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It is a great pleasure for me that after long 8 years we are again going to circulate the E-DUAR.

Initially from 1995 to 2000 we translated CBR news what was published by AHRTAG –UK and latter on what was HLWW-UK and from 2000 to 2002 we published DUAR News Letter.

But it is very sad to inform all of you very recently HLWW has been closed which has run from last 40 years for the developing countries. We do hope this will be continued and it will remind the HLWW to us.

After this long gap again we have taken initiative to publish E- DUAR to circulate the message to all on disability issue.

First time we are going to publish with the message from SARPV-Bangladesh only. Gradually we will try to collect the news from different NGOS those who are working on disability issues in Bangladesh.

We do believe this E-Duar will be able to carry the message all the development worker those who are working on this issue.

I am grateful to all my colleagues of SARPV those who are working hard and committed with this issue.

Initiative Local Govt to prevent

A camp on Rickets prevention and identification was organized by SARPV at Kaierbil Union Praised on 4th September 2010.

The main objective was to find out the rickets affected children and advised them to show their children at CDC (Chakaria Disability Centre) for treatment. In the camp total 42 ricketic children were identified. Among them 25 were boy and the rest of 17 were girls. Chairman of Kaierbil union parisad and others members, head master of Kaierbil union Praised, local elite and health inspector of Kaierbil union parisad were also presented in the camp.

On behalf of local govt. Mr. Shajahan Chowdhury make a commitment in the camp that they will to provide 10 kg rice for each family among the 40 ricketic children families under Kaierbil union parisad. The support will be continuing for 1 year. After the commitment SARPV Bangladesh develop



a list of ultra poor of ricketic children's families to provide the support. Considering this the list was given to the Chairman of Kaierbil union parisad. According to the list 40 families were got 10 kg rice alone.

When Chairman of Kaierbil committed to gave food support to 40 Rickets affected children for 1 year, then the parents of those children prayed to God for both SARPV and local Govt. bodies for this type of support.

Camping for Clift lip and Clift plate patients for operation at free cost.



SARPV- Bangladesh has been arranged a different type of medical camping for poor cleft patients on 12 October at its regional office Kapasia disability complex, Gazipur. It is mentionable that some babies are born in congenitally Clift lip and Clift palate. These types of deformities can be overcome through surgery. With the assistance of City Hospital, Dhaka, Bangladesh SARPV makes the opportunity to do the surgery for the poor Clift lip and Clift palate patients at free cost. In that day total 27 patients (male 14 and female 13) were gather at kapasia disability complex. Out of 27 patients 11 patients were selected for surgery. An expert doctor team of City hospital selected the patients. Out of 11 patients 4

were boy 7 were girls. Selected patients age range was 4 months to 11 years. In 13th and 14th October 2010 at

City Hospital all patients operation had been done successfully. All of them are now in a good condition. This type of support makes the children smile prettier and relief the families from anxiety and misery.

Highest prevalence of rickets has found in Gazipur district

At present Child centered Approach to preventable disability is one of the major project under disability prevention program of SARPV Bangladesh which is implementing in 12 Upazilas falling under 3 district of Bangladesh. To assess the prevalence of rickets in children in different age and identify the attitude of stakeholders a baseline survey was conducted in 12 Upazilas. In this regard a

sharining meeting on Baseline survey findings of rickets of Gazipur was held on 5th October at 2010 at Gazipur Pouroshova Auditorium.

upazila	children aged 1-15 years			children with rickets		
	Boy	girl	Total	Boy	girl	Total
Pekua	201	226	427	1.0	0.4	0.7
Ramu	207	179	286	1.0	1.1	1
Ukiah	225	193	418	1.3	1.6	1.4
Teknaf	218	199	417	0.9	1.5	1.2
Kutubdia	233	184	417	0.4	0.0	0.2
Moheshkhali	187	201	388	2.1	2.0	2.1
Cosx bazar Sadar	218	200	418	1.4	1.5	1.4
Total: coxsbazar	1489	1382	2871	1.1	1.2	1.1
Gazipur Sadar	126	131	257	3.2	0.8	1.9
Kaligonj	146	131	257	2.7	3.1	2.9
Kapasia	148	139	287	0.7	1.4	1
Total: Gazipur	420	401	821	2.1	1.7	1.9
Sunamgong	235	208	443	1.7	1.0	1.4
Jamalgong	213	166	379	0.9	0.6	0.8
Total	448	374	822	1.3	0.8	1.1
G. Total	2357	2157	4514	1.4	1.2	1.3

Prevalence of Rickets under 1-15 year age

so long and highest prevalence of rickets was seen in Cox's bazaar district in all former survey. But based on the survey finding it may claimed that highest prevalence of rickets has found in Gazipur district (1.9). The low Rickets prevalence Upazilas

Mr. Hasan Sarwar; Additional District Magistrate of Gazipur district presented here as Chief Guest whereas Dr. Abdul Karim; Mayor of Gazipur Pouroshova, Dr. Abdul Kader; child specialist, Dr. Habibur Rahman; Deputy Director of Family planning department under Gazipur district were invited as Special guest and Dr. Jounul Abedin Talukder; civil surgeon of Gazipur district was the chair of the meeting . In the meeting Mr. Shahidul Haque the Chief Executive of SARPV presented the survey findings. A great number of representatives from local govt, doctor's community, family planning department, ngo, media and beneficiaries of SARPV were took part in the meeting.

as seen from the table are Kutubdia, Jamalgongj and Pekua and the high prevalent Upazilas are: Kaligonj, Moheshkhali and Gazipur Sadar. Out of the listed 4,514 children aged 1-15 years in the 1920 survey households, 58 were identified as Rickets patients

Prevention of rickets through nutrition:

To makes rickets free Coxsbazar SARPV-Bangladesh has been implementing "Prevention of rickets through nutrition" project in Coxsbazar Sadar, Moheskhali and chakaria Upazila falling under Coxsbazar district. The project phase has set for 2008 to 2010. Rickets' is a bone disease. It is also mentionable that if rickets is identified at early

stage it can be prevented by only nutritional advice with calcium tablet alone. Considering the one of the major aim of the projects, Children in 800 families under 15 years age have receive nutritional therapy. Total 2433 ricectic child has been received nutritional therapy under this project.

	2008				2009				2010			
	Improved	Unchanged	get worse	total	improved	Unchanged	get worse	total	improved	Unchanged	get worse	total
Chakaria	83.3% (239)	8% (22)	8.7% (25)	82.3% (729)	82% (224)	7% (19)	11% (31)	70.5% (603)	56% (136)	31% (75)	13% (33)	50% (349)
Moheskhali	76.3% (229)	13% (39)	10.7% (32)	9.2% (82)	57% (74)	25.3% (30)	17.7% (43)	14.6% (125)	57% (126)	35% (78)	8% (18)	39% (270)
Coxsbazar	87% (261)	7% (21)	6% (18)	8.5% (75)	74% (208)	10.7% (76)	15.3% (53)	14.9% (127)	38.5% (87)	51.8% (117)	9.7% (22)	11% (73)

- ⊕ 886 ricectic children have identified in 2008 and after getting 3 years nutritional therapy total 82.3% children were improved out of the total 886 at 2010.
- ⊕ Out of 855 ricectic children 70.5% have improved at 2010 after received 2 years nutritious food. These children were identified at 2009.
- ⊕ At 2010, 50% ricectic children have improved and they are also identified at 2010.

History of Change

"I was not born as a child with disability. But the society has made me disabled. When I was a child of two years, I was affected by fever and heavy pain from the legs to the waist. From that time I have been become a person with disability and captured in the house" said Humayra Begum with emotional voice.The story is about Humayra Begum a women with disability who can proved that "we can do ".

Humayra is the inhabitant of Boroitoli Union of Baidyapara area of Chakaria Upazilla of Cox's Bazar. Her father Shafiullah maintains his family by laboring. When she was little affected by fever and pain, than her father called in a doctor of that locality. But she was not cured and referred to the Chakaria Upazilla Health Complex. But her problem was not improved; rather her food consumption was decreased. As a result she was becoming

thin. After returning home from the hospital day by day she was becoming thinner and her left leg was becoming short. Ultimately he couldn't walk due to the foot becoming narrow and heel of the foot becoming bending. Thus she became a physically challenged person and for this problem she couldn't go out.

Although she couldn't go out but she always would dream a future to be self reliant with her own income. So she reared poultry, sewed cap for selling locally. Her parents observed that Humayra wants to change her life by earning, so they started to encourage her for her initiatives. They withdrew their hindering from her mobility to the community.

To implementing the project "Mainstreaming people with disabilities in the society in 2006 SARPV- Bangladesh. She was included a member of disabled group as a part of Project activities. She got different issue-based training like "Human Rights", "Gender and Disability" from this project



and become aware about her rights in society. From the project she received two types of income generating activities (IGA) training, which are poultry rearing and sewing. She extended her nutritional demand. After few days she received training on sewing. After the training she couldn't use the training for shortcoming of a sewing machine. She was seeking a machine for generating her income.

At that time the Chairperson of Boroitoli UP declared 2 machines for the trained up persons with disabilities in the Dialogue Meeting of SARPV-MJF project. SARPV facilitated the distribution of sewing machines that the proper persons get this benefit. This is why Humayra got one of the sewing machines without paying.

Humayra believes that the training gave her new eagerness and develops her courage. On the other hand sewing machine gave her opportunity to

poultry rearing after getting the training on this issue. Now she possesses 30 hens, which give eggs regularly. She sells these to the local market and few of these take in their meal for fulfilling the

utilize the enthusiasms. Now Humayra can help her parents from the income of sewing and poultry rearing. Her parents are very happy about her development. Once upon a time her parents judge that the girl will increase their sorrows because she could not do anything. Now Humayra's self dependency moderate her families' poverty rate and the local people don't treat her as a person with disability; she gets dignity and respect from all local people of her area. She wants to extend her sewing business to eradicate poverty of her family. Thus Humayra can create space in his family and society to express opinion independently and proved that we can do.

A medical team from France visited CDC of SARPV

A medical team (Dr. Jack. Dr. Berner and Mr. Giom) from France visited the Chakaria Disability Complex at chakaria on October. In this visit they stay for 15 days . The main purpose of their visit is to follow the ricektic patients .Besides this they provide training on making walker and wheel chair. Following pictures are about their activities during the visit

