



Mother and Child Survival Fortnight



The national Mother and Child Survival Fortnight begins today across the country with a promise to save some eight lakh children and 28 thousand mothers from early death. During the fortnight, a special drive will be launched to raise the level of awareness among the people about mother and child health care.

The Daily Star, with its commitment to women's cause, devotes its regular feature 'Women on the Move' to Mother and Child Survival.

PARTNERS IN ACTION

Working Together towards the Year 2000



Since the World Summit for Children in 1990, the Government of Bangladesh and some 150 other nations committed themselves to a series of specific health and development goals aimed at radically improving the situation of women and children by the year 2000.

state-owned media gave free broadcast time to EPI. Imams spoke out in support of EPI. The Boy Scouts inaugurated an immunization badge. Alliances grew.

"We are for Children" brought together some of the country's biggest entertainment stars to support private EPI programme.

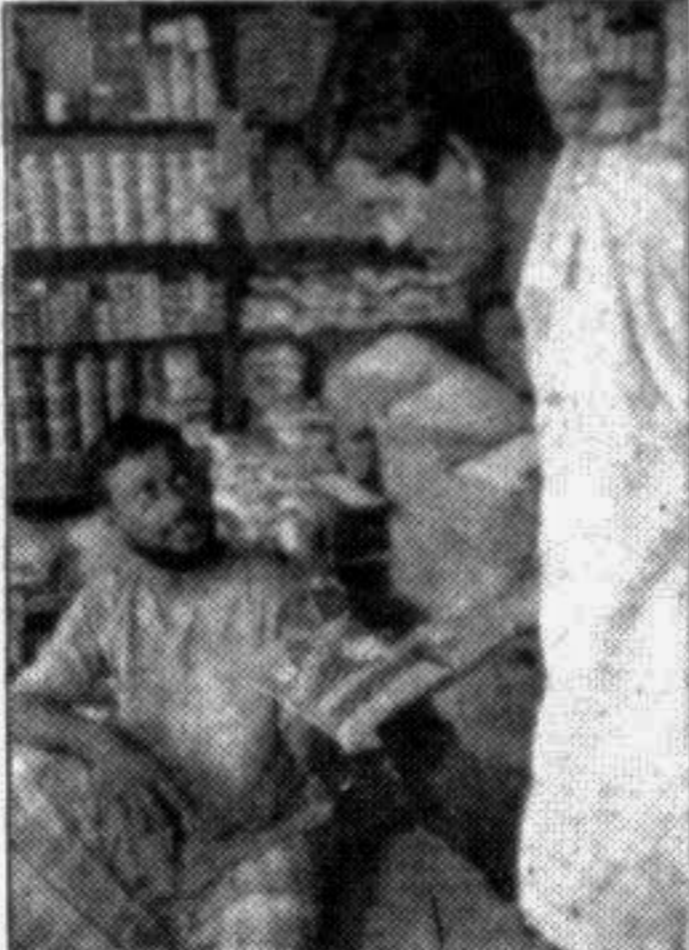
The private sector came on board. EPI's 'Mont' logo found its way onto the backs of matchboxes and rickshaws.

EPI led to unprecedented cooperation proving that all sectors of society could work with government to achieve a common goal.

life skills to adults between 17 and 35 years of age. Because only three of Bangladesh's 15 million school age children actually finish the primary cycle, these complementary non-formal education systems are essential.

A Role for the Private Sector

The Business sector is emerging an important partner with government in reaching the year 2000 goals. By the end of the decade, for example, Bangladesh wants every family to use a sanitary latrine



of workers' children. Part-time schooling is provided at lunch time for some 60 children with funds from a foundation established by the company.

It's a 'win-win' situation for employees and management, providing the children with a safe environment to learn while their parents are working.

The Bangladesh Garments Manufacturers and Exporters Association is establishing a health and education centre for child garment workers in Dhaka. The centre will give these children a chance for a better life by becoming more educated, more productive and more independent.

Aiming for a Polio-free World

Many groups are joining in the fight to eradicate polio in Bangladesh and around the world. But, Rotary International's Polio Plus programme is perhaps one of the most visible forces.

Globally, this service organization has raised more than US \$ 240 million to buy polio vaccines. It continues to mobilize tens of thousands of volunteers. In Bangladesh, Rotary's 72 clubs work closely with the country's EPI efforts, provide vaccines, and hold workshops and rallies to promote more education about the benefits of immunization.



NGOs

NGOs are working in partnership with communities across the country, with a clear focus on empowering the underprivileged and the poor.

They provide a myriad of services, from basic banking, to fish farming, afforestation and primary education. Teamed up with government and donors, and umbrella networks such as ADAB, VHSS and NGO Forum for Water and Sanitation, they are a potent force in delivering national programmes, such as EPI, primary education and sanitation.

and practice good hygiene. Private producers will play an important role in meeting the demand for latrine parts.

As well, through marketing, manufacturers can create a demand for soap products, a move that will cut down on the spread of disease. ORS manufacturers will also be mobilized to increase their sales and distribution.

At the New Age Garment Factory, which employs no children, management has set aside an area for the education

AMONG its targets, Bangladesh expects to provide all boys and girls with basic education, immunize infants against killer diseases such as measles and polio, encourage the use of ORT as a first-step in managing diarrhoea, cut malnutrition by half and achieve universal sanitation.

Already, Bangladesh has achieved the mid-decade sanitation goal, with over 35% of families have access to having a sanitary latrine. Most people (95%) drink safe water. The country's efforts to encourage family planning are among the strongest in the world. And, there's been major progress with tetanus coverage.

To achieve this success, the Government of Bangladesh is working closely with a growing coalition of partners: NGOs, service organisations, community leaders, religious leaders, women's groups, business organisations, the mass media, teachers, health professionals, the private sector, school children and multinational and bilateral donors.

The partners for change are key allies in reaching the year 2000 goals. Today, no government in the world acts alone in delivering essential health and social services.

Partnerships and alliances are needed to share costs, to foster a sense of community involvement and ownership, and to mobilize public support.

EPI-Working Well Together

In the mid-1980s, Bangladesh embarked on an ambitious campaign to raise childhood immunization coverage against six killer disease (EPI).

The results were dramatic. Vaccinations of under-ones against measles, for example, leaped from 3 per cent in 1985, to 54 per cent in 1990, and reached almost 60 per cent in 1992. There were similar successes against tetanus, polio, diphtheria, whooping cough and tuberculosis.

In 1980, Bangladesh Rural Advancement Committee (BRAC) included ORT promotion in its programme, mainly through face-to-face contact with parents. BRAC reached 10 million households during the 1980s.

With the help of flip charts, posters and leaflets, women were shown



Many players were involved in making EPI a success. Large and small NGOs provided training for vaccinators, immunization services and mobilized communities. As a result of inter-ministerial collaboration, EPI material was included in school curricula, primary school teachers mobilized the community, students participated in rallies, and

how to mix salt, sugar and water to stop the dehydration that was killing their children.

BRAC has already established more than 20,000 village schools. 100 NGOs nationwide are running 6,000 non-formal education centres with a special focus on the Girl Child. Another NGO, Jagoroni Chakra, runs 60 centres, providing functional literacy and

Children's Rights

In 1990, Bangladesh signed the Convention on the Rights of the Child. This was an important expression under international law of what the world wants for its children, including provisions to protect children from the abuses of child labour. Bangladesh will be working closely with employers, the Bangladesh Garments Manufacturers and Exporters Association and Rotarians to seek their support to implement this country's child labour laws.

They include a plan to combat malnutrition, give boys and girls a basic education, provide family planning and boost universal immunization coverage for infants.

Between now and the year 2000, Bangladesh is also aiming to reduce the rate of maternal mortality by half.

And, the need is urgent. 28,000 women in Bangladesh die every year from complications related to pregnancy or childbirth.

A girl growing up in this country today faces an appalling 1-in-30 risk of dying while pregnant or when giving birth.

These tragic deaths are unnecessary. To combat this problem, Bangladesh is committed to providing women with greater access to emergency obstetric care (EOC).



The Need for Emergency Obstetric Care

Until recently, little attention was paid to what happens when a problem arises during pregnancy, childbirth or the postpartum period.

Yet, even under the best of circumstances — when there are good nutrition, antenatal care and skilled delivery — all pregnant women are at risk of serious obstetric complications.

The scientific research shows that maternal mortality cannot be substantially reduced unless a woman has access to emergency obstetric care.



ORT: Saving Lives in Bangladesh

- 3 golden rules for managing diarrhoea
- Give your child more fluids to drink
- Continue feeding, including breastfeeding
- Get help from a doctor or health worker if the symptoms continue after three days of ORT, or if there is blood in the stool



EVERY year in Bangladesh, more than a quarter of a million children under the age of five die from the effects of diarrhoea. That is one child every minute. Yet, many of these senseless deaths can be prevented with nothing more than a mixture of sugar, salt and clean water.

Oral rehydration therapy (ORT) is a scientifically-proven, medical intervention that has been saving lives world wide for more than 25 years. Simply put, ORT means increasing the child's fluids, and continuing to feed him or her as normal. It is such an ingenious, inexpensive solution that *The Lancet*, Britain's leading medical journal, recently labelled ORT "potentially the most important medical advance of the century".

Today, some 40 per cent of cases of diarrhoea in Bangladesh are treated by oral rehydration salts (ORS) or recommended home fluids, such as rice water, chira pani, SSS, LGS and even plain water if the amounts are increased. By 1995, the country hopes to double that number. Reaching that goal can potentially save the lives of 65,000 more children per year in Bangladesh. ORT is a proven therapy that works around the world. It can also work in Bangladesh.

ORT's Proud History in Bangladesh

2500 years ago, our ancestors used chira pani, coconut water and barley, a mixture very close to ORS, as a highly



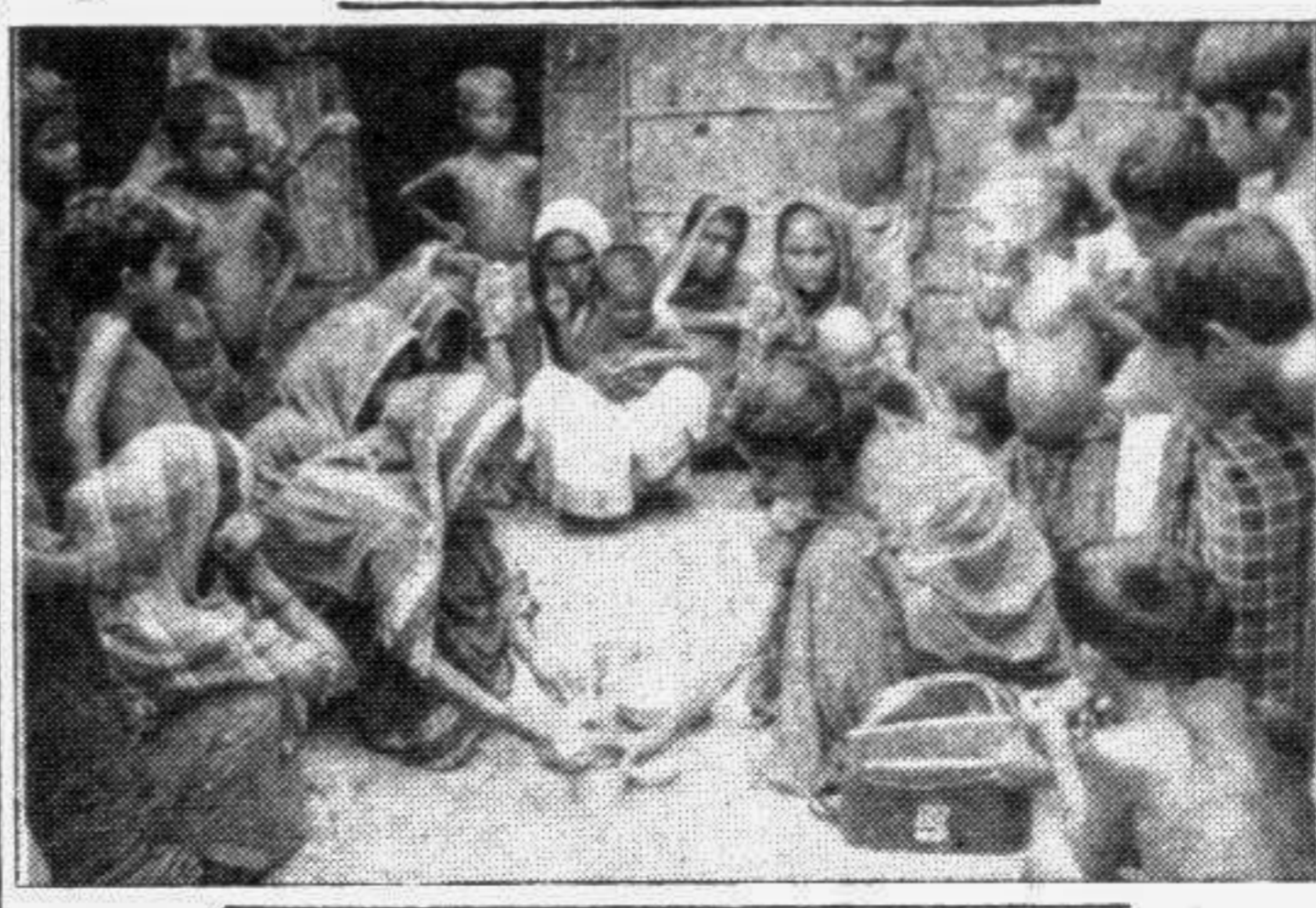
prized household remedy for treating the effects of diarrhoea. Hundreds of years later, this simple mixture was rediscovered by modern days scientists in Bangladesh and India.

They proved that, taken orally, ORS speeds through the walls of the small intestine to counteract dehydration, the most serious side-effect of diarrhoea.

When children suffer a bout of diarrhoea, water, salts and

more than a million children a year around the world, including Bangladesh. But, it could be saving more. There is a huge gap between awareness of ORT and using it. Why?

Many parents are confused about what ORT is supposed to do. Most believe it will cure diarrhoea or at least harden stools. When that does not happen, frustration sets in and people stop using the therapy. Some mothers give their chil-



drren less food hoping it will stop the flow of diarrhoea. That makes, the situation worse.

Another obstacle to ORT is resistance to change. Many health providers and doctors look down on ORT as an unscientific 'home remedy'. Most prescribe flashy medical treatments, such as IV fluids and capsules. These drugs are generally not necessary and are more expensive. Widespread use of ORT would also mean a significant loss of sales of antibiotics and anti-di-

arrhoeals.

Obstacles to ORT Use

ORT now saves the lives of

How to Reach the Goal

A few years ago, at the

Diarrhoea can be prevented through exclusive breastfeeding, improved weaning practices, measles immunization, use of sanitary latrines, washing hands (the baby's as well), keeping water and food clean, washing with soap before touching food and by sanitary disposal of stools. Parents have to be patient. Children who are sick often do not want to eat or drink. But moms and dads have to encourage them to take more food and fluids, even if it is one sip or bite at a time.

EMERGENCY OBSTETRIC CARE

Ensuring a Happy Outcome for Mother and Child

EOC — More than Just a Hospital

People often think EOC means expensive, high-tech hospital care. But, there are many simple obstetrical services which could save lives if applied properly during an emergency.

- Obstetric First Aid — antibiotics for infections, anticonvulsants, and drugs to stop bleeding.
- Basic EOC — obstetric first aid, plus manual removal of the placenta and as-

sisted vaginal delivery. Comprehensive EOC — basic EOC, plus surgery and blood transfusions.

Over the next five years, Bangladesh plans to begin carefully expanding these services throughout the country's health care system. Comprehensive EOC is now offered in 40% of district hospitals. The goal is to expand that to all district hospitals. With the right amount of training for health professionals, basic EOC can also be offered at the

Thana Health Complex. At the union level, the target is to provide Obstetric First Aid. And, in the community, more education is needed. People have to be able to recognize complications, understand they need help and know where to go to get it.

Stopping delays that cost lives

EOC services alone will not save lives. There are other stumbling blocks which delay deciding to get help, reaching the medical facility and getting proper treatment.

Some factors are cultural. In certain cases, a woman's life is not considered worth saving. Some families do not have the

money to pay for transport. Others die because hospitals or clinics are too far away. If they do arrive at a medical facility, some women die anyway from a lack of immediate, quality care. This in turn discourages other women from getting help.

The Government of Bangladesh, UNICEF and other agencies are working to improve the quality of EOC services and to make them more accessible. But, it will also take community involvement to save lives. The following chart shows how more education and a change in community attitudes can help stop delays which put lives at risk. — Unicef

DANGER SIGNALS

Seek EOC if any of these occur during pregnancy or within 42 days of childbirth

- any vaginal bleeding before labour
- heavy bleeding during or after labour
- severe headaches and/or convulsions
- swollen hands and feet
- fever
- smelly vaginal discharge
- labour that lasts a full day
- any part of the baby showing except the head