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Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV) is a voluntary social change organization in developing field.

SARPV is one of first organisation which has extended their support to the people with disability during and after disaster in 1989 at Saturia, Manikgonj. They also worked for the disable people who were victim of disaster in 1991 and 1997.

Now the major programs of the organization are Education (EP); Local Government and Community Development (LGCDP); Disability Prevention and Development (DPDP); Rights and Advocacy (RAP) Climate Change, Disaster and Disability (CCDDP); Micro Entrepreneurship and Income Generation (MEIGP)

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

Wish your cooperation will be with this journey and lets with hand to hand try to move forward.

Shahidul Haque
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1681 Rickets affected Children's are now Beyond of Disability

SARPV is one of the foremost organizations in Bangladesh which has been working against prevention of disabilities by addressing rickets as an emerging health issue since 1991. Under the 'Prevention of Disabilities' program SARPV implemented a three years project named, "Prevention of Rickets through Nutrition" funded by UNICEF and AMD- France. With the aim of making rickets free Bangladesh, SARPV piloted the project in Coxsbazar Sadar, Chakaria and Moheskhali Upazila .The project period was from 2008 to 2010.

Rickets is not only preventable but also curable if it is identified at the early stage. The Beneficiaries of the project were the rickets affected children and their families, considering the fact that children's are the only victim of the disease. A baseline survey was conducted in 2008 under this project to establish a benchmark in identifying and describing the presents status and knowledge and attitude about rickets.

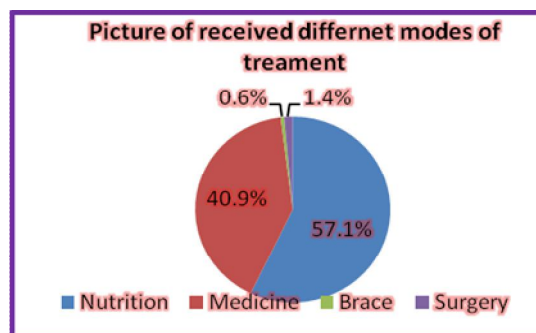
The key aim of this project was, rickets affected children in 800 families per year (total 2400) will receive nutritional therapy. From January 2008 to September 2010 total 2433 children less than 5 years, were identified and received services. The picture of the progress of rickets affected children's after receiving our service are as follows-

Project Area	2008-2010		2009-2010		2010	
	P. I	Cured	P. I	Cured	P. I	Cured
Chakaria	286	239	274	224	244	136
Cox's Bazar	300	261	281	208	226	87
Moheskhali	300	229	300	171	222	126
Total	886	729	855	603	692	349

***P.I –patient intervention**

In 2008, 886 rickets affected children's were intervened and 729 have been cured. Out of 855 ricketic children's 603 have been cured and these children's were received services from 2009 to 2010. 2010 was the last year of the project. In this year 692 rickets affected children intervened in the project service and 349 children's became cured. Out of 2344 ricketic children's now 1681 (729+ 603+ 349) are cured.

Direct beneficiaries of the project were rickets affected children's and their families. Considering the project aim, "children in 800 families will receive nutritional therapy per year", 2433 children's were got involved with the project services within three years. It is notable that, who introduced in 2008 were able to received 3 years service. Received 2 years service who were intervened in 2009 and received only one year service who involved the project in 2010. Initial studies suggested that vitamin-D deficiency was not a major causal factor in rickets in Bangladesh and calcium deficiency is assumed to be the primary etiologic factor.



Nutritional advice, medicine, brace and surgery are different modes of treatment for rickets affected children. Out of 2433 ricketic children, 57.1% children's were suggested for nutritional advice as their legs deformities were within 5 degree. But when the deformities turn into 6 to 10 degrees then they need Calcium tablet along with nutritional advice and 40.9% children's were counseled for medicine. It appears that number of rickets cases handle with nutritional advice and medicine considering their leg deformities and age. In nutritional advice, rickets affected families were counseled for taking calcium-



Follow up of Ricketic child

rich vegetable, little fish, sesame, black seed oil, milk, egg and also mentioned mixing lime while coking rice.

Six project staff along with one program manager was involved in the project implementing areas. One of the project aim was, at least 50% households from the project implementing area will be aware about rickets in children, its early sign and consequences in terms of disability, its prevention through improved calcium dietary intake and

where to go for treatment. Keeping the objectives of the project in mind, SARPV took a number of significant activities including with different groups of stakeholders such as GO-NGOs officials, local level communities, school teachers, media personnel and health department. On the other hand group formation with ricketic and non ricketic children's families, training with health department and teachers community, seminar- workshops and meeting, sharing meeting at district level, video show at school, madrasa and villages, school and household visits for identifying rickets affected children's were some key activities of this project. Besides these, some IEC material such as booklet and poster also produced.

Rickets is becoming as a threat to public health in Bangladesh. In 2008 the National Rickets survey showed that Cox's Bazar district had the highest prevalence of rickets in children of 1-15 years (0.99%) . The survey was conducted in collaboration with SARPV, ICDDRDB, UNICEF, Plan –Bangladesh and CARE-Bangladesh etc. With the support of DFID; SARPV conducted another baseline survey in Cox's Bazar, Sunamgonj and Gazipur district which showed that Gazipur has the highest prevalence of rickets (1.9%).

SARPV is the pioneer and only organization in Bangladesh which has been working for prevention of disability by preventing rickets. In Chakaria the organization has established a disability complex which is known as 'Chakaria Disability Complex'. But due limitation of funding it is unable to provide the services in all over Bangladesh. Besides this it is also mentionable that SARPV cannot do the work alone. In this circumstance the govt. of Bangladesh can take the initiatives to prevent rickets without any extra program. They can merge the program with the health and family planning activities because the family planning department has easy access to reach door to door in every village. So when the field workers of health and family planning department visit door to door they can provide the common message about rickets besides their routine work.

Seminar on Management of Rickets and Limb Deformities at CMOSHMC

A scientific seminar on management of rickets and limb deformities was held on 26th January 2011 at Ma-O-Shishu hospital at Chittagong. The seminar was organized in collaboration with SARPV- Bangladesh and Chittagong Ma-O-bone disease causes deformities in children. Bangladesh SARPV- for rickets affected with the support of AMD and KDM.



Chittagong. The collaboration with Chittagong Ma-O-bone disease causes deformities in children. Bangladesh SARPV- for rickets affected with the support of

In the seminar Dr. Thierry gave a brief presentation on rickets and limb deformities". On the other hand Mr. Shahidul Haque the Chief Executive of SARPV spoke about the rickets situation in Bangladesh. The seminar was sponsored by Sanofi-aventis Bangladesh Ltd. Around 200 doctors from Chittagong division took part in the seminar.

Craviari from France
"early management of

Refreshers Training for the teachers of ELCD

Bangladesh Shishu Academy conducted 3 days refreshers training for the teachers of Early Learning for Childhood development centre (ELCD) of SARPV on 28th to 30th January. The ELCD is a program which aims to develop a learning environment for the children especially children with disabilities and poor children in rural areas.

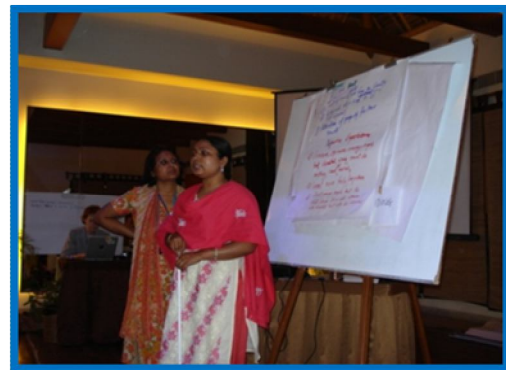
At present SARPV is running 24 ELCD in 24 Villages at 6 union of Chakaria Upazila under Cox's Bazar district. The training session was inaugurated by Mr. Ahsanul Haque the Upazila children affairs officer of Cox's Bazar district and where Mr. Sujit Kumar Das was trainer. 24 teachers from 24 ELCD took part in the training and all of the teachers are female. This is a refreshers training on 'Pre primary educational activities' for the teachers of ELCD. The training focused on objectives and characteristics of pre primary education, the role and responsibilities of the teachers about pre- primary education, its method and technologies introduce with the curriculum and also gave emphasized on how to maintain ELCD centre.



Few words of Jolly Kowser.....a story of change

Jolly Kowser is a visually impaired woman lives in Rayer bazar at Dhaka. She was not blind by birth. Her father Zilur Rahman was a govt. employee and mother Johora Begum is a house wife. She was the eldest daughter among one brother and one sister. Considering first baby of the family she was grown up in a lovely atmosphere. But due to her father's unexpected death the family had faced a miserable situation. Then she was only eight years old. Her mother handled everything smoothly. Jolly and her brother-sister were grown up with their mothers close relation.

Jolly's dream was to Study in BBA and go to abroad for higher studies. She admitted into BBA in International Islamic university, Chittagong at Dhaka campus. She completed her BBA degree successfully. But all of a sudden she was affected by fever and headache while taking preparation for going abroad. Till Jolly and her family could not understand what a crucial situation was waiting for them. One day she feels her low vision with profound headache. She cannot see anything through her eyes the most valuable thing of the life. She seeks advice from doctor in home and abroad. But nothing was changed. Doctors said that she has lost her eye sight as her optical nerve was damaged. The message shocked her profoundly and she lost hope to carry out her life.



One day she realizes that 2 years had passed from her life. Gradually she controls herself and realized that there is no significance to destroy her life. Then she received training on computer from Vocational training center for blind (VCTB). Besides this she tried to make communication with different NGO especially who are working for people with disabilities specially women with disabilities. As a result she contact with SARPV and got chance to join with SARPV as a volunteer.

In that time SARPV was running a regional project on, "Creating space for woman with disabilities" and Jolly got opportunities to work directly in the project. At the same time she communicates with Bangladesh Visual Impaired Peoples society (BVIPS) and from this Institute she received "Leadership training for visual impaired" in 2008. On the other hand as part of project activities she also received "Regional leadership training for women with disabilities" from India. After then she facilitated the same training in Bangladesh where twenty five participants took part from five divisions of Bangladesh. When she became a part of Women with disabilities group (WWD) at SARPV, she found many women with disabilities are passing their life very miserably. They could not enjoy their rights and on the other hand family and society ignores their existence and there is no platform for WWD. She also realized how

women with disabilities are discriminated within the family and society and what govt. and other should do for them.

Jolly Kowser believes that women with disabilities can change their miserable life and express themselves if we can ensure education and create scope of employment. In 2008, she got married with Sohail Ahmed who is also a visually impaired person. At present she is working with BGMEA as senior Executive.

5 compulsory works for every beneficiary of SARPV

- ✚ Neat and Clean surroundings, accessible and hygienic latrine, pure drinking water and scope for enough sunlight are need to be ensured.
- ✚ A hole in the yard to dump the household wastage
- ✚ Plantation of 2 papaya, 2 guava trees along with some herbal trees in the yard
- ✚ Either poultry or livestock is obligatory for every beneficiary family
- ✚ Family must ensure the schooling of their children and accessibility in every where

UP coming Publication of SARPV
Annual Report 2009-2010