

The Daily Star

FOUNDER EDITOR
LATE S. M. ALI

DHAKA THURSDAY NOVEMBER 26, 2020, AGRAHAYAN 11, 1427 BS

Smuggling amphetamine under the airport authorities’ noses

We cannot allow Dhaka to become a drug trafficking route

IN a report published in this daily yesterday, it was revealed that a group of chemical traders in Chennai had been smuggling amphetamine from India through Dhaka to several destinations, mostly in Australia and Malaysia, after linking up with some chemical importers at Mitford medicine hub. This smuggling route was operated smoothly by these unscrupulous traders for a year, until 12.32 kg of amphetamine powder was seized from the cargo village area of Hazrat Shahjalal International Airport on September 9.

It is a huge cause of concern that the banned amphetamine powder, which can be processed into the drug yaba, can be so easily brought into the country under false declaration and without the knowledge of courier companies. Investigations by the Department of Narcotics Control revealed that at least 600 kg of the powder was smuggled out of Bangladesh using courier services after its arrival from India via the Benapole border—a trade worth around Tk 600 crore.

How is it possible that illegal substances worth such a huge sum of money was trafficked, using Bangladesh as the central point of this smuggling route, simply because our airport does not have functioning 3D scanners? While the director of Hazrat Shahjalal Airport said more CCTV cameras and X-ray machines are being installed at the airport, he was unable to specify whether they were the 3D scanners required for detecting drugs, saying only that they are “modern”. Such lacklustre responses will not do—the continuous and constant trafficking of illegal goods through our biggest national airport is hugely damaging to our international reputation and merits a firm and immediate response.

We urge the concerned authorities to urgently investigate any airport personnel or employees of the courier services who may have been involved with this smuggling syndicate. The airport authorities must ramp up their security scanning and the courier services must also play their part in ensuring that such illegal trades do not continue. Drug trafficking syndicates are never easy to dismantle, but there must be serious and concerted efforts from all agencies involved to make our borders less porous when it comes to illegal trade. Ultimately, the government needs to follow the money and ensure that the finances for these illegal substances are cut off at the source.

Bangladesh bottom-ranked in Mastercard Index of Women Entrepreneurs!

Access to loan and leadership skills training is needed

WE are shocked to learn that Bangladesh has bottom-ranked among 58 economies in the Mastercard Index of Women Entrepreneurs for 2020, meaning that women entrepreneurs here face the toughest of challenges in doing business. Bangladesh scored 36.4 out of 100 points in the index, while our neighbouring country India scored 50.99 points. The ranking is done based on an analysis of 12 indicators and 25 sub-indicators spanning advancement outcomes, knowledge assets and financial access, and supporting entrepreneurial conditions, according to Mastercard, a global technology company in the payments industry. They mentioned in their report that women entrepreneurs in the economies with the lowest scores “continue to be held back by deeply rooted socio-cultural as well as economic and financial constraints such as lack of work opportunities, government support, and access to funding and capital.”

While women in business are progressing globally, it is most unfortunate that Bangladeshi women entrepreneurs are still facing so many constraints in doing business. They are economically marginalised and few of them have tertiary-level education. Their access to government support and funding is also very limited. Moreover, our general social values also stand against women wanting to pursue business as a profession. Women have to overcome all these challenges in order to do business, which their male counterparts hardly face.

While women’s representation in the business and economic landscape remains low compared to men across the regions, especially in terms of business leadership, the situation is particularly bad in Bangladesh. There are only a handful of business leaders in the country who are women because many women do not have access to the necessary support mechanisms to prove their potential in becoming a business leader. Access to capital is a major constraint for women entrepreneurs.

We need women-friendly business policies to change this situation. The social and economic barriers faced by our women who want to become business entrepreneurs should be removed by providing them with necessary funding and training, and also by raising awareness to change the negative attitudes towards a woman trying to set up a business. We know that the government provides loans to women trying to set up small and medium businesses. However, women face many challenges in the process of getting the loan starting from writing the application. So, the process of getting SME loans should be made easy for them. Besides, private organisations should also come forward in providing women the support they need to become entrepreneurs.

Why are so many children still dying of pneumonia?

It is a preventable disease and can be treated with low cost



NAZNIN TITHI

IT is hard to believe that three children still die of pneumonia every hour in Bangladesh, according to a recent *Prothom Alo* report. Pneumonia is still one of the major causes of child deaths in the country, despite the government’s vaccine coverage being more than satisfactory—the current vaccination rate for pneumonia is 97 percent.

The WHO estimates that every year around 8 lakh children die of pneumonia across the world, 90 percent of them in the African and South Asian countries. While most deaths occur among children under the age of two, around 153,000 children die within the first month of their life. Such a high number of deaths from this disease is particularly shocking because it is preventable with vaccines and treatable with low-cost medicines.

Studies have revealed that child deaths from pneumonia are not decreasing at the expected rate in Bangladesh. According to the Bangladesh Demographic and Health Survey 2017-2018, child deaths from pneumonia was 12 per 1,000 live births in 2011, and currently it is eight among 1,000 live births.

So unless we take extreme measures to reduce pneumonia-related child deaths, it would be impossible for us to bring down our overall child mortality rate. With such a high number of children dying of a preventable disease every year, achieving the SDG goal 3.2 by 2030 (bringing down the child mortality rate to as low as 2.5 percent) will also remain a distant dream for us.

Now, the question is, why are we failing to prevent these deaths despite having a good vaccination coverage against pneumonia? According to Dr Sabbir Ahmed, Advisor, Pneumonia Centenary Commitment, Save the Children in Bangladesh, “the Pneumococcal Conjugate Vaccine (PCV), which is included in the EPI programme and is widely given to our children, has a good vaccine coverage, but it only protects children from the leading bacterial cause of pneumonia-pneumococcus, while various other organisms may also cause pneumonia either singly or in combination.”

So, how do we prevent other organisms from causing the disease? Samir Kumar Saha, executive director at Child Health Research Foundation, says, “We do not know whether an infection is caused by a

virus or a bacterium. We need to conduct research to know it, but sadly, no research initiatives have been taken so far to understand this.” (*Prothom Alo*, November 12, 2020)

If we still cannot tell which germ is causing the infection in children, how can they be treated? Where is the research to find out the reasons behind such high prevalence of pneumonia in our children? Our health budget being so low, research activities seem to be out of the consideration of the government. This has to change. When our children are dying from preventable diseases, we need to know why and we need to find a way to save them at all costs.

Then comes the question of treatment: why can’t our hospitals provide proper treatment to pneumonia-infected children? Apparently, most of the

it’s too late. According to an icddr study, 52 percent of children who die of pneumonia are never taken to any hospital. While 45 percent of them die at healthcare centres, three percent die after being treated at home. What this means is, more information about preventing pneumonia should be made available to people in rural areas.

At the beginning of this pandemic, another problem faced by our hospitals and health complexes was revealed: the absence of an oxygen supply system. It was revealed at that time that not only the hospitals at the upazila level but a majority of hospitals at the district level also did not have any oxygen supply system. We learned that the government had taken some initiatives to address the issue but we do not have any updated information on this. Needless to say, all



When our children die from preventable diseases, we need to know why and we need to find a way to save them at all costs.

PHOTO: ICDDR,B

hospitals are not even properly equipped for childcare. According to the Bangladesh Health Facility Survey 2017, 95 percent of hospitals and healthcare institutions in the country do not have all of the 10 basic instruments required to treat children, as suggested by the WHO. These include the Integrated Management of Childhood Illness (IMCI) guideline, staffers trained under the guideline, child scale, thermometer, growth chart, medicine, ORS, zinc tablets/syrup, amoxicillin syrup/suspension, and mebendazole. When hospitals do not even have these basic tools, how can we expect them to provide treatment for pneumonia?

Early diagnosis is crucial to prevent pneumonia in children. But parents, particularly in rural areas, have very little idea about the disease and so they often take their children to the hospital when

the government health facilities must have uninterrupted oxygen supply to treat both children and adults for pneumonia and other respiratory diseases.

Unfortunately, no matter how hard we try to eliminate pneumonia through vaccination and treatment, children will still be prone to catching the disease if they remain malnourished. Lack of proper nutrition is a big issue in fighting pneumonia and other deadly diseases in under-five children. Thus, besides ensuring high coverage of vaccines and timely treatment at the community level, we need to encourage exclusive breastfeeding of children for six months. Taking appropriate complimentary infant and young children feeding programmes is similarly important to fight malnutrition, thereby reducing their chances of developing pneumonia.

PROJECT ■ SYNDICATE

Protecting child workers during the pandemic



JINIYA AFROZE

IT is already apparent that the economic impact of the Covid-19 pandemic will be uneven, with poorer countries bearing the brunt of the fallout. This includes the 1.2 million children in Bangladesh who are engaged in the harshest forms of child labour. In such uncertain times, these children—and millions of others elsewhere—are even more vulnerable to exploitative and hazardous work.

The reason is simple. When major global retail outlets cancelled orders due to lockdown-related cutbacks, the production of low-cost fashion in much of the world came to a standstill, leaving many garment workers in the Global South without an income. Since March, Bangladesh’s exports of leather goods have declined by 22 percent. The country’s footwear-manufacturing industry, the world’s eighth largest, has also been affected, with exports down by 50 percent since the pandemic began.

With leather-goods producers facing cancelled orders and restrictions to slow the transmission of Covid-19, the unregulated informal sector has become much more competitive, with factory owners targeting children as cheap labour. In the informal leather sector, children often work long hours for little or no pay, frequently doing work that is physically and psychologically harmful and dangerous jobs during the production process. But despite the risks, most children rely on such employment to support themselves and their families.

Now, tanneries are slowly resuming production, and raw materials are being channelled to factories filling new international orders, leading to a relative scarcity of materials for domestic production. This creates another opening for leather producers in the unregulated

informal sector. Their ability to step in to meet domestic demand depends on further exploitations of children.

Bangladesh does have laws and policies to address hazardous and exploitative child labour. But policy gaps exist—the Bangladesh Labour Act, for example, does not cover the informal sector.

Here, international brands and corporations have an opportunity to help.

conditions. And a transparent system is needed for tracking the sources of raw materials and ensuring that children are not used in bonded labour or working in hazardous conditions.

While plenty of initiatives to protect child workers have been undertaken in recent decades, they often fall short. Tracking the long supply chain is difficult, so a culture of violence at its origin persists, sustained by structural



File photo of children at work in a hazardous condition.

PHOTO: COLLECTED

Global retail outlets must recognise not only the immediate financial impact of cancelling orders, but also the unintended consequences for both the formal and informal sectors.

This means approaching the problem holistically, with established brands and their customers being well informed about where, how, and by whom goods are produced. Brands need to take responsibility for ensuring ethical behaviour throughout their supply chain. Stricter monitoring is necessary to guarantee that all suppliers, international and local, meet the same standards in terms of labour codes and working

inequalities that constant global demand for cheap products embeds in the production process.

Having to comply with a monitoring regime would prevent suppliers from subcontracting their work to informal, often unregulated companies in which workers, including many children, labour in harmful and hazardous conditions. Responsible brands could also implement the “positive deviance” approach, publicly sharing their ethical business strategies and practices, which may encourage other brands to investigate their own practices in turn.

Furthermore, relevant government

Early diagnosis is crucial to prevent pneumonia in children. But parents, particularly in rural areas, have very little idea about the disease and so they often take their children to the hospital when it’s too late.

We also need to give more focus on maternal health. The nutritional needs of the expectant mothers should be met properly for the wellbeing of both the mother and the child. A malnourished mother cannot give birth to a healthy child. Women living in the villages and the remote areas should have access to proper antenatal care.

It must also be mentioned here that the deteriorating air quality in Bangladesh, especially in the capital, is greatly contributing to children developing pneumonia and other air-borne respiratory diseases. In the rural areas, the fumes created by traditional cooking practices in the households contribute a lot to air pollution, which affect children the most. In order to reduce air pollution in and around the capital, the illegal brick kilns on the outskirts of the city must be shut immediately, as directed by the HC. Other factors contributing to air pollution, such as construction dust, chemicals emitted from vehicles, open burning of solid waste and chemicals, etc., must also be checked. And to improve the air quality in the rural areas, people must be made aware of air pollution and have access to clean and safe fuel for cooking. With improved air quality, the onslaught of pneumonia in children will surely lessen.

A recent report by Save the Children and Johns Hopkins University highlighted the need for more collaborative efforts to fight pneumonia. It said that nearly 140,000 child deaths from pneumonia and other related diseases could be averted in Bangladesh over the next ten years with well-coordinated efforts.

Will we act now?

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Naznin Tithi is a member of the editorial team at The Daily Star.

agencies, civil-society groups, and private-sector organisations must focus on enforcing existing policies and protecting children’s rights. Both international and local brands need to be held accountable regarding their duty to care for children. All businesses should adhere to a minimum-age requirement, maintain standard working hours, and guarantee safe workplace conditions. To ensure compliance, businesses employing children must have a multi-stakeholder consultation system in place, including representatives from the government, civil society, human-rights organisations, and academia, as well as social workers.

Finally, to protect children from harmful work and modern slavery in industries like leather goods requires listening to children themselves. Children are rarely involved in workplace decision-making, especially during shocks like the Covid-19 pandemic, when they are more likely to be subjected to hazardous conditions. Learning from them about their experiences at all stages of the production process can be pivotal in improving their well-being.

The pandemic has exposed the intricacies of global supply chains and the vulnerability of the people working within them. Even in normal times, children are vulnerable to exploitation by unregulated, informal firms, which will pick up business where other firms cannot. But now this risk is greater than ever.

Understanding global supply chains and the impact of sudden changes on the vulnerable people who form their links is crucial. Advocates and policymakers must devise and implement robust accountability systems to uphold the rights of the millions of children—in Bangladesh and globally—who must work.

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Jiniya Afroze is Country Coordinator for Bangladesh at the Child Labour: Action-Research-Innovation in South and South-Eastern Asia (CLARISSA) consortium.

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