

# CARE & CONCERN

A Quarterly Publication of Hope Foundation for Women & Children of Bangladesh, Inc.



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## Paths to Prosperity in Bangladesh.

### *Do Institutions Matter?*

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Quality of life in rural Bangladesh is dependent on the ability to pursue a range of livelihood strategies. But how far do institutions empower people to capitalize on available resources?

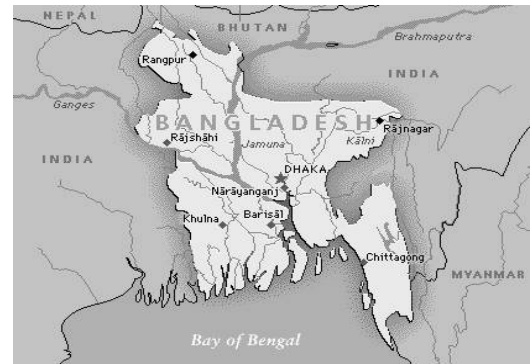
Evidence suggests that although state policies promote diversity, greater intervention is needed. In particular, land degradation poses a severe threat to sustainable agriculture, while privatization is eroding the rights of the poor to natural resources. This Institute for Development Studies report summarizes research into the complex livelihood strategies pursued in two distinct areas of Bangladesh, and asks whether the state is doing all it can to promote greater prosperity.

Chandina and Madhupur are two vastly different regions. Distinct population levels, migration patterns, and family dynamics are just some of the factors which set them apart. By mapping livelihood strategies against livelihood resources, the report examines the different roles played by institutions in determining livelihood outcomes in these areas.

What role do existing institutions play in enabling rural populations to pursue livelihood strategies? What determines the methods used in different areas to achieve agricultural intensification? Are resources used in a sustainable manner? And how do institutions promote migration?

The findings shed light on the complex range of issues which determine livelihood differences and include suggestions that:

- Agricultural intensification in Bangladesh has been driven by the complementary factors of market and policy.
- Existing institutions are not a significant restraint to agricultural growth.



Map of Bangladesh - A land of many rivers

- Evidence supplied by local farmers suggests that land resources are increasingly being degraded.
- Livelihood diversification occurs mainly in low productivity sectors, and is distress-driven for a vast majority of the rural population.
- Improvements in infrastructure and education opportunities have promoted migration and institutions have not constrained migration in any significant way.
- Common property resources, such as fishing grounds, are under threat, mainly from privatization.

The state needs to increase its intervention in markets to that the potential for livelihood diversity is fully realized. Further policy implications include suggestions that:

- Markets must be regularly monitored to correct imperfections.
- Agricultural extension services should broaden their scope to include measures to deal with natural resource degradation.
- The state should continue to invest in rural infrastructure and education.

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## Health or Economic Growth: *saving children's lives in the developing world*

How can we put a stop to the unnecessary deaths of young children in developing countries? Should we concentrate on improvements in the public health services? Or is economic growth, bringing with it increased incomes and improved nutrition, the answer? 10,000 children under the age of 5 die every day in Africa. This figure has not fallen for the past two decades. In East Asia reductions have been dramatic. Fifty years ago three out of 10 children died before they reached the age of 5; now it is around one in 20. The report found that:

- Countries with centrally planned economies had the highest rates of mortality reduction, due to state provision of public health services.
- Countries with market-oriented policies, such as Brazil, India and Kenya, have done well.
- In times of war, more than 30% of babies die in refugee camps.
- As mortality rates fall, and general environmental conditions improve, young children are less likely to die so that those most at risk of dying are young babies.
- Rising incomes, good nutrition, and education of women all play a part in bringing down the numbers of child deaths

but the evidence overwhelmingly points to the importance of public health care.

The Millennium Development Goal for Reductions in Child Mortality can be met by:

- Preventing conflict, as health services collapse when a country is at war.
- Improving healthcare,
- Money must be spent on free immunization programs.
- Subsidizing schemes for clean water and good sanitation
- Spending money at the grass-roots level to prevent leakage through centrally-controlled funding.
- Shifting from general environmental conditions, as mortality rates fall, to care of new-born babies.

Economic growth is important to improve the lot of the poor. However, action must be taken to ensure that as a country grows richer it is not only the wealthy that benefit. Improving health services, such as public health and immunization programs should be a priority.

Contributor(s): Howard White Source(s): 'Reducing Infant and Child Death', in Targeting Development Chapter 12, by R. Black and H. White, 2003 Funded by: Institute of Development Studies id21 Research Highlight: 22 January 2003

## Poverty and disease: *a vicious cycle in Dhaka, Bangladesh*

Poverty is a recognized cause of ill health, but to what extent does illness perpetuate poverty? Little is known about poor people's experiences of ill health or their coping strategies. What direct and indirect impact does sickness have on their economic prosperity?

A study by the Institute for Development Policy Analysis and Advocacy (Proshika) and the London School of Hygiene and Tropical Medicine examines these issues in Dhaka City, Bangladesh. Illness is a key constraint on the ability of slum households to secure their livelihoods. Action is needed to reduce health risks, improve healthcare and provide social and financial support.

As part of the Urban Livelihoods Study, the researchers analyzed qualitative data from one 'bustee' (slum) settlement supplemented by information from a wider quantitative survey of 732 households. They found that ill health is a chronic stress factor for slum dwellers, directly

causing loss of income, job insecurity and increased expenditure.

There are also serious indirect effects on family relationships and social networks. These include husbands taking another wife when their original partner suffers prolonged illness and the abandonment of wives when they became pregnant or cannot contribute to the economic well-being of the household. Social support networks are weakened when a family affected by illness becomes a drain on resources. The principal findings of the research were:

- Over 40 percent of respondents reported some kind of illness in the 14 days prior to interview. Among male income earners who are ill, 95 percent experience some loss of income.
- Unskilled workers and the self-employed

(Continued on page 3)



### 'Listen to Children and ensure their participation'

Children and adolescents are resourceful citizens capable of helping to build a better future for all. We must respect their right to express themselves and to participate in all matters affecting them, in accordance with their age and maturity'

Declaration of 'A World fit for Children'  
2002  
UNICEF



## Recent Events

### Special Film Presentation

Award winning Bangla film 'Padma Nadir Mazi' was shown at Deerfield Beach Cinema Hall on June 21st 2003. This was the first fundraising event organized by Hope Foundation for Women & Children of Bangladesh, Inc. and was warmly received by the Bangladeshi community in South Florida. As a true family show, people of all ages attended; from babies to children and grandparents.

### Picnic Fund-raiser

A Bangladeshi community picnic was organized by The Chittagong Foundation of South Florida on July 8th 2003 at Morikami Park, West Palm Beach. A raffle draw was held to raise funds for Hope Foundation. The attendees were enthusiastically supportive of the Cox's Bazar Hospital Project.

## Profile

### Dr. Muhammad Yunus - *an inspiration to us all*

He has been described as a visionary, gifted leader and tireless philanthropist. His dream is the total eradication of poverty from the world. With his single-minded drive and ambition, Professor Yunus is a source of pride and inspiration to all Bangladeshis.

Dr. Muhammad Yunus is the pioneer of 'micro-credit' a banking system that gives small loans to the rural poor - those without access to banking services except usurious money-lenders. In 1983 Professor Yunus formed the Grameen Bank, meaning 'village bank' founded on principles of trust and solidarity. In Bangladesh today, Grameen has 1,175 branches, with 12,500 staff serving 2.4 million borrowers in 41,000 villages. Of the borrowers, 95% are women and over 98% of the loans are paid back, a recovery rate higher than any other banking system. The Grameen banking system is now being used in 65 countries worldwide, serving 17 million borrowers.

Dr. Yunus was born in 1940 Chittagong, and was educated in Chittagong before attending Vanderbilt University on a Fulbright Scholarship and subsequently received his Ph.D. in Economics in 1969. He taught briefly in the US before returning to Bangladesh, where he joined the Economics Department at Chittagong University.

The UN Secretary-General appointed Professor Yunus to the International Advisory Group for the Fourth World Conference on Women in Beijing from 1993 to 1995. Professor Yunus has also served on the Global Commission of

Women's Health (1993-1995), the Advisory Council for Sustainable Economic Development (1993-present), and the UN Expert Group on Women and Finance. Professor Yunus has received numerous international awards for his work. Within Bangladesh, he has received the President's Award, the Central Bank Award, and the Independence Day Award, the nation's highest honor.

Professor Yunus lives in Dhaka, Bangladesh, with his wife Afrozi and their daughter, Deena.

The idea of giving loans to poor village women who were often illiterate and possessing no collateral or guarantee of loan repayment except trust, the Grameen Bank was initially met with much cynicism.

Dr. Yunus went against the advice of banks and government and proceeded to follow his dream. The World Bank acknowledged that 'this business approach to the alleviation of poverty has allowed millions of individuals to work their way out of poverty with dignity.'

*If I could be useful to another human being, even for a day, that would be a great thing. It would be greater than all the big thoughts I could have at university.*

**Muhammad Yunus**

By Anjumanara Mahmood

#### *Poverty and Disease (Continued from page 2)*

are more likely to be at risk of losing their employment as a result of illness than skilled workers.

- Healthcare is the highest item of monthly household expenditure after food and rent.
- Families seek treatment more quickly for illnesses in children than in adults. Wage-earning men receive higher priority than women.

Economic and social coping strategies are determined by a household's profile of resources, such as savings, number of available income earners, and social and family support networks. There is often a trade-off between short-term need and longer-term prosperity, sometimes creating a vicious cycle of debt burden, poverty and risk of longer-term ill health. The authors of the report suggest that policy-makers in developing countries should:

- take action to reduce disease among the

poor, for example by improving sanitation, waste disposal and ventilation

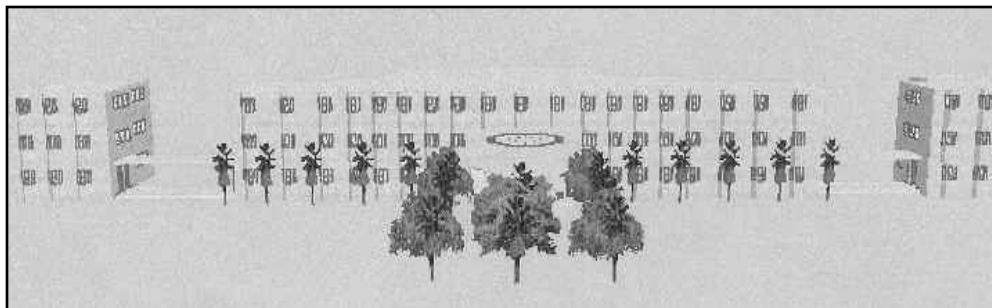
- direct government and NGO interventions towards all household members, rather than just children
- develop and expand community-based insurance schemes to provide for the cost of healthcare for adults
- provide credit on reasonable terms and expand savings schemes for vulnerable households to improve their ability to cope with illness

recognize the interrelationship between productive and reproductive work within a household and develop strategies to support those responsible for household maintenance, childcare, cooking and domestic tasks.

Contributor(s): Md. Azmal Kabir, Ataur Rahman, Sarah Salway and Jane Pryer

Source(s): 'Sickness among the urban poor: a barrier to livelihood security' by M. Kabir, A. Rahman, S. Solway and J. Pryer, Journal of International Development 12 (2000) d21 Research Highlight: 25 January 2000

## Current Project: Cox's Bazar Hospital for Women and Children



Proposed design: Cox's Bazar Hospital for Women and Children  
for more details please visit the website: [www.hopeforbangladesh.org](http://www.hopeforbangladesh.org)

Cox's Bazar Hospital for Women and Children is a non-profit charitable hospital established and managed by Hope Foundation for Women & Children of Bangladesh, Inc.

Since 2000, the Hospital has been operating as an outpatient clinic providing free medical care to the poor. Over 40,000 patients have received treatment so far.

The hospital project aims to emerge as a one of a kind 200-bed teaching hospital serving sick children and women from around the country.

The project will be built in multiple phases. The first phase - a 50-bed hospital building will be built by the year 2006. Subsequent phases will result in an additional 150 beds along with other related healthcare services.

All achievements so far are a testament to the tireless efforts of volunteers and generous donations from concerned individuals.

This project is sustained entirely by charitable contributions.

# Care & Concern

The Care & Concern newsletter is published quarterly by Hope Foundation for Women and Children of Bangladesh, Inc. and distributed to members, governmental, health and news agencies internationally and also to individuals on the mailing list. The newsletter also appears on the website

[www.hopeforbangladesh.org](http://www.hopeforbangladesh.org)

Care & Concern welcomes comments, new information and relevant articles concerning all aspects of health, women and children's health and philanthropy. For further details, please contact:

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## Bangladesh: vital statistics at a glance

Area: 144,000 sq. km  
Climate: tropical  
Terrain: mostly flat alluvial plain; hilly in SE  
Natural hazards: droughts, cyclones

Population: 133,376,684 (July 2002 est.)

Age structure: 0-14 years: 33.8% ,  
15-64 years: 62.8%  
65 years and over: 3.4%

Birth rate: 25.12 births/1,000 population  
Death rate: 8.47 deaths/1,000 population  
Infant mortality: 68.05 deaths/1,000 live births  
Total fertility rate: 2.72 children born/woman

HIV/AIDS - deaths: 1,000 (1999)  
Life expectancy : all: 60.92 years  
female: 60.74 years  
male: 61.08 years

Literacy: total 56%  
male: 63%  
female: 49%

Ethnic groups: Bengali 98%, tribal groups,  
non-Bengali Muslims  
Languages: Bangla (Bengali), English

Source: CIA World Factbook

### Paths to Prosperity (Continued from page 1)

- Rural industries should be promoted to make livelihood diversification more productive.

The state must address the issue of the rights of the poor to natural resources such as fishing grounds.

Contributor(s): Kazi Ali Toufique  
Source(s): 'Sustainable Rural Livelihoods in Bangladesh:  
A Summary of Research Findings'  
IDS Research Report 45, Institute of Development  
Studies, Brighton by Kazi Ali Toufique (August 2000)  
id21 Research Highlight: 23 November 2000

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