Selected extracts from October's issue of Forum

No Child Left Behind

SHUMON SENGUPTA

EVERY child is precious and every child has the inherent right to life. Everyone of us parents, care-givers. Government, NGOs, civil society, the media and even the man on the street has the responsibility to ensure that every child survives.

In Bangladesh, 244,000 children die yearly before reaching their 5th birthday, primarily from causes that are easily preventable. They die of diarrhea, pneumonia, complications in newborns etc., often complicated by malnutrition, etc. conditions that we can now treat but were once deadly.

So in theory, we can now save 28 Bangladeshi children every hour. The question is, how?

The idea of a Child Survival Revolution formally surfaced at the 1978 Conference on Primary Health Care held in Alma-Ata, USSR, which was attended by government representatives, health providers and development workers from around the world. It resulted in the path-breaking document, "The Declaration of Alma-Ata." This declaration asserts that health is a fundamental human right and that responsibility for assuring this human right through the provision of primary health care lies not only with the citizens, but also with the governments that represent them.

The Declaration notes that attaining the highest possible level of health "is a world-wide social goal whose realisation requires the action of many other social and economic sectors, in addition to the health sector."

What followed this declaration closely was a Unicef-led, more practical approach to saving newborn and child lives. Given the limitations of our resources and commitments, more selective and practical primary health care packages were proposed that prioritised smaller, more attainable health objectives. And this did save millions of lives.

While the child survival revolution did focus on appropriate, life-saving technical interventions, it did not adequately emphasise on the need to address the underlying social, political, cultural, institutional and economic determinants that contribute to new born and child mortality, particularly in developing countries. It is therefore not surprising that there has been rising levels of malnutrition and slow decline in infant and child mortality rates in many countries because real per capita government health expenditures have actually declined or remained alarmingly low in many countries.

In 2000, the world's governments' vowed to cut down the number of children dying before their fifth birthday by two-thirds. This is what came to be known as the United Nations Millennium Development Goal (MDG) 4. Innumerous steps have been taken to ensure that even the developing countries are able to meet this goal, especially since nearly all child deaths 99 percent occur in developing countries. Sub-Saharan Africa accounts for around 4.8 million of all child deaths, while around 3.1 million are in South Asia.

But tragically, the fact remains that across the world, in 2009 over 9 million children will die from disease and causes we can treat and prevent. Moreover, recent world events have made reaching the MDG targets seem even more unattainable. According to Save the Children estimates, it's children in the developing world, including Bangladesh, who are most vulnerable to the effects of climate change, rising food and fuel costs have already forced millions more families into poverty, and could undo decades of progress and most alarmingly, the global financial downturn threatens to hit the children in the developing world hardest and put even more children's lives at risk.

For the full version of this article please read this month's Forum, available free with The Daily Star on October 5.

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Lessons From Aila

FARIHA SARAWAT

FOR the residents of the south-western coast of Bangladesh, John Donne's immortal sermon has become a way of life: never send for whom the bell tolls. It tolls for thee.

With every disaster come a new batch of hardened, jaded survivors who have not only lost faith in the mercy and sense of justice of the higher powers, but also in the general populace's will to help them out of their plight. They even give up trying to wonder how many of them will survive to see the next disaster and whether we'll be able to save them the next time.

"Amader kotha ki shobai bhule gese?" is a question that resounds in every disaster affected area within months after a disaster of the event. After days of talking about the victims, within weeks we forget about the survivors. There are needs and responsibilities that transcend the immediate relief and rescue efforts the need for recovery, sustenance and survival, and our responsibility to help build capacities of the survivors and of future generations because the next disaster is never too far.

The trail of devastation left by Cyclone Aila is still quite visible in most parts of Shyamnagar and Ashashuni upazillas of Satkhira, and, Koyra and Dacope upazillas of Khulna. Even months after the cyclone, the affected families are trying to rebuild their lives against the onslaught of a continuing fresh water crisis and the recurring collapse of the damaged river embankments. Schools are still closed as buildings are being repaired or rebuilt, and books and study materials are being replaced. Children are still dependent on humanitarian aid for their basic needs of food, safe drinking water, medicine and most importantly a safe shelter.

Children are the most vulnerable after a disaster because it changes the very realm of their living environment and destroys their comfort zones. They are unable to get regular meals, they stop going to school, and in most cases they end up sleeping under the open sky or in make shift houses which pose a serious threat to their security.

Diarrhea is one of the most common causes of child deaths during and after disasters, even though it is easily preventable. Malnutrition and discontinued breastfeeding are other threats to children's lives during emergencies, both of which can be easily addressed through interventions such as continued breastfeeding and low-cost, highly nutritious food supplements.

Hence, immediately after an emergency, there is a need to establish at least one safe area in a community where children can come to just be children. They can come to play, study and retain some semblance of normalcy in their upturned lives as they recover from the disaster. Lactating mothers are also able to use such spaces to breastfeed their children with some peace and privacy.

Immediately after Cyclone Aila, Save the Children set up 145 such safe places that provided support to 314 lactating mothers and protected over 7 000 children daily. But there still remains a need to scale up these efforts on a national scale. The safety and security of children during emergencies need to be addressed on a national scale.

For the full version of this article please read this month's Forum, available free with The Daily Star on October 5.

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Every Life Counts

NAZME SABINA

IN 2000, governments around the world committed themselves to the Millennium Development Goals (MDGs), eight targets revolving around international development including education, health and gender equality. MDG 4 is specifically focused on child survival, calling for a reduction by two-thirds in the number of deaths of children under five.

To achieve MDG 4, Bangladesh must reduce under-five mortality, from 151 deaths per 1000 in 1990 to 50 by 2015, and infant mortality rate, the number of children dying at or under the age of one, from 94 deaths per 1000 live births in 1990 to 31 by 2015. The third target is to enhance the proportion of immunised one-year-olds for measles from 53 percent in 1992 to 100 percent by 2015.

According to the latest MDG progress report, the more pronounced causes of infant and child mortality are diarrhea, pneumonia, infection etc. However, there are other intermediate causes like poor nutrition, maternal literacy, lack of access to water and sanitation, etc. and structural issues such as poverty, inequality and exclusion, climate change and natural disasters, and global political economy. All these factors globally contribute to the deaths of over 9 million children, under-five every year.

It appears from the Bangladesh Demographic Health Surveys (BDHS) that the achievements of Bangladesh in reducing child mortality are very encouraging: under-five mortality decline by almost half, i.e. at an average rate of 5.3% per year which exceeds the required annual decline of 4.3% needed to achieve the Goal. The levels of coverage for BCG and the first two doses of DPT and polio are close to 90 percent or above. Measles vaccine rates at 76 precent are much lower though.

The trends noted above may look promising. The caveat, however, is that the improvements are based on overall trends at the national level. However, things would look quite different if we put on our "equity" lenses and looked at the socio-economic and geographical dis-aggregation of this data.

Poverty, though, indirectly remains an underlying cause of child deaths in Bangladesh. Consistently, we see that it is the children in the poorest households and in the poorest communities who are dying.

The BDHS data also suggests that the children of poorest households are more likely than their better off peers to die within the first five years of their birth. In the richest group, the child mortality rate is 72 per 1000, and in the poorest group, the rate is a staggering 121 per 1000. Although the poorest-richest ratio has been improving, the poorest are not getting benefits for reduction in mortality.

Children in the richest fifth households are more gainful than their poorest peers in measles vaccination-- 90 percent children from the highest wealth group and 60 percent from the lowest wealth group are vaccinated for this disease.

Interestingly enough, mortality among rural children is much lower than that of their urban peers over the years. This difference is explained by the thrust or focus put in rural areas by health programs. The urban rates may reflect the lowest levels achievable with existing programs at current coverage levels. This may mean that the recent decline in overall under-five mortality may not be easy to sustain. The measles vaccination coverage is nearly 10 percentage points higher compared to rural areas.

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Catalysing Change

SYED AKHTAR MAHMOOD

POVERTY reduction requires jobs, and productive jobs are created through investment. Unless the climate for investment is conducive, investors will not be forthcoming. This much we all understand.

But how do you bring about changes in the policies, laws, regulations and institutions that shape the investment climate? Experience shows that pious intentions and open-hearted pleas are not adequate. If you want to catalyse change, you have to do much more. Compared to some other subjects, such as natural resource exports, privatisation or import liberalisation, which often provoke controversy, investment climate improvement is something that many people seem to agree on. Yet, it has not proved easy to bring about the improvements in the business environment required to unleash the entrepreneurial potential of the nation and transform Bangladesh into a middle-income country. Nonetheless, people are trying and their experiences generate some useful lessons.

The prime responsibility for improving the investment climate lies with the government. It drafts the laws, formulates policies, rules and regulations, and carries out the public sector investment, especially in utilities and infrastructure, required for private investment to be productive. A pro-active government can do a lot to improve the investment climate of the country and do it fast. But that pro-activity is often missing in Bangladesh. In my own experience in dealing with the government the past few years, I have found at least four sets of contradictory dynamics in government that constrain efforts to improve the investment climate.

But there is hope. The same dynamics also create windows of opportunity. Those who want to catalyse change need to understand these dynamics and exploit the windows of opportunity.

There is widespread mistrust of the private sector among government officials. There is a common sentiment that the private sector is always looking for a quick buck and that business people would flout rules and regulations, and act against society's interest, unless the government constantly looks over their shoulders. Hence, there is a tendency to introduce new rules and regulations to "make the private sector behave." A large part of this negative sentiment is directed towards the big players.

At the same time, there is widespread recognition that the economy needs to be driven by the private sector and that the socialistic approaches of the past have not borne much fruit. There is quite a bit of faith in the small entrepreneurs players. This often leads to a paternalistic attitude in government officials who feel that the government needs to take care of the small players. But like over-indulgent parents, the government often ends up doing more harm than good through such misplaced paternalism.It is important to close the perception gap between government officials and the private sector. Catalysts who wish to bring about change will have to pay attention to this. There are a number of things that can be done, such as bringing the private and public sectors together whenever possible, ensuring the participation of the private sector even in programs primarily targeted at the government, advocating public-private partnerships and disseminating knowledge about what the private sector does and what problems it faces.

AMDADUL HUQ/ DRIK NEWS

For the full version of this article please read this month's Forum, available free with The Daily Star on October 5.

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