shows the culturally acceptable way for a Bangladeshi mother to breastfeed her child.*



## **ORT (oral rehydration therapy): some new initiatives**

It is ironic that, in the very country which gave birth to oral rehydration solution (ORS), the rate of diarrhoeal diseases is very high, leading to 250,000 child deaths every year, while the usage of ORS is very low — this in spite of the fact that knowledge of its efficacy is widespread. In addition to the continuing and valuable work by BRAC in this field, two innovative measures are being implemented to improve the situation. First, Grameen Bank members are serving as ORS depot holders and as contact persons at the village level to disseminate basic preventive health messages; this should prove to be very effective, considering Grameen's extensive network of dedicated workers. And, secondly, Boy Scouts are getting involved too at the grass-roots level, beginning in 15 pilot villages with an intensive awareness campaign which includes holding rallies, distributing posters, making door-to-door visits — and even singing a Scout-composed song, as reported in the October-December 1994 issue of UNICEF's quarterly publication, *First Call for Children*:

*When you suffer from diarrhoea,  
sugar, salt and pure water —  
mixed together and taken timely —  
make diarrhoea fly away.*

The Boy Scouts also encourage families to build latrines and draw water only from safe sources in a child-to-child, child-to-parent initiative which is producing encouraging results, despite a number of constraints. Altogether, some 25,000 Boy Scouts — including some Girl Guides — are being mobilized to spread the ORT (oral rehydration therapy) message. When combined with other measures such as the training of large numbers of basic health workers in diarrhoeal disease case management, as well as the appointment of district coordinators in CDD (control of diarrhoeal diseases) for each of the 64 districts in the country, the mid-decade goal of 80% use of ORT has a very good chance of being achieved. This in turn will lead to the attainment of the year 2000 goal of reducing by 50% the number of deaths due to diarrhoea in children under five years of age, as well as a 25% reduction in the diarrhoeal incidence rate.

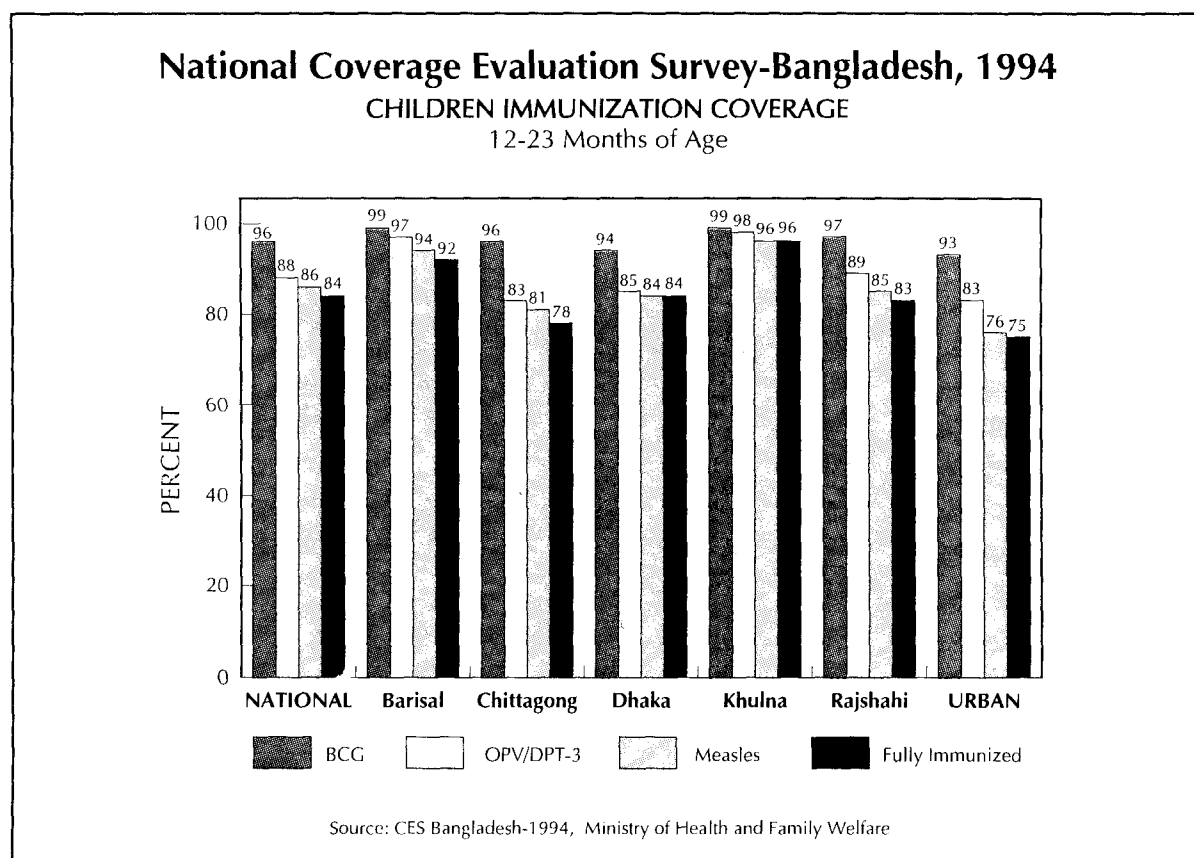
## **Building on the “near miracle” of immunization**

Bangladesh, in responding to the global challenge of Universal Child Immunization (UCI), had achieved a “near miracle” by jumping from around 2% coverage in 1985 to 70% by 1990. While this did not quite reach the UCI target of 80%, the sheer size of the accomplishment provided the

confidence to believe that the year 2000 goals of 85% coverage for BCG and DPT; virtual eradication of polio; and sharp reduction in deaths due to measles, are indeed achievable.

In fact, when the national average of 70% is disaggregated, as it was in 1991 by the WHO survey team, Rajshahi had already achieved an average of 80% — based on a 97% coverage for BCG, 85% for DPT, and 82% for measles. These independent coverage evaluation surveys have been an annual feature ever since, and the latest available one, carried out in February 1994, showed a most satisfying improvement in each of the administrative divisions of the country, all adding up to a national average of 84% fully immunized — pretty good for a country which not that long ago had been dismissed in some circles as being a hopeless basket case.

There are two consequences to this great accomplishment. The first is that, in the carrying out of that campaign, which simply grew and grew, an immense network of contacts at the grass-roots level was inevitably



established. After all, although BCG, for example, is administered only once, DPT/polio to be completely effective requires three visits and, often, re-visits for drop-outs or left-outs. That grass-roots network now consists of 108,000 outreach sites with 16 million contacts a year, providing a solid basis on which to (a) carry out an intensive polio campaign in the coming period to achieve eradication, as had been done in the case of smallpox; and (b) incorporate and integrate other child services such as vitamin A supplements or breastfeeding promotion or diarrhoea management. Or — why not all three, as is indeed being done today! Here we go again with  $1 + 1 + 1 = 4$  or 5.

The other consequence flows from the disaggregation of the national data or averages by administrative division and, of course, by district. If such disaggregation shows us where the performance is good, it also tells us where the performance needs improving, thus pinpointing where extra efforts are needed. This focus on underserved or lagging areas is a cornerstone of the new country programme for the next five years leading to the year 2000, not only for immunization, but for virtually all other components.

## **Primary school enrolment: just the tip of the iceberg**

The problem of primary education in Bangladesh is formidable, intimidating, and challenging. The school age population (6-10 years) is currently 17.5 million and will increase to 19.7 million by the year 2000. There are some 45,000 government primary schools, 15,000 non-government registered schools, and over 30,000 non-formal primary education (NFPE) centres; still, to accommodate the projected increase in enrolment, 50,000 more classrooms will be required by the end of 1995 and another 50,000 by the year 2000. There are currently about 180,000 teachers in government primary schools and 9,500 in registered non-government schools, but obviously these numbers would also need to expand, commensurate with the increase in enrolment.

Therein lies another problem; for, while the gross primary school enrolment rate has risen from 71.7 % in 1990 to 83.3% in 1994, thus bringing the mid-decade target of 85% within easy reach, the *net* enrolment — after adjusting for an estimated 25% of children outside the primary age norm — is only 69% for boys and 61% for girls. As well, attendance and completion rates in 1994 have remained unchanged at 60 and 44 per cent respectively. In quantitative terms, this means that there are some 12 million children from 6 to 10 years of age, plus another 8 million children between 11 to 14 years of age, who have either never enrolled or who have dropped out from primary school.

If it is too difficult to grasp these macro figures, as indeed it is, then just imagine yourself going to any village and finding a family with a young girl, who will be bright, inquisitive, and full of life, just like Meena; ask her if she can read the date or month of the year that is on her immunization card; let her break your heart with her answer, and wonder no more why UNICEF field staff work so hard.

A recent (December 1993) Task Force Report on Primary and Mass Education recalled that, historically, all basic education had been the responsibility of the community, which was naturally interested in educating their children. In July 1973, the Government nationalized the primary school system which, though well-intentioned, had the unfortunate effect of cutting the traditional linkage between the school and the community. As well, the nationalization policy's poor execution, in the words of the Task Force, "has led to disastrous results, with both quality and coverage in extreme jeopardy with the population explosion."

The Government, clearly determined to overturn those disastrous results, has taken a number of remedial steps, beginning with the enactment of a Compulsory Primary Education (CPE) Act in 1990 which was initially implemented in 68 selected thanas (sub-districts) in 1992, and then extended nationally in 1993. As well, a national school social mobilization plan was launched by the Prime Minister in April 1992 which has stimulated a series of activities at sub-national level. Social mobilization activities are now planned and implemented at divisional and district level, with funds directly sent to divisional offices, an example of decentralization. Local initiatives helped to evolve such indigenous activities as "Mothers' Rallies"

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### The Education Logo

*The slogan reads "Education for All", which means both girls and boys — but special prominence was given to the girl child in the design.*



and "Student Brigades". A multi-sectoral National Council on Basic Education for All (NCEFA) has been formed to promote and advance the cause of basic education for all, responding to the Prime Minister's oft-repeated public advocacy of this issue herself. The Directorate of Primary Education (DPE) in 1993 also adopted, partly influenced by VIPP, a participatory approach to training supervisors and teachers as a means of improving teaching learning processes in primary classrooms, a significant transition from lecture-dominated traditional training. Efforts to try out new ways of keeping children in school include a government-funded Food for Education Programme in over 12,000 schools. To reach 7 million drop-outs and 4 million never-enrolled children and young adolescents, UNICEF assistance has been extended to 30,000 non-formal primary education centres run by some 150 NGOs through the Government's Integrated Non-Formal Education Programme (INFEP).

This Government/NGO cooperation is most welcome, for it signifies an appreciation — near-universal — and acceptance (albeit reluctant in some quarters) of the role of NGOs in the field of basic education: that their non-formal schools complement the formal system, not compete with it; that Government/NGO cooperation can only redound to the benefit of the children everywhere; that, indeed, the dichotomy between formal and non-formal is as unproductive and useless as it is artificial and divisive. Clearly, there is a quiet social revolution taking place in basic education in Bangladesh, as has already happened in the case of women's development.

## **Malnutrition: a most stubborn problem**

When Glan Davies, in the early 1970s, helped to introduce *tilapia nilotica* to Bangladesh, he was under no illusion that this fast-growing fish would by itself solve the hunger problem in the country. And when the huge child feeding programme with USAID-provided CSM/WSB (corn-soy-milk and wheat-soy-blend) was implemented in the emergency period following Independence, evaluation surveys found that, while undeniably many lives were saved, the children by and large were rescued from starvation and brought back to their 'normal' — i.e. chronic malnutrition — status.

Today, as the UNICEF Executive Board is being informed at its March 1995 session through Bangladesh's country programme submission, child malnutrition remains as one of the country's most stubborn problems, with 68% suffering from moderate or severe malnutrition — significantly worse than expected for its GNP per capita of US\$220. "In fact, in 1990, Bangladesh ranked lowest among 97 developing countries in relation to malnutrition prevalence as compared to GNP." Distressingly, of the 2,000 children who die every day, 655 deaths are associated with severe malnutrition; and 65% of children under 5 years of age are stunted.

The Government in its National Programme of Action has frankly acknowledged that, while a great deal of communications and educational activities have been carried out over the years in the area of general nutrition, generating a multitude of materials for a large number of channels, "an overall coordinated strategy on nutrition education is [still] lacking," adding that "A 1992 review, undertaken by the National Nutrition Council, identified a large number of problems: inadequate use of available materials, the target group's limited access to communication materials, inadequate research, lack of motivation, training and accountability on the part of service providers and lack of interpersonal communications skills of service providers." Too much for the country to solve? Never, keeping in mind the story of the Siberian ducks!

A key strategy which has been adopted eschews the broad-gauged, "let's look after everybody and do everything" approach, opting instead for a very sharp focus on children under 2 years of age, along with pregnant and lactating women, as those most in need. And interventions will be targeting specific nutritional problems, such as the micro-nutrient deficiencies of vitamin A, iodine, and iron, the latter because approximately 70% of all women and children are anaemic. The positive benefits of exclusive breastfeeding up to 6 months of age for the new-born, including the precious colostrum in the first few crucial days of life, will be given special emphasis.

Community awareness and education will be important, and various communications packages for use at different levels — from household to outreach/nutrition centre to fixed centre to national — are being put together in order to generate knowledge and attitudinal changes throughout. The bottom line is that no child or woman in the target groups should be deprived of his or her *right* to access nutrition services. And, in support of all these new initiatives, the Government has taken some strong actions to launch the Bangladesh Integrated Nutrition Programme (BINP) with assistance from the World Bank, UNICEF, and other UN agencies, with a detailed time frame and specific targets for each component up to the year 2000.

## **Reducing the IMR, U5MR, and MMR — and slowing population growth**

The sum total of all the efforts and initiatives and projects for children and women described so far, when carried out successfully, can and will be measured by several key sensitive indicators. These are the *maternal mortality rate* (MMR), the *infant mortality rate* (IMR), and the *under-five mortality rate* (U5MR), goals to be achieved by the year 2000 so clearly spelled out in the World Summit's Plan of Action: reducing the IMR and U5MR by one-third or to 50 and 70 per 1,000 live births respectively,

whichever is less; and reducing the maternal mortality rate by half. Bangladesh's National Programme of Action has translated these goals into the following specific targets:

	1990	1995	By 2000
IMR (1,000 live births)	110	80	50
U5MR (1,000 live births)	184	135	70
MMR (1,000 live births)	7	4.5	3.5

With strong political will on the part of the Government, supported by the excellent network of NGOs in the country; with assistance from UNICEF and other members of the UN family, together with important financial inputs from international banking and bilateral donors; and with the totality of all that focused on a relentless attack against specific life-threatening diseases, there is no doubt whatsoever that these health targets will indeed be achieved by the year 2000. This will not only be of enormous benefit to the target groups, with more babies and children surviving to the age of five and beyond, and with fewer mothers dying in childbirth; but also — and what a lovely paradox! — help *slow* population growth in a country notorious for its high fertility rate.

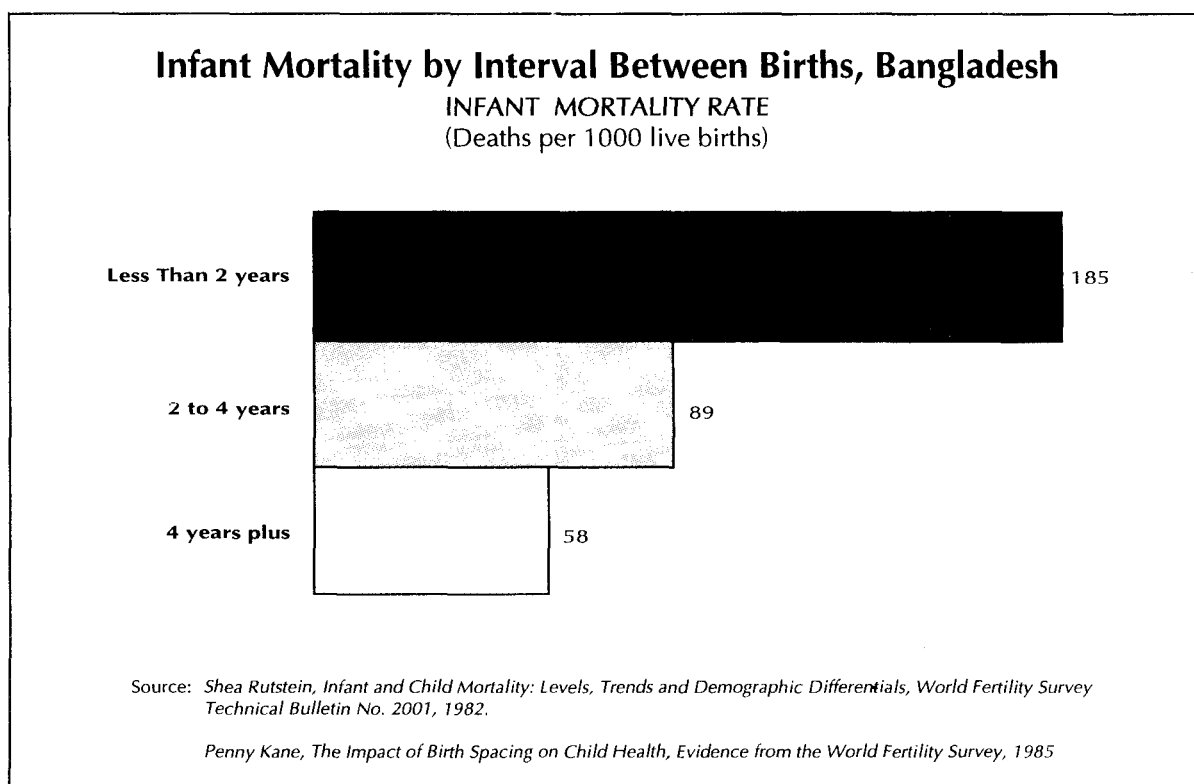
James Grant had long argued, in successive issues of his annual *State of the World's Children Report* (SWCR), that saving children's lives through immunization and other health measures does not mean a larger population size; that families tend to have more children when mortality rates are high, not knowing how many of their children will survive; that, on the contrary, families — and especially poor families — welcome a smaller number of children when they are confident that the survival factor is indeed strong due to improved health and environmental conditions.

Perhaps the strongest statement made by Grant along those lines was in his 1994 *State of the World's Children Report*, when he linked the problems of poverty, population growth, and environmental deterioration in a "PPE" spiral; and when he argued forcefully that "*pursuing today's low-cost opportunities to protect the health, nutrition, and education of women and children in the developing world is one of the most immediately available and affordable ways of weakening the grip of poverty, population growth, and environmental deterioration.*" The industrialized countries may have winced, collectively or singly, when Grant went on to say that "the industrialized world's levels of consumption and pollution are in themselves unjust and unsustainable," adding that "the other four fifths of the world cannot be expected to restrain

or modify the course of its own development in order to protect the biosphere while the industrialized nations continue to monopolize the earth's capacity to provide and to absorb."

The population growth issue itself received special attention when the global target of 80% immunization was achieved at the end of 1990. Grant, in his SWCR Report for 1991, raised the issue squarely when he noted that "The potential to reduce under-five deaths by at least one third in the next ten years raises a question, in many minds, about the demographic consequences of such action. Would the saving of so many lives lead to even greater population pressures in the future?" In fact, he answered, "the process of reducing child deaths is an essential part of the process of reducing birth rates," and went on to list a number of reasons—including the physiological, replacement, insurance, and confidence factors—in support of that position.

As for Bangladesh and its astonishing 70% immunization coverage in five years from a near-standing position of about 2-3%—thus saving many lives—this very same question had already been anticipated when M. Mujibul Huq brought together a group of writers to describe this in the *Near Miracle*



*in Bangladesh.* In chapter 3 of the book by that name, aptly entitled “More live children means less population growth,” Shamsuddin Ahmed, Bertrand Mendis, Mohammed Najmul Huq and Tahera Ahmed joined forces to make, convincingly, the case that a decline in infant and child mortality in Bangladesh is associated with a fall in fertility — even in the presence of a low per capita GNP. They cited *inter alia* the following case study carried out from 1984-88 in two survey areas, Abhoynagar and Sirajganj:

*In Abhoynagar a successful maternal and child health and family planning extension project had a positive effect with reductions in the crude birth rate and child mortality rates. Both were reduced by 30 per cent. Moreover, mortality before five years of age was almost half in Abhoynagar compared to levels in Sirajganj. Yet the study shows that lower mortality rates do not necessarily mean a greater number of survivors beyond five years. Despite higher mortality rates, Sirajganj had a greater number of children at one year, five years and 15 years of age. This leads to the conclusion that a decline in infant and child mortality in the range of 25 to 50 per cent is associated with a fall in fertility that results in a net reduction of 25 per cent or more in population growth. Thus improved child survival in Bangladesh is strongly associated with lower growth....*

The authors concluded that *just* doing child survival, while of course necessary, is not enough; nor is *just* doing family planning, while equally necessary, by itself sufficient. But combined, along with such supporting measures as basic education, especially for girls, there will be another near miracle in Bangladesh. It has been shown, for example, that when the interval between births is small, the IMR is high, and *vice versa* (see previous page). Thus, with education will come awareness; and with awareness will come the knowledge that spacing children is just plain sensible, both for the health of the mother herself as well as for her children.

And world-wide? What would happen if the World Summit goals of reducing IMR, U5MR and MMR rates were indeed achieved by the year 2000? What would be the population then, as we turn the corner into the 21st century? UNICEF HQ in 1993 commissioned Dr. P.D. Sharma, a mathematical modeller from the Institute of Economic Growth, University of Delhi, to look at the effects on population growth of such outcomes as improvements in the infant mortality rate, under-five mortality rate, female literacy, and sanitation. A high-powered advisory group has also been formed to steer this effort.

While the work is still on-going, results so far are as striking as they are encouraging. They indicate, for example, that steady progress towards the World Summit’s U5MR goal — a one-third reduction in under-five death

rates, or a reduction to below 70 per 1,000 live births, whichever is less — will result in a population which by the year 2000 would be less by 111 million than would otherwise be the case. By 2010, the global population would be reduced by about 486 million. The models show population declining maximally for sub-Saharan Africa, followed by South Asia, East Asia and Pacific, the Middle East and North Africa, and Latin America and the Caribbean.

Bangladesh, under Rolf Carriere's visionary leadership, is the first country to come under this modelling exercise that would provide UNICEF Bangladesh and the Government much useful and interesting data for planning future strategies and programmes. Dr. Sharma and his colleagues have given briefing sessions to the UNICEF Bangladesh staff and government officials, and these will be up-dated as the research progresses.

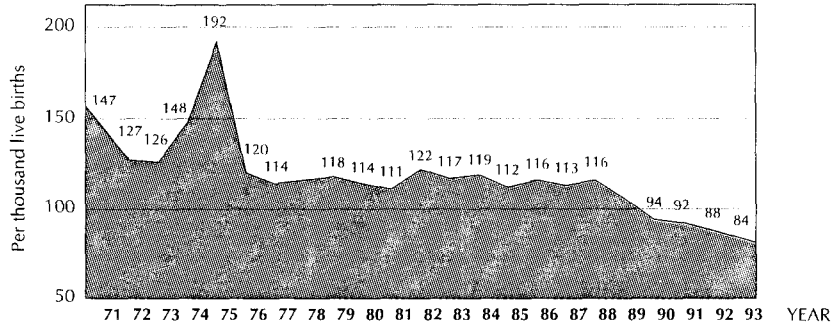
As well, and most interestingly, Carriere has opened up another stimulating dimension through connecting with Dr. Gerald O. Barney, President of the Millenium Institute, internationally acclaimed for his work on long-term implications of present world trends in population, natural resources, and the environment, looking beyond year 2000 and into the 21st century. In his *Global 2000 Revisited: What shall we do?*, prepared for the 1993 Parliament of World Religions, Barney challenged his audience to shed some of their 20th century thinking in preparation for the 21st century.

It would be highly presumptuous — and most inappropriate — to attempt a summary of that uniquely stimulating document; but consider, for example, this one challenging statement on nation-states, that they *"must change radically. Nations now do absolutely appalling things to their own people, to other nations, and to Earth. Within a few decades, the fallacious notion of sovereignty must disappear and be replaced with an understanding that 'nations' (or whatever name we give to the institutions that replace nation-states) are all intimately interconnected with each other and with Earth..."* And: *"In a sense, Earth is no longer orbiting peacefully about the Sun. Earth is careening toward the spiritual equivalent of a massive stone wall"* — with all the inter-related problems of poverty, hunger, energy, population, habitat, and waste coming together in what has been appropriately called the "global problematique."

Dr. Barney has been providing these mind-stretching and brainstorming sessions, complete with complex computer modelling, to UNICEF Bangladesh and other offices. Stretched minds are stimulated to bring more energy and imagination to the tasks at hand; and for UNICEF Bangladesh, the priority task in the immediate period ahead is to assist the Government in achieving such key World Summit goals as substantial reductions in IMR, U5MR and MMR rates, thus lowering population growth — and thereby contributing to the solution of that mega global problem.

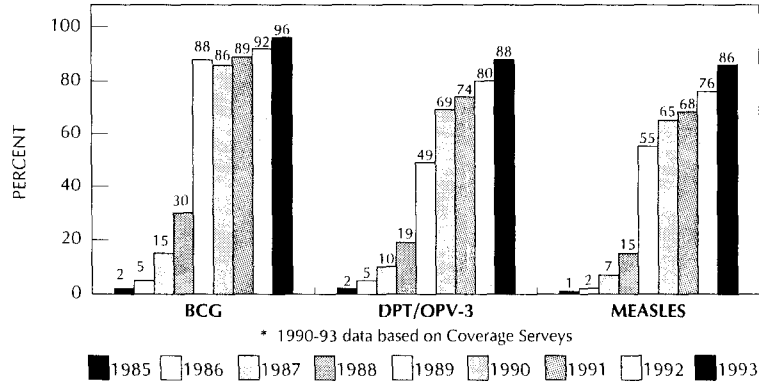
## TOWARDS ACHIEVING THE NPA GOALS

### Infant Mortality Rate in Bangladesh, 1971-1993



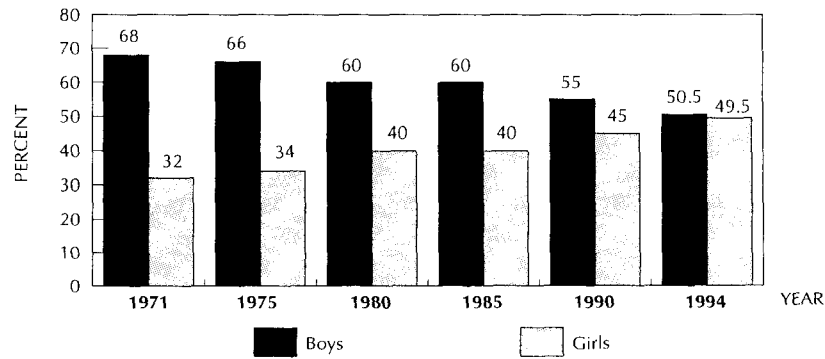
Source: Bangladesh Bureau of Statistics

### Increase in EPI Coverage in Bangladesh, 1985-1993



Source: CES Bangladesh, Ministry of Health and Family Welfare

### Genderwise Enrollment Ratio of Primary School Students



Source: BANBEIS and ICDDR,B

Translating these fine expressions of intent into specific numbers of children and women who would actually be assisted, the new country programme for Bangladesh has estimated that the number of direct beneficiaries per year of these interventions will include 12 million children under age 5, and 14 million children age 6-10; 170,000 tribal women; 2 million poor urban women; 500,000 women with high-risk pregnancies, and 1.5 million urban children in especially difficult circumstances.

But: don't these national figures tend to hide regional disparities; and don't national targets need to be disaggregated and transformed somehow into something that would be practical and useable for implementation at the district and grass-roots levels? The answer is yes, and yes. UNICEF Bangladesh has come up with some fresh ideas for the coming five years 1996-2000, taking the Convention on the Rights of the Child as the framework for the new country programme, and then devising some exciting computer tools for use *by* and *at* the district level to implement an innovative 'rights' approach to child development.

## **UNICEF's new country programme for 1996-2000**

But, first, the UNICEF Bangladesh office held a number of "listening sessions" with a wide range of stakeholders, partners and critics alike, including government officials; parliamentarians; journalists; academicians; local NGOs with solid field experience such as Grameen Bank and BRAC; the UN family, including UNDP (whose current Resident Representative in Dhaka, Eimi Watanabe, is a former senior UNICEF staff member); WFP, WHO, and UNFPA; and international NGOs. There were not just one listening session but two, at which UNICEF staff tried very hard to adhere strictly to the title of these meetings: they were there to *listen*, not talk. The chief of the Asia section in UNICEF HQ's programme division, Pratima Kale, attended one of these sessions; she found it to be a very interesting — and a "very humbling" — experience.

These listening sessions, which were followed by numerous strategy meetings, accomplished two purposes. One was to enlarge the country programme preparation process from a perceived "bilateral" Government/UNICEF dialogue to embrace a much wider community which could — and did — enrich the final product with their wisdom and experience, making it an inclusive, not exclusive process. The other purpose for these sessions resides in UNICEF's own internal development and growth, slowly but surely evolving from being just a provider of supplies to a provider of ideas as well, for the two reinforce each other. Certainly, in the case of Bangladesh, this evolution of a UNICEF with valuable *skills and ideas* as well as useful supplies has been steadily growing, culminating in the current and exciting country programme for the next five years.

In terms of process, a high-level Joint Consultative Group on Policies (JCGP) was established, consisting of the heads of five UN agencies, including UNICEF, out of which came a common mission statement to establish *goals*, including the promotion of human security for the vulnerable in the areas of employment, food security, health, family planning, and basic education; and *objectives*, including ensuring access to and effective use of appropriate health services, primary education, safe water and sanitation, as well as achieving equity between men and women for all human development indicators. The Joint Government/UNICEF Advisory Group (JGUAG), which since 1977 has been monitoring, reviewing, and periodically adjusting the country programme, then took over the coordinating role of overseeing the laborious task of coming up with a five-year proposal for UNICEF assistance in the period 1996-2000.

Many meetings, and many months, later, the final drafts were cleared and approved by the Government, enabling UNICEF Bangladesh to forward the package at the end of October 1994 to New York HQ. That voluminous package became the subject of numerous meetings, including an omnibus



Shehzad Noorani/UNICEF

*UNICEF Bangladesh will rent and occupy four floors of a new office building, which can be seen behind the Sheraton Hotel under construction in March 1995.*

one with other UN partners, and several smaller “in-house” sessions which were as meticulous as they were searching; for, included in the review panel were senior staff with experience in Bangladesh, such as Joe Judd, deputy director of the programme division, who had served in Dhaka in the early 1980s; and Manzoor Ahmed, the associate director, who is from Bangladesh. The contents of that country programme package have already been briefly described in each of the preceding sections, such as clean water, nutrition, and education. The latter, however, deserves some elaboration, because it constitutes the single largest component of that package.

## Education: a key element to unlock other doors

If, as had been indicated above, a quiet social revolution seems to be taking place in the field of education, with formal and non-formal education now increasingly being seen as both sides of the same coin, there has also occurred, *within* UNICEF Bangladesh itself, a similar quiet revolution when time came to look at the education component in the country programme submission for the period 1996 to the year 2000. The fundamental question was: what is it that is needed to prepare children in Bangladesh for the 21st century? Is it just *more* education, or a *different kind* of education? And, if different, *how* different?

*Very different.* After much discussion within UNICEF and then in JGUAG, there was unanimous agreement, for example, that achieving a high primary school enrolment by itself does not automatically mean that children have learned and acquired skills to enable them to participate fully in the life of the community and nation, especially when placed in the context of what will surely be a complex and fast-changing 21st century.

New attitudes will be needed up and down and sideways. The Government and UNICEF have therefore agreed to implement a number of innovative measures, saying in effect: let us bring in the community and involve the parents, just as before; let us hire more female teachers if we want to increase girls’ enrolment, because experience has shown that this is an excellent way to bring girls into school; and let us have separate female sanitation facilities if we want to *keep* girls in school. Let us do all these things so that schools will indeed be “*girl-friendly*” — borrowing a phrase from the Baby-Friendly Hospital Initiative (BFHI).

Let us also help to revise the curriculum so that it will include the three Rs *plus* life skills to prepare the students for the 21st century; let us orient teachers and others in the school system accordingly; let us bring a new meaning to supervision so that it will be more coaching than inspection; and let us open the doors of the school to the community so that it will be both a learning centre as well as a service centre for everyone. Let us do all these

things, because it would be cruel to have the child survive with good health and nutrition, only to let him or her go through life without any basic education at all. What kind of life would that be? It just would not be fair, or right. UNICEF may be, and is, non-political, but that does not mean it is neutral in every matter, or that it does not choose sides. UNICEF is *for* the child; UNICEF is *against* injustice.

To translate all of those sentiments into practical components of actual projects — and to put its money where its mouth is — education for the first time constitutes the largest single component in UNICEF Bangladesh's country programme submission: 30% of general resources compared with the more usual 10% or so in the past, plus a very large 48% of the proposal for supplementary funding; or, altogether in dollar terms, \$104 million for education out of the combined total of \$250 million for the entire country programme! This, by the way, is the largest country programme ever for Bangladesh (see following two pages).

Small was perhaps beautiful, in the early days; but big, as in \$104 million over five years for education, permits UNICEF Bangladesh to offer the kinds of support which will be both *substantial* — to make an impact — and *substantive* — to make a real difference — in many of the areas of need as just described. Ms. Gretchen Goodale, who joined UNICEF Bangladesh recently as chief of the education section after long service with ILO, the International Labour Organization, presented this innovative proposal last November at a UNICEF HQ review meeting under the title "A Leap Into the Future" — an apt description of what is going to happen to education in Bangladesh. Manzoor Ahmed called the proposal an important "pioneering" one which will be watched by other field offices to see if the leap will be successful.

To help Bangladesh make that leap, a World Bank-led Consortium, involving a number of bilateral donors as well as the UN family (UNICEF, UNDP, and UNFPA), is supporting a five-year, \$310 million General Education Project to strengthen primary education, along with an Integrated Non-formal Education Programme which is being assisted by a number of UNICEF National Committees. The many components include constructing 10,000 conventional classrooms and 12,000 low-cost classrooms; providing pre-service training of teachers and others involved in management; developing and introducing revised curriculum and associated teaching materials so that schools will be more attractive and meaningful; and drawing in a number of selected NGOs — BRAC, of course, plus a number of others such as Gono Shahajjo Sangstha (GSS) — whose solid and diverse experiences at the grass-roots level in basic education can only enrich the whole process. What an exciting future for UNICEF aid to education in Bangladesh!

**UNICEF EXECUTIVE BOARD REPORTS AND ALLOCATIONS  
FOR BANGLADESH, 1971 - 1995**

UNICEF document	Covering	Period	Amount
E/ICEF/P/L.1380 13 Jan. 1971	Emergency and post-emergency aid for children and mothers, survivors of survivors of cyclone and tidal wave in East Pakistan.	Nov. 1970- June 1992	\$3,860,000 (approved by mail poll)
E/ICEF/P/L.1565 18 Feb. 1972	Report by UNICEF Executive Dir. on humanitarian efforts in co-ordination with UNROD, & attaching copy of Secretary-General's report of 15 Feb. 1972 (A/8662).	1972	\$20,000,000 (approved by mail poll)
E/ICEF/616/ Add.1 19 April 1972	ExDir's General Progress Report on global emergencies, leading off with "East Pakistan/Bangladesh*" (asterisk because of the legal situation), and summarizing actions taken.		
E/ICEF/P/L.1585 29 March 1973	ExDir Report on Bangladesh (no asterisk!). No new commitments requested; general resources and special contributions, plus funds-in-trust, totalling \$30 million, sufficient for 1973/74.		
E/ICEF/P/L.1598 11 Feb. 1974	Proposal to help in 4 priority fields of rural water supply, health, primary education, and	1974-1977	\$13,587,000, +"noting" of \$3,992,600.
E/ICEF/L.1310 8 Nov. 1974	Inf. note and appeal by ExDir for Bangladesh: flood emergency and special assistance for children and mothers.	1974-1977	\$10 million req. from special contributions only.
E/ICEF/P/L.1620 9 April 1975	Project proposal for Bangladesh in 5 fields of activities: rural water supply, child nutrition, health, primary education, and social welfare.	1975-1978	\$9,368,000.
E/ICEF/L.1310/ Add.1, 14 Aug. 1975	Inf. note and appeal by ExDir for Bangladesh: requirements had increased; appeal to all Govts, private organizations and the general public for assistance.	1975, 1976	\$4.5 million recvd out of \$10 M reqt. in '74; \$10.6 M more needed.
E/ICEF/P/L.1645 23 March 1976	Inf. note by ExDir on need for additional special assistance for Bangladesh through end-1977. Board asked to "note" this project.	1976-1977	\$12,400,000 needed in special contribs.

UNICEF document	Covering	Period	Amount
E/ICEF/P/L.1720 19 April 1977	Recommendation (short form) for Bangladesh in health & nutrition.	1977-1978	\$915,000 gen.res.;
E/ICEF/P/L.1740 12 April 1978	"Bridging" commitment to coincide with Govt's new planning cycle of Second Five-Year Plan to begin 1980.	mid-1978 to mid-1980	\$31.2 mill. gen.res.; \$12.3 mill. "noting."
E/ICEF/P.L.1861 2 April 1979	Country programme recommendation, Bangladesh: commitments already approved sufficient through 1982; additional "notings" proposed.	1979-1980	\$7,500,000 "noting."
E/ICEF/P.L.1915 6 May 1980	Country programme recommendation, Bangladesh, in many areas of aid, including urban; women's development; disaster preparedness.	1980-1982	\$34,756,000 gen.res.; \$5,556,000 "noting."
E/ICEF/P/L.2124 12 March 1982	Country programme recommendation, Bangladesh: aid for continuing projects as well as several new ones, "particularly in special activities for women."	1982-1985	\$50 million gen.res.; \$50 million "noting."
E/ICEF/88/P/L.18 3 Feb. 1988	Country programme recommendation, Bangladesh: funds from previous country programme sufficient for 2 more years, to 1988; 1983 review sharpened focus on child survival and development priorities.	1988 to mid-1993	\$65 million gen.res.; \$61,681,000 supp. funding.
E/ICEF/93/P/L.13 23 Feb. 1993	Country programme recommendation, Bangladesh: another bridging proposal to align with Government's national plan as well as UNDP's and UNFPA's planning cycles.	1993-1995	\$52.8 million gen.res.; \$56,821,000 supp. funding.
E/ICEF/94/P/L.37 8 Feb. 1994	Recommendation for supplementary funding for Bangladesh: nutrition and education.	1994-1995	\$25 million supp. funding.
E/ICEF/March 95	Country programme recommendation, Bangladesh: 5-year programme to take country to the year 2000.	1996-2000	\$87,500,000 gen.res.; \$162.5 mill. supp. funding.
			<b>Supp.</b>
			<b>Funding</b>
			<b>Total</b>
Total, 1971-1995 (in \$millions)	Gen. Res.		
	281.5	250.	531.5
Plus 1995 CPR for 1996-2000:	<u>87.5</u>	<u>162.5</u>	<u>250.0</u>
GRAND TOTAL:	<u>369.0</u>	<u>412.5</u>	<u>781.5</u>

## An innovative 'rights' approach

Taking advantage of the occasion to draft a new country programme for UNICEF assistance to Bangladesh, the moment seemed right to put on the table UNICEF HQ's suggestion that, in the preparation of these country programme recommendations, the Convention on the Rights of the Child (CRC) may be used as the framework.

This 'rights' approach implies the existence of concomitant responsibilities, and these reside in the child's total environment, including his or her parents, teachers, community leaders, and policy makers at all levels; in other words, in a collective societal responsibility which, in the case of Bangladesh, has already been acknowledged by her many positive actions. These include: ratifying the Convention on the Rights of the Child; affirming the World Summit for Children's Declaration and Plan of Action and issuing its own National Programme of Action; firming up its own Five-Year Plan to include the Summit goals; joining in with other SAARC countries in proclaiming this as the Decade of the Girl Child; ratifying CEDAW on discrimination against women; serving as the main inspiration for Meena; and, of course, achieving near miracles in immunization and water supply and iodine deficiency disorders, to mention just a few of the many measures to benefit children, along with supporting the excellent work being done by local NGOs in the area of women in development.

All in all, what a fantastic package for the CRC to frame, for Bangladesh; and what an opportune moment for UNICEF Bangladesh to approach human development issues from a "rights-based" approach. For, from now on, helping the needy child would no longer be considered as an act of charity, but as a matter of right; no longer as simply helping the child to survive, but as a first enabling step towards the child's total development as a human being, including his emotional, psycho-social and physical needs. And women, too, of course; and especially the girl child. As the 1995 *State of the World's Children Report* points out, "The issue of child rights is almost always thought of in terms of exceptional and often criminal abuses; but one of the great breakthroughs made by the Convention is that it specifically rules that malnutrition, preventable disease, and lack of basic education are also violations of children's basic rights."

But: exactly *how* will this be implemented in Bangladesh, with its high population density, low GNP per capita, and annually recurring natural disasters? Enter Dr. Sharad Sapra, a medical doctor who had first joined UNICEF in the early 1980s in New Delhi, where he succeeded in raising the completed immunization rate in a pilot project to over 90%, thus helping to pave the way for a national programme in India — after which he did the same thing for the entire child population in the Maldives. Dr. Sapra brings

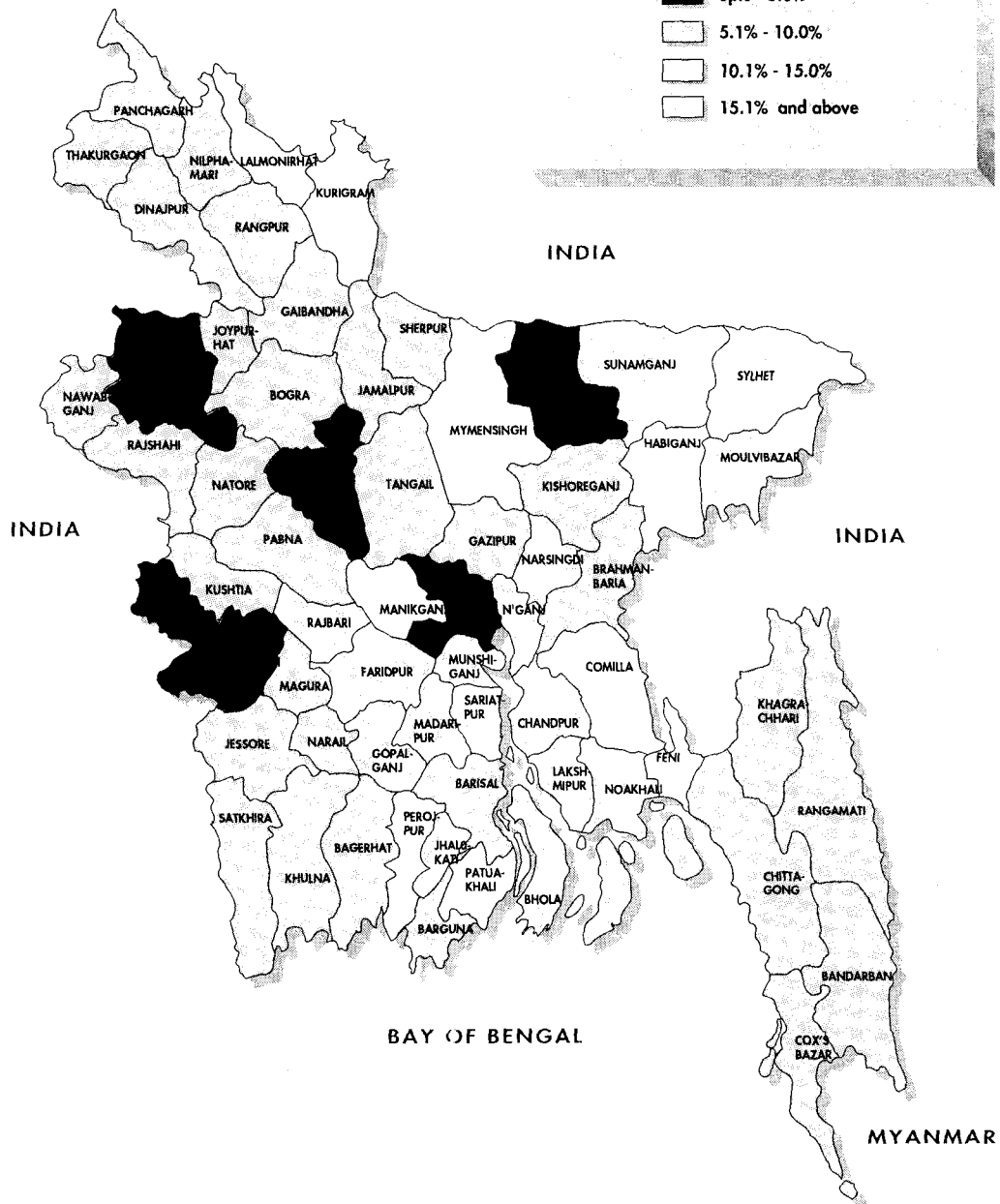
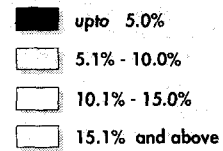
to UNICEF Bangladesh a wonderful computer wizardry as well as his extensive programming experience. Since the spring of 1992, serving as Carriere's deputy, he has energized the office to look at the future with a new set of computer-driven lenses.

## **Computer wizardry for district planning, programming and implementation**

UNICEF Bangladesh — under the overall supervision of Dr. Sapra, and with the invaluable help of another computer programming expert on its staff, Dr. Pradeep Kumar, who brought with him a distinguished record of service in this field from India — has collaborated with the Bangladesh Bureau of Statistics (BBS) in the Ministry of Planning to produce a statistical sequel to the NPA entitled *Progotir Pathay*, or "Path to Progress," in January 1994. This is no dry compilation of meaningless figures and charts; in 10 colourful maps and many more graphs and tables, the situation of women and children is clearly set forth, and for the first time, district by district. One look at the map on malnutrition, for example (see facing page), will reveal precisely which districts have the highest prevalence — while the map on households with access to safe drinking water will quickly show the quite satisfactory state of affairs in most parts of the country. Previous statistical summaries provided data only at national and divisional levels. Of course, the maps also identify at the same time those districts for which data are not available, meaning either neglected areas, or areas needing more attention.

UNICEF Bangladesh has picked up on this and, in one of the major innovations for the new country programme covering the period 1996-2000, has converted the data into challenges by ranking all 64 districts according to 14 key indicators, using two goal posts: the mid-decade targets, and the present status. The gap between those goal posts represents the challenge factor, expressed as a percentage; the higher the challenge factor, the greater the effort needed to achieve that particular goal. You then average out the key indicators for each district to arrive at the "average district challenge factor" — which in turn yields an "average annual rate of change" (AARC) to show you the annual percentage increase needed for each goal to be reached. The challenge factor is then used to rank all 64 districts according to how well they are doing in reaching the mid-decade goals. The situation report is for one of the districts is reproduced on the following page to illustrate this. Each district has a rank in its own division as well as in the country as a whole (see the panel on page 84).

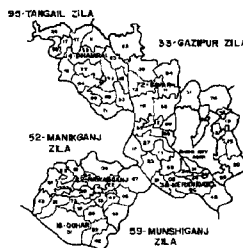
PREVALENCE OF MALNUTRITION IN RURAL AREAS  
(MUAC LESS THAN 12.5 CMS IN CHILD  
1-5 YEARS OF AGE) : 1994



Source : BBS - UNICEF Multiple Indicator Survey, 1994

## Situation Report

**Division Dhaka**  
**District Dhaka**  
**Rank in Division 8**  
**Rank in Country 42**  
**District Deprivation Rate 35%**  
**District category G2**



### Status

SNo	Description	Goal	Status	Challenge Factor	AARC	Design Effect	Remarks
1	Under Five Mortality Rate	75	123	39	8		Under five mortality rate needs to be reduced by 39% to achieve the goals.
2	Total Fertility Rate	2	3	38	4		
3	Vit. A Coverage in children < 2 Yrs	80	36	55	12		Vitamin A coverage should be same as measles coverage.
4	Measles Vaccine coverage (12-24) months	80	98				
5	DPT/Polio3	80	44	46	10		DPT/Polio3 coverage is extremely low. Urgent action is necessary to increase the DPT/Polio3 coverage.
6	Severe Malnutrition	6	3				
7	TT delivery last pregnancy	80	62	23	4		Only 62% women got 2 doses of TT. All pregnant women need to get atleast 2 doses of TT.
8	ORS Use Rate	80	54	32	6		
9	ORT Use Rate	100	77	23	4		ORT use rate needs to be increased.
10	Houses using iodated Salt	100	4	96	42	3.31	Only 4% HH use iodated salt. Special plan is needed to increase the use of iodated salt at HH level.
11	Enrolment Rate (6-10 Yrs)	100	81	19	3		Only 49% eligible children are attending school regularly. Gender disparity in Attendance has been eliminated in the district.
12	Attendance Rate (6-10 Yrs)	80	60	25	5		
13	Houses with Sanitary Latrine	80	6	93	35	3.56	Only 6% Households have sanitary latrines. Special attention is needed to achieve Sanitation Goals.

Oh, what an immensely useful tool this is, when used wisely! Each district knows where it stands on each of the key indicators; how it ranks compared with other districts, both in its own division as well as nationally; how hard it has to work to bring each component up to target. The data will be updated annually in planned revisions of *Progotir Pathay* — a sequel to the first issue has already been published in August 1994 — so that there is plenty of opportunity to improve your ranking by focusing on bringing up the lagging components.

To help you do this, just push the right keys in your computer and you can bring up answers to such specific queries as: what is the present and projected child population in my district; how many have already been, and should be immunized; how many needles and syringes, how much vaccine, how many health personnel, transport, etc., would be needed, under a variety of financial scenarios? On education, how many of the children in my district are in school; out of school; how many teachers and new school-rooms will we need, etc. What you have at your disposal, in short, is not just a compilation of dry statistics, but a powerful planning and action tool.

It gets even better: Dr. Sapra has compressed the data into a small, handy, pocket-size booklet that can be carried around by civil servants and politicians and NGOs and UNICEF staff to be used as a convenient, quick and accurate reference tool. All of Asia's old-hands, who had longed for such a tool but never did devise one, must be wishing they could be young-hands again.

Will there be a danger that this fascinating computerized approach will be so dazzling that it will blind us to what it is all about — helping the children and women? Yes, if everybody lets it; but everybody will not, including, in particular, the UNICEF Bangladesh staff, who are themselves undergoing a fundamental shift in how they are going to be performing their planning, programming and implementation tasks.

Almost half of the UNICEF Bangladesh staff are posted at the four major Divisions of Chittagong, Rajshahi, Khulna, and Dhaka. They have the complete data base as well as the little pocket book. They know where the improvements are needed, and they have the freedom to tailor the UNICEF inputs to meet those priority needs, which differ from one district to another. The district with the largest challenge factor will be assigned to the senior-most staff member. Perfect.

Staff training will focus on *learning*: learning, for example, how to conduct a seminar or a workshop, not in the traditional way of one or two persons doing all the talking and the rest listening/nodding off/not participating; but in a method called Visualization in Participatory Planning or VIPP, which encourages active group interection on a peer basis. As explained in

the VIPP Manual, at the core of VIPP is the use of a large number of multi-coloured paper cards of different shapes and sizes on which the participants express their main ideas in large enough letters or diagrams to be seen by the whole group. Private note taking is not necessary as the clustered cards are photographed, scanned or photocopied for each participant as a collective memory.

By this method, everyone takes part in the process of arriving at a consensus. Less talkative participants find a means of expression. Those who might normally dominate a group are forced to let others have their say. By visualizing the group's main proceedings, repetition and circularity in argument are reduced.

This VIPP method of conducting workshops was first introduced by Neill McKee in the early 1990s when he was chief of the Programme Communication and Information Section (PCIS) of UNICEF Bangladesh. VIPP was successfully applied to a wide range of programmes such as sanitation, oral rehydration therapy, basic education, and breastfeeding, and has since been adopted in many other UNICEF offices, including UNICEF HQ itself. For their contribution in promoting participatory training and decision making methodology, both in Bangladesh and globally, James Grant conferred upon all the staff of the PCIS Section the Staff Award for 1992 as announced to the UNICEF Executive Board at its 1993 session.

In a further mind-stretching exercise, the UNICEF Bangladesh staff in 1994 have also been exposed to the *Future Search* forum as explained by Katherine Esty, Chair of the Board of the Millenium Institute. This methodology enables diverse stakeholder groups to jointly contribute to a vision of the future through a focus on their common ground, and to work together to construct a common future.

Thus, in an October 1994 training workshop on the topic of "The Children of Dhaka," involving 49 representatives from government, NGOs, UNICEF, other UN agencies, and the private sector, this methodology evoked strong feelings on several issues, particularly child labour and sex education. The common future for the year 2014 that emerged included access to education for children ( including those employed ); health and sanitation facilities for children in schools and factories; the removal of violence from the lives of children; the use of folk media in teaching; and enhanced cooperation among government, NGOs, private business, and socially concerned organizations and individuals. Although only a simulation exercise, the workshop enabled the UNICEF Bangladesh staff and others to become familiar with this challenging methodology. A similar Future Search Conference on " The UN Development System in Bangladesh-2020", held in December 1994, was equally successful in opening windows for fresh and innovative thinking.

For the UNICEF Bangladesh staff, these VIPP and Future Search experiences all contribute to a stretching of the mind, along with many other activities such as reading books, writing articles, and – of course – field visiting. UNICEF Bangladesh staff make over 5,000 field trips annually to various parts of the country for advocacy and monitoring purposes, and a checklist has been designed to facilitate what information should be looked for; all of this will be fed into a software called “FIND” (field visit-based information database), the results to be used for making mid-course corrections and modifications. There are other software packages which have been developed locally to facilitate district data collection (DISIDE) and, of course, the initial multiple indicator survey (MIS) which will be repeated regularly, using SASYS, the survey analysis system; as well as DEEDS, the data entry and enhancement display system... no wonder the staff need computer training! But they *are* going to be entering the 21st century, after all.

Well, soon; and not just “entering” the 21st century, but virtually vaulting into it, powered by computer and science technology. The next five years will prepare the way, with probably more changes in this coming period than in the preceding 10 or 20 years.

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## 5. CONCLUSION

**I**n conclusion, three things need to be done: look back; take stock; and look ahead.

### The legacy of James P. Grant

For UNICEF globally, *looking back* on the past 50 years can only be bitter-sweet; for, having started in post-World War II Europe with a highly commendable emergency assistance programme, and then moving on to other and more needy regions of the world, UNICEF now finds itself back in Europe, only this time with violent civil strife dominating, and with human rights shattered behind the shield of national sovereignty and domestic jurisdiction. The tasks of *taking stock and looking ahead* — already complicated enough by these loud “domestic” emergencies — will now have the additional difficulty of being carried out under new leadership with the untimely death in January 1995 of James P. Grant, UNICEF’s third Executive Director.

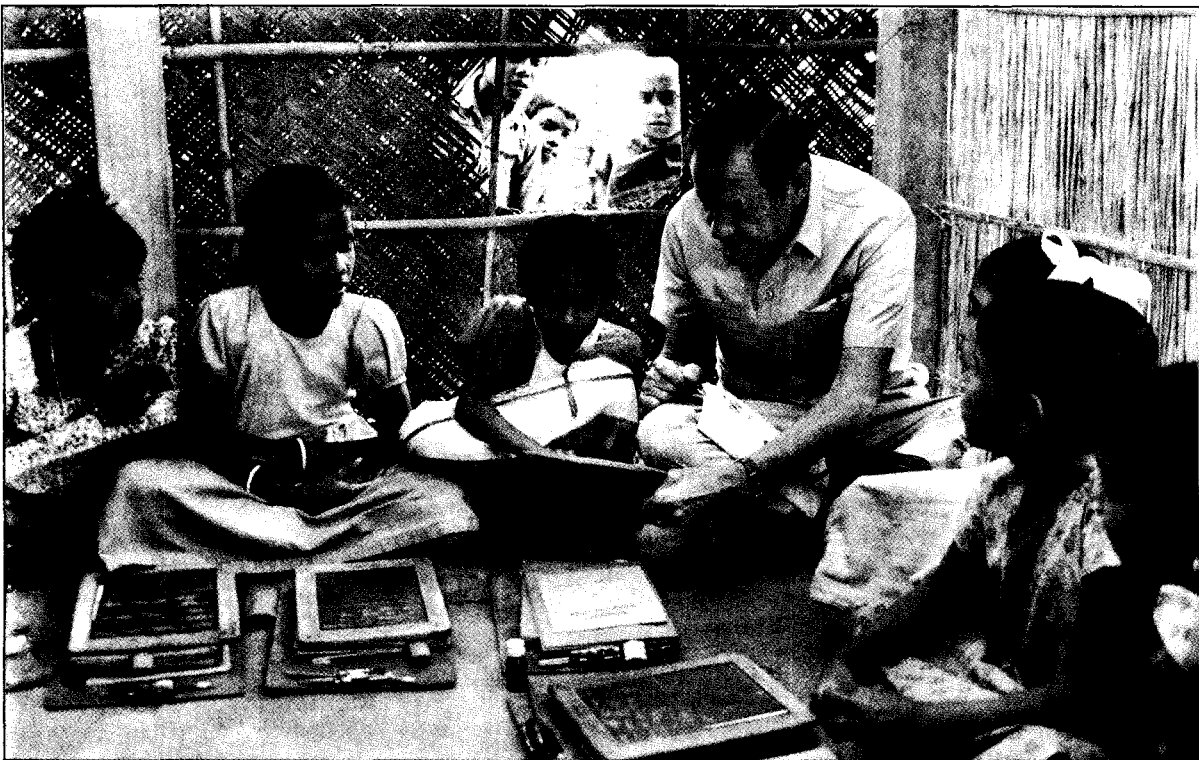
But just look at the rich legacy he has left us with, to make those tasks easier: a fantastic 80% global immunization coverage against six vaccine-preventable diseases by 1990, resulting in the prevention of an estimated three million child deaths a year and the annual prevention of approximately 400,000 cases of polio — an “extraordinary planetary achievement,” said the WHO Global Advisory Group on immunization, one which “has been largely unrecognized by the general public.” There is also the Convention on the Rights of the Child, in which Grant played a key role, and which is now nearing universal ratification, an unprecedented event in the history of human rights treaties; as well as the 1990 World Summit for Children, with its Promises captured in numerous National Programmes of Action, with emphasis on the word *action*; and an enduring optimism that child-specific targets for mid-decade and for the year 2000 are *doables*— one of Grant’s favourite words.

Certainly, for UNICEF in Bangladesh, it was Grant’s spirit of getting things done, against all odds, that propelled the immunization programme from 2% to a near miracle of 70% in five years; that multiplied the number of tubewells annually until virtually the entire population could have access to safe water; that led UNICEF Bangladesh to form such rewarding

partnerships in the NGO community, not just with Grameen Bank and BRAC, but with a whole host of smaller and equally effective agencies working at the grass-roots level to empower women and to protect and promote child rights.

James Grant, respected and beloved the world over for his untiring advocacy on behalf of the needy child, particularly in Bangladesh, made a number of trips to this country, the last one being in February 1994 to participate in the Joint Consultative Group on Policies (JCGP) consisting of the heads of UNICEF, UNDP, UNFPA, WFP, and IFAD. He also seized the occasion to visit a rural BRAC school. The Executive Director of BRAC, Dr. F.H. Abed, invited to speak at Grant's memorial service in New York in February 1995, said:

*I have traversed thousands of miles to participate in paying tribute to a man who has, all these years, meant so much to so many of us in BRAC. In our endeavour to make life better for our people in Bangladesh, we have always felt that we are translating some of*



*James P. Grant visiting a BRAC non-formal school during his last visit to Bangladesh in February 1994.*

*his ideas into action, that we are an extension of his vision. Each time he visited Bangladesh Jim Grant made it a point to see us and we in BRAC always found his presence inspiring and his dedication to hard work contagious. It is only a year ago that he was with us in a village visiting BRAC's rural programmes, and as I pay tribute to this giant of a man, I can see him in my mind's eye, sitting with an ease on the floor of a BRAC school in a remote hamlet of Bangladesh, surrounded by little children, as if he always belonged there. And in so many ways, I dare say, he does. There will be a bit of Jim Grant in many a child in Bangladesh that grows up healthy and learns to read and write. In that sense Jim Grant will live on in our minds and hearts and will continue to inspire us in our future endeavours.*

## Looking back

For UNICEF in Bangladesh, its 50-year *backward look* cannot help but contain a measure of pardonable pride; for, if children today in Bangladesh have a bit of Grant in them, many adults today by the same token have a bit of UNICEF in them as well. The first 25 years, for example, saw UNICEF providing mostly supply assistance to what was then East Pakistan, a type of support which enabled the UNICEF logo to reach into the remotest villages, and which today is perhaps too quickly belittled but not easily forgotten by the people because of the very tangible nature of that input.

Then, having struggled with the new nation through the war of liberation, including an initial period of emergency assistance, UNICEF Bangladesh slowly but surely evolved into a development agency, not by talking about it, but by doing the "doable," together with the Government and with the NGO community, to provide essential basic services for children and women — thereby increasing the human capital of the country. If that is not development, it surely provides the necessary conditions for development; indeed, it may well be argued that without human resource development, economic development will be greatly weakened. UNICEF, wittingly, is on the right track.

## Taking stock

In *taking stock*, therefore, one finds that much has been excellently accomplished. At the time of Independence in 1971, the infant mortality rate was very high at 140-150; today, it is 84. Then, the child immunization coverage was a low 2-3%; today, it is 84%, with progress checked annually by independent surveys. Then, relatively few people had access to safe

water; today, it is nearly universal at 97%. Then, the gender-wise enrolment ratio of primary school students was 68% for boys and 32% for girls; today, it is nearly equal at 50.5/49.5. These and other gains provide solid building blocks on which to construct further advances.

Of course, many difficulties and problems remain to be tackled: some old, such as malnutrition and sanitation; some not so old but coming up in the list of priorities, including urban basic services and children in especially difficult circumstances; and some new, or at least new to UNICEF, including the whole issue of child labour, with its international as well as domestic implications. But what is most encouraging is that the UNICEF Bangladesh office has taken the fundamental decision to decentralize, and to strengthen *and empower* its divisional field offices to plan, programme, execute, and monitor — so that these child issues, old and new, will be dealt with at the appropriate level. And, most importantly, the divisional offices and their staff are being provided with the necessary tools, including the ubiquitous computer. What a far cry from the early pioneer days, with their manual typewriters, carbon paper, and mimeograph machines!

## Looking ahead

And, finally, in *looking ahead*: what will Bangladesh look like, 25, 50 years from now? As summed up by the UN agencies in Bangladesh in a recent joint report entitled *A Fork in the Path: Human Development Choices for Bangladesh*, there can be no optimistic scenarios if the population in the country continues to be malnourished, ill-educated, and unemployed. Four essential elements — nutrition, education, the status of women, and employment — are singled out for special treatment because they are keys to development, and are inextricably linked one to the other:

Nutrition + Women =	girls likely to survive to adulthood with the physical and mental strength to learn and develop.
Women + Education =	women who can exercise their rights and have a much stronger influence inside and outside the home.
Nutrition + Education =	children who perform better at school, and grow up to be more productive adults.
Education + Work =	a population capable of reaching its economic and human potential.

The report's concluding paragraph stresses that "The problems for the next generation of Bangladeshis can be overcome by the next generation of Bangladeshis — if they have the health, the understanding and the confidence to face them. Bangladesh in many ways is a test case for development at the beginning of the 21st century: if the problems can be solved here, they can be solved anywhere. Bangladesh could show that even in the poorest countries, with few natural resources and large populations, that the most important asset is still human beings. There should be no limits to human growth, no limits to human potential."

No limits, it should be stressed, even in the absence of a high per capita GNP. For Bangladesh, the per capita GNP at the time of Independence was between \$50 and \$70; today it is \$220, still far down on the scale. And, even if Bangladesh could *double* its GNP in the next seven years, growing at ten percent per year, the per capita GNP would still be only around \$ 400.

Bangladesh will perforce remain poor for some years to come, if measured only by income; but there is no reason for it to remain poor by any other yardstick, be it the literacy rate, the infant mortality rate, the under-five mortality rate, the malnutrition rate, or the gender disparity rate. Poverty has many faces, only one of which is income; it is possible to be money-poor but rich in so many other ways.

But, for Bangladesh, what will that look like, precisely? Well, it will look like this, as Rolf Carriere told the Bangladesh Aid Group as far back as April 1993:

*Mothers well nourished; colostrum given when babies are born; all children immunized; maternal death and infant mortality declining; fewer and fewer deaths caused by diarrhoeal disease; primary education universal — male and female children alike learn basic literacy and numeracy; the disability rate reduced from 10 percent to 5 percent; children in especially difficult circumstances protected; women full partners in the development process; NGOs and government in open dialogue, collaborating; democracy flourishing; defense spending diminishing; and, finally, a Bangladesh where economic growth is accelerating.*

Carriere added that "At first this will seem a strange and unfamiliar picture. We need to have courage to brave this disorientation. This is a vision based on the notion that there is capacity for change in Bangladesh. It is a vision founded on a belief in human potential, a belief in the people of Bangladesh — from the youngest child to the elder in the village."

Thus, for UNICEF in Bangladesh, this is a practical vision, a “doable” vision — *if* the right path is chosen: not the easy, wide road leading very quickly to crisis and reversal, but the narrow, more difficult path which involves sacrifice and determination, but which will lead eventually to the realization of that tremendously exciting and energizing vision.

So: let the *new* Story of UNICEF in Bangladesh begin!

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# B A N G L A D E S H

My friend came to see me  
with sadness in his eyes  
Told me that he wanted help  
before his country dies

Although I couldn't feel the pain  
I knew I had to try  
Now I'm asking all of you  
to help us save some lives

Bangla Desh, Bangla Desh  
Where so many people are dying fast  
and it sure looks like a mess  
I've never seen such distress  
Now won't you lend your hand, try to understand  
Relieve the people of Bangla Desh

Bangla Desh, Bangla Desh  
Such a great disaster - I don't understand  
but it sure looks like a mess  
I've never known such distress  
Now please don't turn away, I want to hear you say  
Relieve the people of Bangla Desh

Bangla Desh, Bangla Desh  
Now it may seem so far from where we all are  
It's something we can't reject  
That suffering I can't neglect  
Now won't you give some bread to get the starving fed  
Relieve the people of Bangla Desh

*"I got tired of people saying 'But what can I do?' Also, the reluctance of the press to report the full details created the need to bring attention to it. So the song Bangla Desh was written specifically to get attention to the war prior to the concert.... My friend [in the first line of the song] was Ravi Shankar...."*

Republished from *I, Me, Mine*. Genesis Publications 1980.  
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Coded Price: 01195

U1.4 Wong, Wah  
BAN Protecting  
WON children,  
1995 protecting the  
84015243 future: the story

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**A**s UNICEF approaches its 50th anniversary in December 1996, it is a good time to take stock of the situation of children and see how much better off they are now than half a century ago. The story of UNICEF in Bangladesh is particularly instructive. Against many odds, with much of its dense population living in absolute poverty and burdened with a high child mortality rate and a low literacy rate, Bangladesh has achieved tremendous progress for its children in the 25 years of its history.

These achievements and what it took to get there are described in **Protecting Children, Protecting the Future—The Story of UNICEF in Bangladesh**. Beginning with a brief look at UNICEF's own birth in December 1946, the story moves quickly through the period when the country was still East Pakistan, and then focuses on major developments since Bangladesh gained its Independence in 1971. The successful water supply programme is contrasted with the difficult problem of environmental sanitation, enlivened with the story of the Siberian ducks. The 'near miracle' of immunization is recounted. And the exciting partnerships with Grameen Bank and the Bangladesh Rural Advancement Committee (BRAC) are highlighted because of their work in empowering women and developing non-formal primary education. The story ends with the opening of a new chapter in Government/UNICEF cooperation for the years 1996-2000. Using computer software applications as a tool for district planning and introducing new forms of participatory meetings, the programme aims at reaching all the ambitious but achievable goals for children by the turn of the century— all this within the innovative framework of the Convention on the Rights of the Child.

