

# **The Millennium Development Goals**

**Bangladesh Progress  
Report 2009**



**General Economics Division  
Planning Commission  
Government of the People's Republic of Bangladesh**



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The Millennium Development Goals Progress Report 2009 has been benefited from the financial and technical assistance of the United Nations System in Bangladesh.

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



**PRIME MINISTER**  
**GOVERNMENT OF THE PEOPLE'S REPUBLIC OF**  
**BANGLADESH**

## Message

It gives me immense pleasure to know that the Planning Commission has prepared Bangladesh Progress Report-2009 on the Millennium Development Goals (MDGs) which is a part of annual assessment of Bangladesh's progress towards achieving MDGs by 2015.

We have only five years left to achieve these landmark targets. Concerted efforts of the global community will be required to reach these targets set by the United Nations. There is no alternative but to achieve the targets within the given timeframe to offer decent lives to the millions living in the Least Developed Countries. Such a progress report provides us with required inputs to assess the actual situation and to adopt appropriate strategies, policies and actions for timely achievement of the goals. Our government is doing its best creating the environment for unleashing accelerated economic growth. I hope this progress report would help us in formulating our long term perspective plan as well as medium term sixth five year plan. Bangladesh has been making earnest efforts to achieve all the MDGs by 2015. The key challenges standing in the way of achieving the goals vary across the targets. Consequently, different levels of progress have been achieved in different goals.

Resource constraint is a major impediment towards fulfilling the global obligation. I urge upon the international community to enhance their support and cooperation to the resource trapped countries in their efforts to achieve the MDG targets.

I extend my sincere thanks to those who have made untiring efforts to publish this document.

Sheikh Hasina



# Message



**Air Vice Marshal (Retd.) A. K. Khandker**

Minister  
Ministry of Planning  
Government of the People's Republic of Bangladesh

I am happy to learn that the General Economics Division (GED) of the Bangladesh Planning Commission has prepared the 'Millennium Development Goals: Bangladesh Progress Report 2009' taking inputs from relevant ministries and related stakeholders along with the technical assistance from the UN Systems. As the coming Sixty-fifth session of the United Nations General Assembly, inter alia, will review the latest achievements of the MDGs, the report will be supportive to do the same for Bangladesh

The Government of Bangladesh is committed to achieve the MDGs within the given timeframe and accordingly prepared an action plan. The National Strategy for Accelerated Poverty Reduction (NSAPR-1), the Medium Term Budgetary Framework (MTBF) and the Annual Development Programs (ADPs) have also been tuned towards achieving the MDGs. The recently revised Poverty Reduction Strategy Paper (NSAPR-11) adopted a holistic approach to reduce poverty and improve other social indicators to achieve the MDGs, with special attention provided to the areas in which the country is lagging behind. Bangladesh has already initiated actions to prepare the Sixth Five Year Plan (2011-15) in pursuit of achieving the MDGs since both will coincide with the terminal year.

This is the fourth publication of Bangladesh MDGs Progress Report after 2005, 2007 and 2008. The present report highlights three aspects of each of the goals, current trends, challenges in achieving the goals and future policy priorities. It shows that Bangladesh has been convincingly moving towards achieving some MDGs, some of the goals can be achieved with enhanced efforts. However, some goals will need more time to be achieved.

I commend GED officials for providing their efforts in preparing this report which will be beneficial for the policy makers, researchers, planners and development partners dealing with the MDGs issues. I also appreciate the UNDP for providing necessary support in finalizing the report through the "Support to Monitoring PRS and MDGs in Bangladesh" Project.

**Air Vice Marshal (Retd.) A. K. Khandker**





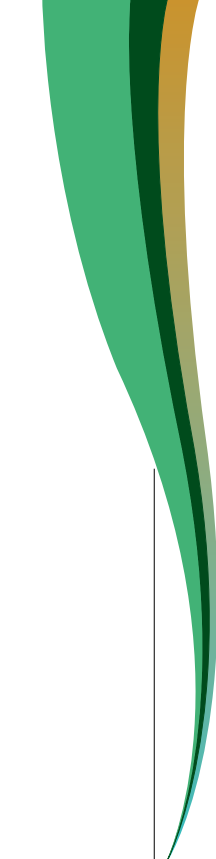
# Foreword

Millennium Development Goals: Bangladesh Progress Report 2009' is the fourth attempt at stock-taking of the status of all the MDGs in Bangladesh after the reports published in 2005, 2007 and 2008. The report is prepared with the help of Thematic Working Groups constituted in concerned ministries along with the assistance from the UN System. In order to coordinate and facilitate preparation of the Bangladesh Country Report, a Steering Committee headed by Member, GED and a Working Committee headed by Division Chief, GED were constituted.

The report has been prepared based on the suggestions from the Steering Committee where every goal was examined focusing on Scope, Trends, Challenges and Way forwards. Unlike the previous publications, this report has highlighted the Millennium Declaration: Democratic Governance and Human Rights as a new chapter analyzing linkages between MDGs and the Declaration. The report indicates some challenges of achieving MDGs in several key areas such as maternal health, retaining of students at the primary level to complete primary education, gender parity in tertiary education, quality issues in accessing safe drinking water and improved sanitation,

The report shows that Bangladesh has achieved remarkable progress in the areas of primary schooling, gender parity in primary and secondary level education, lowering the under-five mortality rate, reducing the incidence of communicable diseases and improving indicators on the environmental changes. The reduction of poverty is well posed in reaching respective targets, provided there are macroeconomic stability, economic growth and employment creation in the remaining period. However, the hunger target might not be achieved due to the challenges of food security in the country, The key challenges to future poverty reduction include lack of programme coordination and harmonization, structural constraints, lack of diversity in food crop, chronic under nutrition in children, prevalence of small pockets of high poverty and weakness in proper targeting and efficiency.

The education sector faces significant challenges in achieving the targets which include reaching the marginal populations, ensuring survival rate to grade V, improving quality of primary education, increasing share of education in government budget, mitigating impact of economic and natural shocks on primary enrolment, and increasing coverage and improving quality of adolescent and adult literacy programmes. Significant challenges exist in the way of achieving gender equality. These include creating effective and efficient linkage between different relevant ministries for addressing women and development issues, and addressing various socio-cultural factors that underpin their vulnerabilities. The challenges for reducing child mortality include proper implementation of policies, improving delivery of health care services, limited supply of technical and managerial manpower, limited supply of drugs and commodities, and lack of information for making strategic and policy level decision. Several challenges stand in the way of achieving MDG 5 which include inadequate coordination between health and family planning care services, improper skill mix and insufficient number of health workforce, sector planning based on insufficient data, inadequate government funding, and underlying socio-cultural factors.



Notwithstanding the low incidence of the communicable diseases and the progress made, Bangladesh faces some challenges in maintaining the trend. These include inadequate coverage of Most at Risk Population, limited technical and managerial capacity and inadequate government funding in the government bodies in charge of control of these diseases, and lack of strategic information management. In case of environment, some of the important challenges are: absence of comprehensive mechanisms for the production and distribution of quality planting material and efficient use of forest resources, lack of facilitating technology, institutional support and dedicated financing to reduce greenhouse gas emission, lack of proper regulation that addresses the present gaps in fisheries sector development, poorly planned development programmes, upstream withdrawal of water, lack of policies and strategies to ensure conjunctive use of water resources, and developing water efficient agricultural practices.

As clearly identified during the MDGs needs assessment and costing exercise done by GED, Bangladesh needs substantial resources to achieve the MDG. Immediate efforts need to be undertaken by Development Partners to examine the gaps and strengthen support to critical MDG-oriented sectors. Bangladesh, as the country most vulnerable to the global menace of climate change, needs to get urgent support from the US\$10 billion initial fund pledged by world leaders at the Copenhagen Climate Summit. Bangladesh expects to receive a 15% share of the fund to address the additional challenges that climate change poses to the MDGs gains of Bangladesh.

I hope that this report will provide valuable information and analyses on the MDGs achievements status in Bangladesh to researchers, planners, academicians, development activists and all related stakeholders within the Bangladesh Government and among the development partners.



**Prof. Dr. Shamsul Alam**  
Member, General Economics Division

# Acknowledgements

'Millennium Development Goals: Bangladesh Progress Report 2009' is the fourth Bangladesh MDGs Progress Report prepared by the General Economics Division (GED), Planning Commission, Government of Bangladesh (GOB), the UN system in Bangladesh and the five Thematic Working Groups (TWG) viz; poverty & hunger, education, gender, health and environment assisted the GED for preparation of the document. UNDP, UNICEF, UNFPA, WFP, IOM, ILO and WHO imparted technical assistance in preparing thematic papers. For global partnership, though it was not covered by any thematic group, the report was prepared by the GED with the assistance of UNDP. The entire report was, however, compiled and published by the GED with the technical assistance and financial support of UNDP funded Project "Support to Monitoring PRS and MDGs in Bangladesh". The GED acknowledges the contribution of UN System in Bangladesh for their contribution during the preparation of this report.

In order to coordinate and facilitate preparation of the report, a Steering Committee headed by Member, GED and a Working Committee headed by Division Chief, GED were constituted. The Steering Committee suggested that following the UN Millennium Declaration, the MDG Progress Report-2009 would have a separate chapter on the Millennium Declaration. The Ministry of Establishment and the Ministry of Law, Justice and Parliamentary Affairs have prepared the reports on Governance and Human Rights respectively with the assistance of UNDP. The Ministry of Expatriate's Welfare and Overseas Employment has also prepared the Migration Status Report with the help of the IOM.

The thematic area wise reports were discussed in broader forums of GO, NGOs, Civil Society and academicians etc. to receive feedback on the draft. The thematic reports were then recast based on the recommendation(s) for final compilation. The GED also acknowledges the contribution of other officials of the GOB, Development Partners and resource persons consulted during the preparation of this report. The management of UNDP funded Support to Monitoring PRS and MDG project deserves special thanks for supporting GED in undertaking the whole process and in the publication of the report.



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# Acronyms

ANC	Antenatal care
ARI	Acute Respiratory Infections
ADP	Annual Development Programme
API	Active Pharmaceutical Ingredients
BARC	Bangladesh Agricultural Research Council
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BMMS	Bangladesh Maternal Mortality Survey
BNFE	Bureau of Non Formal Education
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFC	Chloro-Fluro Carbon
CPR	Contraceptive Prevalence Rate
DAE	Directorate of Agricultural Extension
DDA	Directorate of Drug Administration
DFID	Department for International Development
DFQF	Duty Free Quota Free
DNFE	Directorate of Non Formal Education
DOTS	Directly Observed Treatment Short-course
DP	Development Partner
DPE	Directorate of Primary Education
DSF	Demand Side Financing
EmOC	Emergency Obstetric Care
ERD	Economic Relations Division
EU	European Union
EBA	Everything but Arms
EFA	Education for All
FD	Forest Department
FDI	Foreign Direct Investment
FP	Family Planning
FSSAP	Female Secondary School Assistance Programme
FTA	Free Trade Agreement
FY	Fiscal Year
GDP	Gross Domestic Product
GED	General Economics Division
GEF	Global Environment Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GPS	Government Primary School
GSP	Generalized System of Preferences
Ha	Hectares
HFSNA	Household Food Security Nutrition Assessment
HIES	Household Income and Expenditure Survey
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HNPSP	Health, Nutrition and Population Sector Programme
IMCI	Integrated Management of Childhood Illness
IPHN	Institute of Public Health Nutrition



IUCN	International Union for Conservation of Nature
JCS	Joint Cooperation Strategy
LAS	Literacy Assessment Survey
LDC	Least Developed Country
LMIS	Logistics Management Information Systems
MARP	Most at Risk Population
MDG	Millennium Development Goal
MES	Monitoring of Employment Survey
MFA	Multi Fibre Agreement
MH	Maternal Health
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MOWCA	Ministry of Women and Children Affairs
MSME	Micro, Small and Medium Enterprises
NARS	National Agricultural Research System
NER	Net Enrolment Rate
NFE	Non Formal Education
NGO	Non Government Organisation
NMR	Neonatal Mortality Rate
NPA	National Plan of Action
NPWA	National Policy for Women's Advancement
NSAPR	National Strategy for Accelerated Poverty Reduction
ODA	Official Development Assistance
ODS	Ozone Depleting Substance
PEDP	Primary Education Development Programme
PPP	Public Private Partnership
RED	Reach Every District
RH	Reproductive Health
RMG	Ready Made Garments
RNGPS	Registered Non Government Primary School
ROO	Rules of Origin
RTA	Regional Trading Agreement
SAARC	South Asian Association for Regional Cooperation
SBA	Skilled Birth Attendants
SDG	SAARC Development Goals
SSN	Social Safety Net
SVRS	Sample Vital Registration System
TB	Tuberculosis
TRIPS	Trade Related Intellectual Property Rights
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
VCT	Voluntary Counseling and Testing
WFP	World Food Programme
WHO	World Health Organization
WTO	World Trade Organisation

# Millennium Development Goals: Bangladesh Progress at a Glance

→ = on Track, ↑ = will be achieved before 2015, ↓ = Needs Attention

Goals, Targets and Indicators (revised)		Base year 1990/1991	Current Status 2009	Target by 2015	Status of progress
Goal 1: Eradicate Extreme Poverty & Hunger					
Goal will partially be met					
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line					
1.1	Proportion of population below national upper poverty line (2122 kcal) %	56.6	38.7 (2008, est)	29.0	→
1.2	Poverty Gap Ratio %	17.0	9(2005)	8.0	→
1.3	Share of poorest quintile in national consumption %	6.5		na	-
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.					
1.5	Employment to population ratio %	48.5	59.3(2009)	for all	↓
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger.					
1.8	Prevalence of underweight children under-five years of age (6-59 months) %	66.0	45(2009)	33.0	↓
1.9	Proportion of population below minimum level of dietary energy consumption (2122 kcal) %	48.0	40 (2005)	24.0	↓
	Proportion of population below minimum level of dietary energy consumption (1805 kcal) %	28.0	19.5 (2005)	14.0	→
Goal 2: Achieve Universal Primary Education					
Goal will partially be met					
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling					
2.1	Net enrollment in primary education, %	60.5	91.9(2008)	100	→
2.2	Proportion of pupils starting grade 1 who reach grade 5, %	43.0	54.9(2008)	100	↓
2.3	Adult Literacy rate of 15-24 years old population, %	36.9	58.3 (2007)	-	↓
Goal 3: Promote Gender Equality and Empower Women					
Goal will probably be met					
Target 3.A : Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015					
3.1a	Ratio of girls to boys in Primary education (Gender Parity Index=Girls/Boys)	0.83	1.01(2008)	1.0	→
3.1b	Ratio of girls to boys in secondary education (Gender Parity Index=Girls/Boys)	0.52	1.20(2008)	1.0	→
3.1c	Ratio of girls to boys in tertiary education (Gender Parity Index=Girls/Boys)	0.37	0.32(2006)	1.0	↓

Goals, Targets and Indicators (revised)		Base year 1990/1991	Current Status 2009	Target by 2015	Status of progress
3.2	Share of women in wage employment in the non-agricultural sector, %	19.1	24.6(2008)	50	↓
3.3	Proportion of seats held by women in national parliament, %	12.7	19.0(2009)	33	↓
<b>Goal 4: Reduce Child Mortality</b>					
<b>Goal will be met</b>					
<b>Target 4.A: Reduce by two-third, between 1990 and 2015, the under-five mortality rate.</b>					
4.1	Under-five mortality rate (per 1000 live births)	146	53.8(2008)	48	→
4.2	Infant mortality rate (per 1000 live births)	92	41.3(2008)	31	→
4.3	Proportion of 1 year-old children immunised against measles, %	54	82.3(2009)	100	→
<b>Goal 5: Improve Maternal Health</b>					
<b>Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.</b>					
5.1	Maternal mortality rate, per 100, 000 live births	574 (1990)*	348(2008)	144	↓
5.2	Proportion of births attended by skilled health personnel, %	5.0	24(2009)	50	↓
<b>Target 5.B: Achieve by 2015, universal access to reproductive health.</b>					
5.3	Contraceptive prevalence rate, %	39.7	60(2008)	-	-
5.4	Adolescent birth rate, per 1000 women	77	60(2008)	-	-
5.5a	Antenatal care coverage (at least one visit), %	27.5 (1993)	60(2007)	100	↓
5.5b:	Antenatal care coverage (at least four visits), %	5.5 (1993)	21(2007)	100	↓
5.6	Unmet need for family planning, %	19.4 (1993)	17(2007)	7.6	↓
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>					
<b>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</b>					
6.1:	HIV prevalence among population (per 100, 000 population)	0.005	0.1	Halting	→
6.2:	Condom use rate at last high risk sex, %		43-66 (2009)	no target	↓
6.3:	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %		17.7(2009)	-	Low knowledge
<b>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</b>					
6.6a	Prevalence of Malaria per 100,000 population	776.9 (2008)	586 (2009)	Halting	

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status 2009	Target by 2015	Status of progress
6.6b Deaths of Malaria per 100,000 population	1.4 (2008)	0.4(2009)	Halting	↑
6.7 Proportion of Children under-5 sleeping under insecticide treated bed nets [13 high risk malaria districts] %	81 (2008)	81(2009)	90%	↑
6.9a Prevalence of TB per 100,000 population	264 (1990)	225(2007) 225 (2008)	Halting	↑
6.9b Deaths of TB per 100,000 population	76 (1990)	45(2007) 50 (2008)	Halving	↑
6.10a: Detection rate of TB under DOTS, %	21 (1994)	72.2(2007) 70 (2009)	Sustain	↑
6.10b: Cure rate of TB under DOTS, %	73 (1994) 71 (1995)	92(2007) 92 (2009)	Sustain	↑
<b>Goal 7: Ensure Environmental Sustainability</b>				
<b>Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</b>				
<b>Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</b>				
7.1: Proportion of land area covered by forest (%) (tree coverage)	9.0	19.2 (2007) Tree density>10%	20.0 Tree density >70%	Need Attention
7.2: CO <sub>2</sub> emissions, metric tons per capita	0.14	0.30		↑
7.3: Consumption of ozone-depleting CFCs in metric tons per capita	195	127.90(2009)	0	↑
7.4: Proportion of fish stocks within safe biological limits		54 inland & 16 marine		Need Attention
7.5: Proportion of total water resources used		6.6% (2000)		Need Attention
7.6: Proportion of terrestrial and marine areas protected	1.64	1.78% terrestrial & 0.47 marine	5.0	Need Attention
7.7: Proportion of species threatened with extinction		201 inland & 18 marine		Need Attention
<b>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</b>				
7.8: Proportion of population using an improved drinking water sources	78	86(2009)	89	↑
7.9: Proportion of population using an improved sanitation facility	39.0	54(2009)	70	Need Attention
<b>Target 7.D: Halve, by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.</b>				
7.10: Proportion of urban population living in slums		7.8(2001)		In sufficient data

Goals, Targets and Indicators (revised)		Base year 1990/1991	Current Status 2009	Target by 2015	Status of progress
<b>Goal 8: Develop a Global Partnership for Development</b>					
<b>Target 8.A: Developed further an open, rule-based, predictable, non discriminatory trading and financial system</b>					
<b>Target 8.B: Address the special needs of the least developed countries</b>					
<b>Target 8.C: Address the special needs of landlocked developing countries and small developing states</b>					
<b>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</b>					
8.1a: Net ODA Total received by Bangladesh (million US\$ )		1240	1460(m)	-	-
8.1b: Net ODA Total received by Bangladesh, as percentage of OECD/DAC donors' GNI		5.7	0.005%	-	-
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %			35%	-	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh) , %			94 (2007)	-	-
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from developing country (Bangladesh) , %			0-15.3% (2009)	-	-
8.12: Debt service as a percentage of exports of goods and services, %		20.9	3.9% (2009)		

# Executive Summary

This report is a part of the annual assessment of Bangladesh's progress towards achieving MDGs by 2015 and the fourth exercise undertaken by the General Economics Division of the Planning Commission. The appraisal highlights three aspects of each of the goals, namely, current trends, challenges in achieving the goals and future policy priorities.

## Millennium Declaration: Democratic Governance and Human Rights

Notable progress through a range of initiatives has been made in the field of democratic governance and human rights. Institutions critical to the conduct of free and fair elections have been strengthened, greater focus is being given to civil service reform to ensure people's right to development and efforts are underway to make the public sector more accountable to citizens.

Despite notable progress in allowing genuine political participation by citizens, major challenges remain. These include maintaining high standards of election management; rivalry between political parties; independence of the Election Commission; streamlining election procedures, and ensuring sustainability of the electoral roll. Improving parliamentary democracy and decreasing the harmful impact of confrontational politics also remain major challenges which require bipartisan support.

Recent progress needs to be consolidated and required reforms implemented. Democratic institutions as well as independent agencies such as Anti-Corruption Commission, National Human Rights Commission and Election Commission will be strengthened. Stronger efforts will be needed to empower women, decentralize power to the local level and strengthen the national identification and birth registration systems. Specific initiatives will be needed to develop a justice sector strategy, tackle extrajudicial action, and ensure high quality and transparent judicial appointments and promotions.

## Goal 1: Eradicate Extreme Poverty and Hunger

There is indication that Bangladesh is on its way to achieve targeted prevalence of poverty by 2015, however, meeting the target of hunger within the given time frame remains uncertain. Rising inequality is offsetting some of the gains in poverty reduction. There are also pockets of high prevalence of poverty and regional variation in poverty. The unemployment rate has been low but there is widespread underemployment in the economy.

The key challenges to future poverty reduction include lack of programme coordination and harmonization, structural constraints, lack diversity in food crop, chronic under-nutrition in children, small pockets of high poverty and weakness in proper targeting and efficiency.

Future priorities will focus on enhanced agricultural production, crop diversification, comprehensive land management, comprehensive urban policy, improving effectiveness of SSNs, implementing nutrition and health programmes, pro-poor employment generation, reducing energy shortage, and improving governance.



## **Goal 2: Achieve Universal Primary Education**

Significant progress has been made in primary education towards achieving the NER target. However, it will be unable to meet the targets for the proportion of pupils completing the primary school cycle, as well as for the literacy rate of 15-24 year olds by 2015.

The education sector faces significant challenges in achieving the targets which include reaching the serving marginal populations, ensuring survival rate to grade V, improving quality of primary education, increasing share of education in government budget, mitigating impact of shocks on primary enrolment, and increasing coverage and improving quality of adolescent and adult literacy programmes.

Future priorities will focus, among others, on increasing the share of education in government budget, enhancing the quality of education at all levels, improving school infrastructure, building new child friendly schools and appointing qualified and skilled teachers, introducing one year pre-primary education as an integral part of education, developing national unified curriculum and providing meaningful and quality lifelong learning to adults.

## **Goal 3: Promote Gender Equality and Empower Women**

Bangladesh has achieved gender parity in both primary and secondary education. With 76 percent boys and 24 percent girls Bangladesh, however, lags behind achieving gender parity in tertiary education. Non-agricultural wage employment for women has increased at a slow rate leading to decline in women's share in non-agricultural wage employment. There has been some progress in the proportion of women elected as Member of Parliament along with increase in the number of reserved seats. Women suffer from a host of socio-cultural vulnerabilities like early marriage, trafficking, dowry, psychological and physical violence, acid throwing and stalking and sexual harassment towards adolescent girls.

Significant challenges exist in the way of achieving MDG 3. These include creating effective and efficient linkage between different relevant ministries for addressing women and development issues, and addressing various socio-cultural factors that underpin their vulnerabilities.

The promotion of gender equality and the empowerment of women require fundamental transformation in the distribution of power, opportunities, and outcomes for both men and women. Special emphasis needs to be put on formulation, adoption and implementation of laws and policies, bringing social change to reduce vulnerabilities, encouraging evidence based programming, providing well targeted and efficient social protection, and gender mainstreaming.

## **Goal 4: Reduce Child Mortality**

Remarkable decline has taken place in under-five mortality rate and infant mortality rate in Bangladesh since 1990. Measles immunization coverage has increased from 54 percent in 1991 to 84 percent in 2009. There are, however, wide regional differences in all three indicators. Some of the disquieting features are the slow progress of neonatal death and high prevalence of under-nutrition.



In spite of progress on several fronts significant challenges remain in the way of meeting MDGs. These include proper implementation of policies, improving delivery of health care services, limited supply of technical and managerial manpower, limited supply of drugs and commodities, and lack of information for making strategic and policy level decision.

Future priorities include establishing an enabling policy environment, developing relevant strategies, increasing immunization coverage, ensuring quality home and quality newborn and child care services, and promoting demand for services.

### **Goal 5: Improve Maternal Health**

Maternal mortality rate (MMR) declined by 40 percent during the 1990-2005 period and remained stable around 350 per 100,000 in the following four years. Wide differences are observed in MMR across regions as well as income classes. The proportion of child birth attended by skilled birth attendants (SBA) increased substantially but it is still very low- 1 is to 4 births are attended by SBAs. The Contraceptive Prevalence Rate (CPR) has increased by 20 percentage points rising from 40 percent to 60 percent during the 1991-2008 period. The adolescent birth rate has declined from 77 per 1000 births to 60 per 1000 births during the same period. Antenatal care coverage (at least four visits) is very low – only one in five women receive the recommended visits. ANC shows wide differences across income classes and regions. About 17 percent married women currently have unmet need for family planning services.

Several challenges stand in the way of achieving MDG 5 which include inadequate coordination between health and family planning care services, improper skill mix and insufficient number of health workforce, sector planning based on insufficient data, inadequate government funding, and underlying socio-cultural factors.

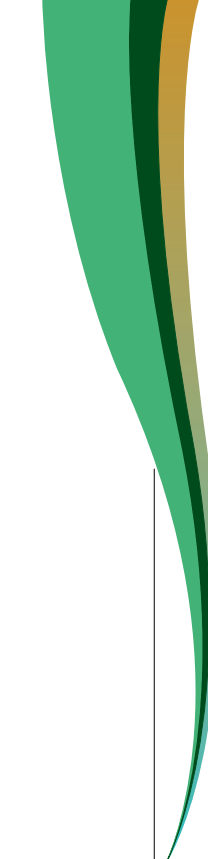
Future priorities will focus on ensuring “continuum of care”, improving availability and accessibility to quality MH/RH, reinvigorating family planning programme, strengthening service facility, expanding good practices and human resource development.

### **Goal 6: Combat HIV/AIDS, Malaria and Other Major Diseases**

Bangladesh is in a favourable position for achieving the MDG 6 targets. The incidence of HIV is still low- currently less than 0.1 percent. The rates of condom use among different MARP sub-groups have increased significantly. However, a significant proportion of them are not using it at every high risk sexual encounter creating risk of escalation of HIV infection.

Short and long-term trends show a decline in number of malaria cases and deaths through 2009 as a result of major interventions for malaria control. The rate of multidrug-resistant TB, though increasing, appears still low and does not yet have an important impact on the country's epidemiology.

Notwithstanding the low incidence of these three diseases and the progress made Bangladesh face some challenges in maintaining the trend. These include inadequate coverage of MARP, limited technical and managerial capacity and inadequate government funding in the government bodies in charge of control of these diseases, and lack of strategic information management.



Future priorities will focus on strengthening coordination in the national response, improving programme management, facilitating scaling up of quality interventions, improving participation of civil society in programme planning/implementation and oversight, and improving access equity for niche populations.

## **Goal 7: Ensure Environmental Sustainability**

Bangladesh is likely to meet quantitative targets for just three of the ten indicators; namely, CO<sub>2</sub> emissions, consumption of ozone depleting substances and the proportion of the population using an improved drinking water source.

Despite substantial efforts made by GoB, DPs and NGOs (such as the Sustainable Environment Management Programme) towards the targets of MDG 7, further challenges remain. Some of the important challenges are: absence of comprehensive mechanisms for the production and distribution of quality planting materials and efficient use of forest resources, lack of facilitating technology, institutional support and dedicated financing to reduce greenhouse gas emissions, lack of proper regulation that addresses the present gaps in fisheries sector development, poorly planned development programmes, upstream withdrawal of water, lack of policies and strategies to ensure conjunctive use of water resources, and developing water efficient agricultural practices.

A concerted effort by government, donors and civil society organizations will be needed to achieve MDG 7. The interventions will include, among others, formulating a development vision entailing environment, climate change, and sustainable development, implementation of Bangladesh Climate Change Strategy and Action Plan and National Capacity development Plan, and mainstreaming of poverty-environment-climate change in local and national development frameworks.

## **Goal 8: Develop a Global Partnership for Development**

Although the share of Official Development Assistance (ODA) in national income has been declining steadily and disbursements of ODA have consistently been below commitments, ODA allocations to pro MDG sectors have witnessed an upswing since the mid 2000s.

The government is committed to operationalising its Public-Private Partnership framework to attract Foreign Direct Investment for financing development and infrastructure.

Despite the phenomenal performance of exports and remittances, further engagement with the international community to improve access to international markets is necessary to realize their potential in achieving goals 1-7.

The concessions offered by the Doha Declaration on Trade Related Intellectual Property Rights and Public Health have opened the door for the development of a thriving domestic and export oriented pharmaceutical sector.

# Chapter 1

## Introduction



# Introduction

Bangladesh is one of the 189 nations which endorsed the Millennium Declaration at the Millennium Summit of the United Nations General Assembly in September 2000. The millennium declaration highlights that developed and developing countries will work as partners to achieve the goals by 2015. It envisages a world with lower poverty and hunger, gender equity, lower child mortality, improved maternal health, lower incidence of HIV/AIDS, malaria and tuberculosis, sustainable environment for the future, partnership between developed and developing countries, and improving governance and human rights in the country. The MDGs provide a framework of targets towards which the countries should move. The goals, targets and indicators provide benchmark for 1990 against which subsequent progress needs to be assessed.

Bangladesh continues to mainstream MDGs in its national development goals as embodied in successive poverty reduction strategy papers. Incidentally, Bangladesh has consistently put poverty reduction at the forefront of its development strategy. The NSAPR I FY2005-07 and NSAPR II (revised) FY2009-11 envisage some blocks of strategies supplemented by several supporting strategies to achieve accelerated poverty reduction. Some of these strategies emphasize employment generation, human resource development comprising education and health, women's advancement and rights, children's advancement and rights, good governance, safe water and sanitation, and environment and climate change. These strategies reflect the development priorities of the government and also coincide with the MDGs.

Over time Bangladesh has sought to achieve MDGs along with other development goals through a set of policies and strategies. It has been observed that the efforts have resulted in progress towards achieving these goals though the progress is not uniform for each goal. This report makes an attempt to evaluate the progress of MDGs in the country in the recent past.

The report is organized as follows. There are three chapters in addition to the introductory chapter. Third chapter discusses progress in one of the MDGs and the final chapter provides conclusions.



# Chapter 2

## **Millennium Declaration** Democratic Governance and Human Rights





# Millennium Declaration

## Democratic Governance and Human Rights

### Scope

Since 2000 Bangladesh has made considerable progress towards meeting the commitments of the Millennium Declaration and some significant changes have taken place in the field of democratic governance and human rights. For example, the judiciary has been separated from the executive; a number of independent commissions have been established or strengthened, such as the National Human Rights Commission, Right to Information Commission and Anti-Corruption Commission; new laws, an electoral roll with photographs and a significantly improved electoral process supported national elections and transition to democratic governance in 2008; the UN Convention against Corruption was ratified; a National Identity Card has been introduced to support public service delivery; and a vibrant civil society continues to support poverty alleviation.

Despite these significant gains major challenges remain. Much greater attention will be required if the MDGs are to be achieved and democratic governance and human rights strengthened.

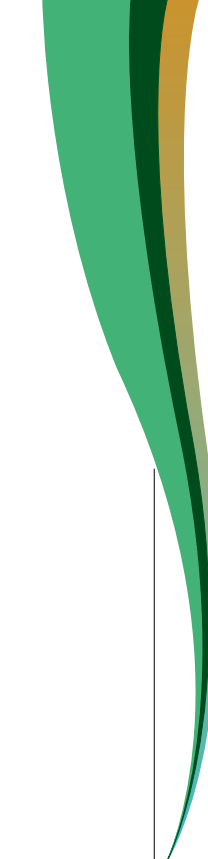
### Trends

In its development strategies the GoB has recognized that democratic governance and human rights are critical to the achievement of the MDGs. The NSAPR identifies “good governance” as a supporting strategy to promote human development. The Strategy explicitly recognizes that improving governance and reducing corruption are critical to the achievement of the MDGs and notes that unless governance improves, poor people will continue to suffer from inadequate security, poor public services and a lack of economic opportunities.<sup>1</sup>

#### Elections and Parliament

Since 2000, many of the foundations of democratic governance have been strengthened in Bangladesh. New electoral laws and legislation governing political parties have been introduced as has a modern electoral roll. The 2008 elections, with voter turnout of over 80 percent, supported the restoration of parliamentary democracy and were widely judged by observers to be credible. The major achievements in this area include improvements in political accountability and transparency. For example, the amendment of the Representation of the People Order requires political parties to register and parties are required to promote internal democracy and ensure that candidates’ backgrounds are publicly available. An electoral code of conduct has also been introduced, requiring political parties and candidates to abide by a number of restrictions, many of which are aimed at reducing conflict and diminishing the influence of “black money” and “muscle power” in politics. This is an encouraging step. However, further work is required to strengthen the monitoring of campaign financing.

<sup>1</sup> National Strategy for Accelerated Poverty Reduction II (Revised) FY 2009-2011



Progress has also been made with regard to the participation of women and minorities in the political process. A high quality photographic electoral roll and computer database of voters have been established with more than 81 million voters, 51% of which are women. Improved electoral processes were widely credited with facilitating increased participation of women and minorities in the 2008 parliamentary elections.

Institutions critical to the conduct of credible elections too, have been strengthened. The Election Commission Secretariat Act 2009 separates the Commission from the Prime Minister's Office ensuring greater independence. The Election Commission has also been mandated to issue and distribute national identity cards to citizens 18 years of age and older which formally establish citizens' identity. Unfortunately Parliament remains a secondary institution which is prone to opposition boycotts and has not tended to play an active role supporting the deliberation of law or oversight of government. More recently there has been an increase in the activity of Parliamentary Standing Committees and for the first time, the opposition is chairing some of the Committees.

### **Justice and the Rule of Law**

Significant changes have occurred in the Justice sector since 2000. The Code of Criminal Procedure (Amendment) Ordinance 2007 heralded the long awaited separation of the Judiciary from the Executive. In 2009, this Ordinance was captured in the Code of Criminal Procedure (Amendment) Act. However, further reforms will be required to ensure the independence of the higher judiciary. Particular attention is required to ensure professional calibre and integrity in judicial appointments.

Efforts at justice sector reform have been attempted with mixed success. Many parts of the sector benefit from the status quo and are resistant to change which would improve access to justice for citizens, especially the poor and disadvantaged. Reform programmes have supported alternative dispute resolution mechanisms; legal aid; activating village courts; and training programmes. However, fundamental structural issues remain with legal aid and little progress is evident in improving the overall administration of justice.

In 2008, in a significant development, the Bangladesh National Human Rights Commission was established to protect and promote human rights. Key functions of the Commission include investigation of complaints; promoting awareness; advising and assisting government in the formulation of policy and legislation; and encouraging ratification and implementation of international human rights treaties. The Commission now requires immediate support from the government and development partners to build an active and effective institution.

Bangladesh has also made some progress prioritising efforts to improve citizen's safety and security. Programmes are implemented to support strengthening the effectiveness and gender sensitivity of law enforcement agencies like the police. The reform also supports a shift away from a colonial style of law and order policing towards a philosophy of community policing. Despite these efforts, however, there remains widespread concern about law and policing continues to be hampered by 19th century laws such as the Police Act (1861). Some progress has also been made in combating trafficking in persons. Providing access to justice to survivors, however, remains a challenge.

### Public Administration Reform and Local Governance

Greater focus is being given to civil service reform to ensure people's right to development through improved, effective and efficient service delivery. This includes formulating a Civil Service Act, which would address promotions, transfers and placement policies and other initiatives to strengthen the civil service. The Act is currently under review. The Public Administration Reform Road Map (2010-2014), has been endorsed by the government and will be supported by development partners. Citizen's Charters are also being used increasingly to improve service delivery. The civil service, however, remains a long term reform priority due to weak service delivery, corruption, lack of accountability and the absence of merit based appointments.

A National Plan of Action for e-governance is also being pursued to improve public sector service delivery. The e-government cell in the Prime Minister's Office is coordinating various initiatives, such as the establishment of ICT Task Force and adoption of National Broadband Policy. Through public-private partnerships one-stop service centres are also being piloted by local and district government for greater information flow and speedy service delivery. In the future the centres will provide information to the population on a range of issues, such as safe migration.

Successive governments have also tried to address local government. The tier of elected local government at sub-district level (Upazila) has been revived with the first local government elections in 19 years. Furthermore, progressive approaches to local government have begun to change the nature of the relationship between citizens and the state.

### Institutions of Accountability

In 2009, the Public Sector has been made more accountable to citizens through the establishment of an independent Information Commission under the Right to Information Act. The Commission is expected to increase transparency in public agencies and protect the right to information. Significant efforts now need to be taken to train public officials in the disclosure of information.

Since 2000, Bangladesh has made a number of efforts to tackle corruption. Recognizing that corruption was hampering human development, the government formed the Anti-Corruption Commission in 2004. From 2007, the Commission began an active partnership with the Transparency International Bangladesh to jointly undertake various anticorruption programmes. Ensuring the effectiveness and independence of Anti-Corruption Commission also remains a major challenge to democratic governance and the rule of law.

Bangladesh acceded to the UN Convention against Corruption in 2007. These initiatives have had some impact on Bangladesh improving its relative rank in the Transparency International Corruption

**Table 1.1: Corruption Perception Index**

Indicator	2009	2008	2007	2006	2005
Rank	139 out of 180	170 out of 180	172 out of 179	160 out of 163	158 out of 158
Score(1-10) <sup>o</sup>	2.4	2.1	2.0	2.0	1.7

<sup>o</sup> A higher score indicates lower perceived level of public-sector corruption.

Source: Transparency International

Perception Index over the last five years<sup>2</sup>. Overall scores, however, highlight that corruption is pervasive and continuing to hold back achievement of the MDGs. To support the Convention's implementation, the National Integrity Strategy was designed as a national anticorruption plan which, however, is yet to be finalized.

### Trends in upholding Human Rights within the MDGs

The MDGs present a key opportunity to improve realization of human rights. Indeed the Goals will only be achieved in a sustainable way if States' human rights obligations are respected and strengthened.

**Table 1.2: MDG Related Human Rights Standards**

MDG	Key Related Human Rights Standards <sup>3</sup>
Goal 1:	Eradicate extreme poverty and hunger Universal Declaration of Human Rights, article 25(1); ICESCR article 11
Goal 2:	Achieve universal primary education Universal Declaration of Human Rights article 25(1); ICESCR articles 13 and 14; CRC article 28(1)(a); CEDAW article 10; CERD article 5(e)(v)
Goal 3:	Promote gender equality and empower women Universal Declaration of Human Rights article 2; CEDAW; ICESCR article 3; CRC article 2
Goal 4:	Reduce child mortality Universal Declaration of Human Rights article 25; CRC articles 6, 24(2)(a); ICESCR article 12(2)(a)
Goal 5:	Improve maternal health Universal Declaration of Human Rights article 25; CEDAW articles 10(h), 11(f), 12, 14(b); ICESCR article 12; CRC article 24(2)(d); CERD article 5(e)(iv)
Goal 6:	Combat HIV/AIDS, malaria and other diseases Universal Declaration of Human Rights article 25; ICESCR article 12, CRC article 24; CEDAW article 12; CERD article 5(e)(iv)
Goal 7:	Ensure environmental sustainability Universal Declaration of Human Rights article 25(1); ICESCR articles 11(1) and 12; CEDAW article 14(2)(h); CRC article 24; CERD article 5(e)(iii)
Goal 8:	Develop a global partnership for development Charter articles 1(3), 55 and 56; Universal Declaration of Human Rights articles 22 and 28; ICESCR articles 2(1), 11(1), 15(4), 22 and 23; CRC articles 4, 24(4) and 28(3)

Source: BRAC Institute of Governance Studies (2010)

<sup>2</sup> Figures accessed from [www.transparency.org](http://www.transparency.org)

<sup>3</sup> ICCPR (International Covenant on Civil and Political Rights), CERD (International Convention on the Elimination of All Forms of Racial Discrimination), ICESCR (International Covenant on Economic, Social and Cultural Rights), CEDAW (International Convention on the Elimination of All Forms of Discrimination against Women) and CRC (Convention on the Rights of the Child)

In this regard Bangladesh has made some progress in protecting and promoting human rights since 2000. The end of emergency rule and the peaceful return to parliamentary democracy in 2009 are especially important in this regard. Further progress on addressing human rights, particularly on women's rights, is needed to attain MDG targets.

### **Civil and Political Rights**

The fundamental rights envisaged in the Constitution of Bangladesh reflect the human rights prescribed by international human rights law. Amongst the rights enumerated in the Constitution, the rights to equality before law and equal protection of law are of particular significance. Moreover, discrimination on grounds of race, religion, caste or sex is prohibited, and none can be detrimentally affected in respect of life, liberty, body, reputation or property. Bangladesh has ratified almost all the key international human rights instruments.

The Parliament and the Judiciary are also taking steps to deal with custodial deaths and allegations of human rights violations by law enforcement agencies. The establishment of the National Human Rights Commission has provided a new mechanism for promoting awareness of human rights, lodging of complaints and provision of expert advice. Bangladesh also has a vibrant media. Although challenges to freedom of speech are present, the media together with civil society have over the years played a critical role in protecting citizens' fundamental rights. Public interest litigation is also used for addressing irregularities in governance, challenging arbitrary detention, and ensuring citizen's lawful rights.

### **Social and Economic Rights**

The Constitution also sets out the fundamental principles of state policy which require the State to ensure, inter alia, women's participation in national life, free and compulsory education, public health, equality of opportunity, work as a right and duty, rural development and promotion of local government institutions, and respect for international law. Despite this, the ability of women to access rights on an equal basis remains a huge challenge. Bangladesh has taken a number of steps to remedy this, such as introducing laws against acid-throwing, dowry, and cruelty to women and children. A law on domestic violence is expected to be passed shortly. The establishment of One Stop Crisis Centres and Victim Support Centres have also improved capacity to tackle gender based violence. Additional Centres and strengthened partnerships between government agencies and NGOs could have significant impact on awareness and enforcement of laws linked to gender based violence.

The National Policy for Women's Advancement (2008) aims to empower women to become equal partners of development. Furthermore, women are increasingly assuming leadership roles in the executive, legislative and judicial organs of the state. Women also serve in law enforcement and national security agencies. The percentage of women in law enforcement is, however, well below the average of least developed countries. Bangladesh has also made progress in the area of child rights' promotion, survival, and development. Nevertheless, the survival and development of many children is still threatened by malnutrition, disease, poverty, illiteracy, abuse, exploitation, and natural disaster. Bangladesh has committed to fulfil the objectives of the Convention on the Rights of the Child and the global plan of action that is explicitly linked with the MDGs.



## Challenges

Despite notable progress in allowing genuine political participation by citizens, many challenges remain. Key issues include maintaining high standards of election management; rivalry between political parties; independence of the Election Commission; streamlining election procedures, and ensuring sustainability of the electoral roll. Improving parliamentary democracy and decreasing the harmful impact of confrontational student politics also remain major challenges which require bipartisan support.

Access to justice and the rule of law continue to be hampered. Key laws and regulations often date back to the colonial era and do not take into account the important political, technological and social changes that have taken place within society. For example, the Evidence Act dates back to 1872 and efforts to amend this law and move away from confessions based evidence have not yet taken hold. Structural deficiencies hamper access to legal aid and case management processes remain slow, costly and time consuming, thus restricting access to justice. Overall justice sector reform and efforts to strengthen the rule of law appear to be lagging behind other areas. The Government is determined to reverse this so that a lack of progress in this sector does not undermine gains in other areas.

Significant challenges to effective local government remain. For example, efforts to bolster women's participation in decision making and representation need sustained support to ensure political empowerment. Also there have been ongoing debates about the nature of the roles and responsibilities of Members of Parliament, local government representatives and officials at the local level. Clear laws and regulations are needed to avoid overlap in advisory and executing responsibilities.

Institutional gaps remain in terms of protecting human rights through enforcement and implementation. Many laws and regulations specifically prohibit discrimination in any form, but due to lack of enforcement and oversight, the weaker sections of the society tend to bear the brunt of injustice.

Ensuring universal social and economic rights is also problematic due to the absence of an independent body for children's rights and the continued inability of women to access human rights on an equitable basis. Moreover, there remain human rights challenges related to the approximately forty-five different ethnic communities, including two million indigenous people. These concern issues such as land disputes and development of curriculum in indigenous languages at schools.

## Way Forward

Since the adoption of the Millennium Declaration in 2000, Bangladesh has undertaken a wide range of initiatives to address democratic governance and human rights. Recent progress now needs to be consolidated and for the MDGs to be achieved, considerable challenges overcome. For example, the nature of political rivalry looms as a significant threat as does a lack of progress in justice sector reform. A more plural political environment with stronger institutions providing appropriate checks and balances is needed to provide a foundation for human development and achievement of the MDGs. Further efforts to discuss policy and strengthen oversight through parliamentary standing committees are particularly important in this regard.

Looking towards 2015, the Government has identified a number of priority areas that require attention. At the Bangladesh Development Forum held in February 2010, the Government stressed its determination to strengthen key democratic institutions and noted that improvements in governance and tackling corruption enjoy the highest priority. In particular, it was agreed that Parliamentary Committees as well as independent agencies, for example the Anti-Corruption Commission, the National Human Rights Commission and the Election Commission, will be strengthened for the sake of enhancing transparency and accountability. The Government also agreed that further action will be taken to institutionalize the separation of judiciary from the executive. Particular attention will need to be paid to ensuring high quality professional calibre of judicial appointments, appointment of an ombudsperson, including an ombudsperson for children, and improving the timeliness and quality of justice.

Stronger efforts to empower women decentralize power to the local level and strengthen the national identification and birth registration systems could also have major development impact. National dialogue to define the roles and responsibilities of members of parliament and local government officials in the context of equitable and effective national and sub-national development deserves further attention. Improved legislation related to Public Administration, and Police Reform would also support better service delivery and a safer society thereby creating a conducive environment for economic growth and human development. Specific initiatives to support the achievement of the MDGs include the development of a justice sector strategy; tackling extrajudicial action; ensuring high quality and transparent judicial appointments and promotions; and a more modern legislative basis for more professional law enforcement.

All these initiatives require the support of non-governmental organizations, civil society and the media. These actors play an important role in building democratic space and supporting national dialogue in the national interest. These organizations also have a key role in strengthening social accountability.

The key areas of democratic governance and human rights will receive more focused attention from the Government over the next five years with support from its development partners. The alignment of the Government's Sixth Five Year Plan, the next United Nations Development Assistance Framework and the timelines for achievement of the MDGs will support investments to underpin sustainable human development, support achievement of the MDGs and efforts to become a middle income country by 2021.





# Chapter 3

## Tracking MDGs in Bangladesh



# *Goal-1*



**Eradicate  
Extreme Poverty and Hunger**



## Eradicate Extreme Poverty and Hunger

The revised Targets and Indicators under Goal 1 (3 targets and 9 indicators) are as follows:

**Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.**

### Indicators

- 1.3 Proportion of population below the national upper-poverty line (2122 kcal)
- 1.4 Poverty Gap Ratio
- 1.5 Share of poorest quintile in national consumption

**Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.**

### Indicators

- 1.6 Growth rate of GDP per person employed
- 1.7 Employment-to-population ratio
- 1.8 Proportion of employed people living below \$1 (ppp) per day
- 1.9 Proportion of own-account and contributing family workers in total employment

**Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.**

### Indicators

- 1.10 Prevalence of underweight children under-five years of age
- 1.11 Proportion of population below minimum level of dietary energy consumption

## Current Status

**Target 1. A** Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.

1.1: Proportion of population below national upper poverty line, percent (38.7 in 2008 by linear extrapolation; 41.2 in 2009 by household self-assessment)

1.2: Poverty Gap Ratio, percent (9 in 2005)

**Target 1.B** Achieve full and productive employment and decent work for all, including women and young people.

1.5: Employment to population ratio, percent (58.5 in 2006 and 59.3 economically active in 2009)

**Target 1.C** Halve between 1990 and 2015, the proportion of people who suffer from hunger.

1.8: Prevalence of underweight children under-five years of age (6-59 months), (45% as of 2009)

1.9: Proportion of population below minimum level of dietary energy consumption, (40% as of 2005)

## 1.1 Scope

In Bangladesh growth has been associated with impressive poverty reduction during last two decades. This was possible due to robust growth in GDP that was accompanied by gradual transformation of the sectoral composition of the GDP culminating greater share of the manufacturing and services followed by declining share of agriculture. Growth was primarily driven by increasing consumption expenditure in the 90's and accumulations in capital stock, investment and remittances in decade of 2000. The economy has exhibited resilience, mainly due to the strength of apparel exports and remittances, in the face of the recent global financial and economic crises. However, the crises have underscored the need for diversifying the sources of growth to hasten poverty alleviation and buffer the economy against future shocks.

Several constraints have limited the capacity of the country to provide employment for its growing population. Labour force participation rate among the youth is very low and it has declined in recent times because of the general lack of available opportunities for productive work, huge skill deficiencies (which includes market oriented vocational skills) of the labour force and skill mismatch with market demand both at home and abroad. The general quality of higher/tertiary education is poor with adverse implications for employability especially in the high skill-high paying jobs such as information technology.

Despite having weathered the global financial crisis remarkably well during 2007 and 2008, global food price volatility, increased prices of fuel and fertilizers and frequent natural disasters related to climate change, have frequently threatened the food and nutritional security of the nation. While Bangladesh has demonstrated the capability to achieve the goal of poverty eradication within the target timeframe, attaining food security and nutritional well-being (especially that of children) still remain challenging.

## 1.2 Trends

### Poverty Head Count Rates

MDG Target: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day. For Bangladesh, it suggests a poverty head count rate of 29.4% by 2015.

Projection based on simple trend reveals that Bangladesh is well on its way to reach the MDG target for poverty head count rates by 2013, two years ahead of schedule. This is mainly due to the rapid pace of poverty reduction between 2000 and 2005.

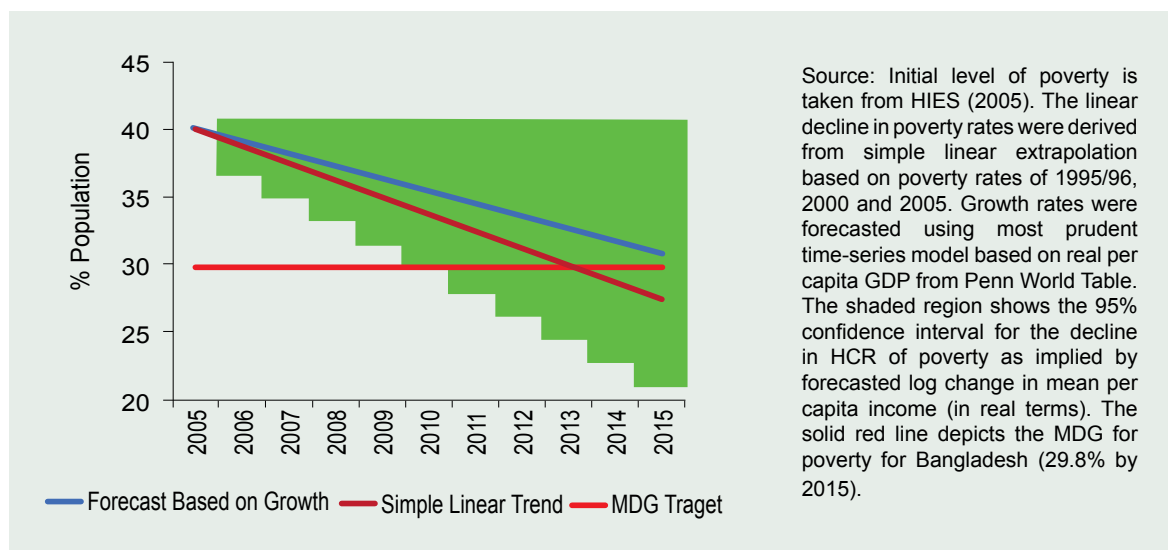
**Table 2.1: Incidence of Poverty**

	National	Rural	Urban
1991-92	56.6	58.7	42.7
1995-96	50.1	54.5	27.8
2000	48.9	52.3	35.2
2005	40.0	43.8	28.4
2007	38.7	42.3	27.6
	47.2	50.8	36.1
2015	29.4	30.6	22.5

Source: Reproduced from GOB (2009), Table 3.3, p.54. An 8.5% added in 2007/08 because of price hike. The figures are primarily based on BBS (2007).

The forecasted rate of poverty based on changes in log of mean income suggests that the target will take longer to reach – 2016 instead of 2013.

**Figure 1.1: Actual and forecasted poverty levels (by Head Count Rates)**



Notably, these models did not take into consideration the increasing inequality in Bangladesh that might offset some of the gains in poverty alleviation from positive growth rate in per capita income. While not comparable with HIES data, self-assessed economic condition from the Welfare Monitoring Survey (2009) revealed that 31.9% of the population considered themselves poor while 9.3% of the households considered themselves extreme poor. This would mean that approximately 48-50 million people are poor, one of the largest absolute number of poverty stricken population in the world next to India and Sub-Saharan Africa.

Declines in poverty show marked regional variation. In general, the eastern part of the country has shown an impressive decline in poverty while the southern and south-western parts have lagged behind. For example, Barisal and Khulna divisions experienced an increase in poverty rate owing to exposure to routine natural disasters such as cyclones and lack of transport facilities and weak growth poles. Moreover, there are pockets in the eastern region (e.g. haor areas in Sylhet division) that reveal high vulnerability to natural disasters and persistence in severe poverty and hardship. Even the share of remittances are highly disproportionate across divisions as Khulna and Rajshahi accrue very little share of the total remittance earning.

There are also other aspects of poverty and disparity. For example, households with small landholdings in rural areas and female headed households show little improvement in standard of living.

Poverty gap measures show similar changes (decline in general) and similar regional variation. Income inequality has increased over time in Bangladesh and is higher in urban areas. Consumption inequality however, has remained largely unchanged since 1995-96 according to the HIES 2005.

### Employment and Other Labour Market Features

MDG Target: Achieve full and productive employment and decent work for all, including women and young people.

Labour force participation rate in Bangladesh is very low and has ranged between 50% and 60% over the last two decades (Table 1.2). The latest available data based on Monitoring of Employment Survey (BBS, 2009) reveals that as of 2009, only 59.3% (53.7 million) of the population over 15 years of age was economically active. The participation rate of women has been low at just 29% in FY2006. The returns from labour force participation for women wage earners are especially low compared to men which partially explain their low participation rate.

**Table 2.2: Labour Force Participation**

	% among population aged 15 & above		
	All	Male	Female
1990-1991	51.2	86.2	14.0
1995-1996	52.0	87.0	15.8
1999-2000	54.9	84.0	23.9
2002-2003	57.3	87.4	26.1
2005-2006	58.5	86.8	29.2

Source: Labour Force Surveys, various years.



The annual rates of labour force and employment growth have also been low and women have mainly contributed to the annual increment (Table 1.3).

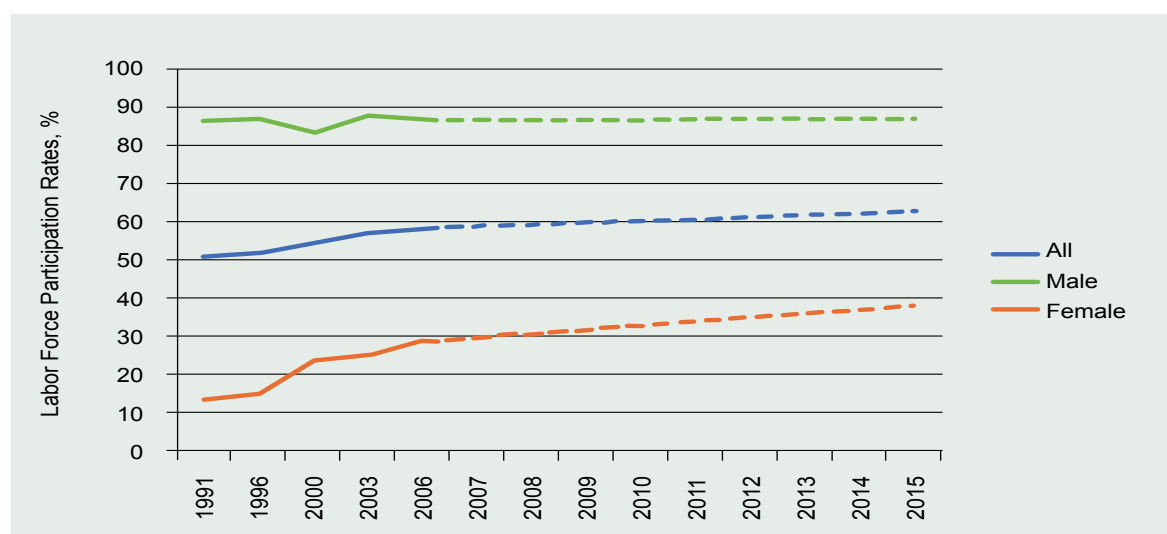
**Table 2.3: Labour Force and Employment Growth**

	Labor force growth			Employment growth		
	All	Male	Female	All	Male	Female
1991-1996	3.4	2.7	4.5	2.7	2.3	5.0
1996-2000	3.2	1.2	14.4	3.0	1.1	14.5
2000-2003	4.6	3.9	7.1	4.4	3.4	7.7
2005-2006	2.2	1.2	5.5	2.2	1.5	4.6

Source: Labour Force Surveys, various years.

If this rate of change continues, Bangladesh will not be able to reach the MDG target of ensuring employment for all (Figure 1.2).

**Figure 1.2: Forecasting Labour Force Participation Rates**



Considerable wage premium exists in non-agriculture sectors over agriculture. Agricultural wage registered a growth rate of 2.9% in the early 2000s, the period which had the highest rate of decline in poverty, suggesting that rural income generation and raising agricultural productivity are still important factors for achieving the poverty target.

The reported unemployment rate in Bangladesh is low. This can be explained by low labour force participation and a large informal sector characterized by wide-spread under-employment (especially among women). However, BBS (2009) suggests the gap in under-employment between men and women has converged to the national average after 2005-06. The inclusion of the informal sector in the formal sector and subsequent employment generation in related sectors remain challenges for Bangladesh.

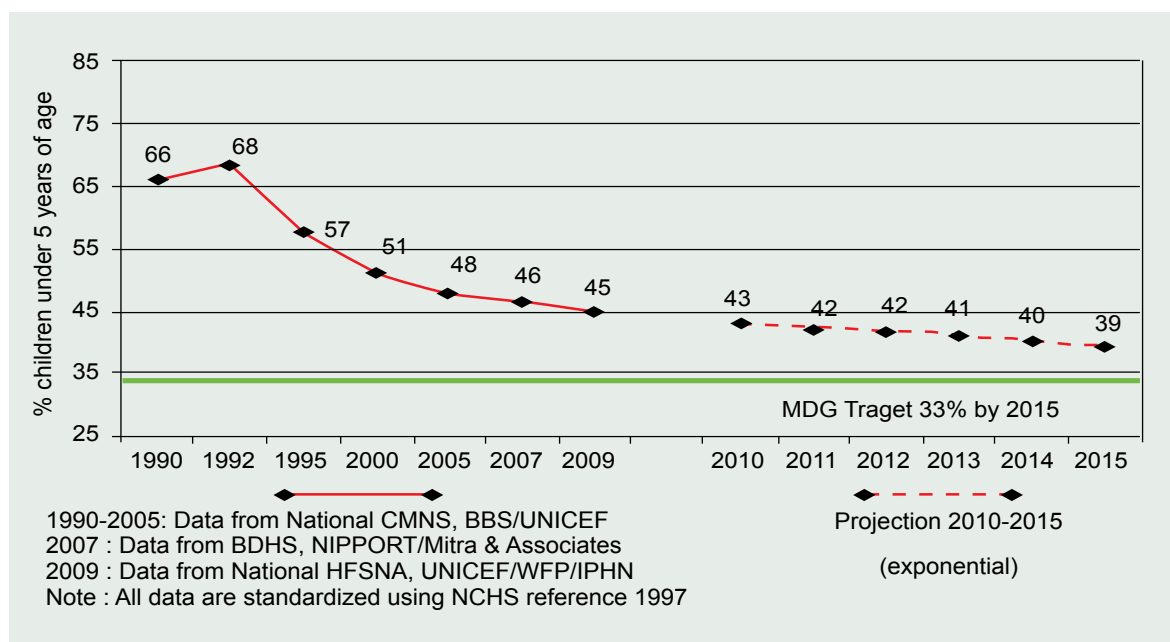
Due to youth bulging in the population, employment – population ratio will be under increasing squeeze unless employment expands considerably particularly in the manufacturing sector along with much needed accumulation in the Total factor productivity (TFP). Overseas migration of predominantly less-skilled labour has had major beneficial development impacts on the economy. Moreover, remittances, comprising almost 13% of GDP, from 5.5 million expatriate Bangladeshis contribute directly to improvements in the financial and development status of migrants' families and communities.

### Hunger and Food Deprivation

MDG Target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

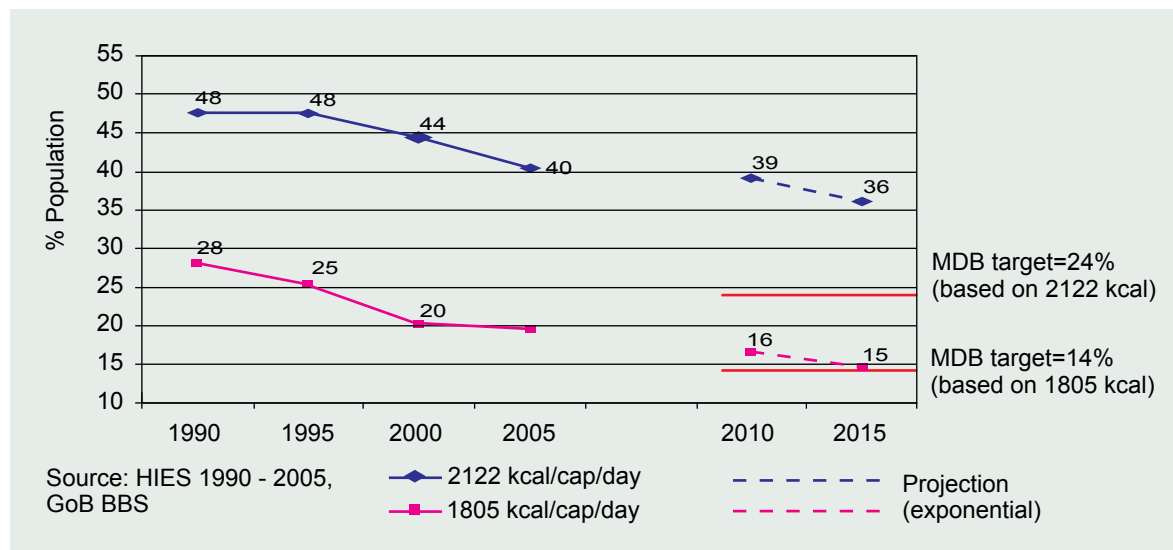
Nearly 66% of Bangladesh's children under-five years of age were underweight in 1990. Less than half (45%) were underweight as of 2009, indicating considerable progress during the last two decades. Underweight prevalence rates fell sharply between 1992 and 2000. However, since 2000 the fall has been quite slow and in the 2005-2009 periods there has hardly been any improvement in the prevalence of underweight children. In view of recent progress made in reducing underweight prevalence rates for children, it seems unlikely that Bangladesh will reach the MDG target of 33% prevalence rate by 2015.

**Figure 1.3: Actual and Projected Underweight Rates for Children under 5 years**



Given that two caloric thresholds are commonly used in Bangladesh (2,122 kcals/day and 1,805 kcals/day), the 2122 kcals/day threshold looks to be the most appropriate threshold with regard to monitoring and reporting of progress in hunger. Between 1990 and 2005, there was a modest decrease in the population not obtaining the minimum level of dietary energy consumption (2,122 kcal/day) from 48 to 40% (HIES 2005). More than one quarter (28%) of the population was estimated to be consuming less than 1,805 kcals/day in 1990 and by 2005 the rate had declined to 20%. Despite the aforementioned progress, Bangladesh, in all likelihood, will not meet its targets for halving the proportion of the population below the minimum level of dietary energy consumption by 2015. Using the 2,122 kcals/day threshold, the gap between the projected 2015 rate and the MDG target is substantially large (Figure 1.4).

**Figure 1.4: Actual and Projected Proportion of Population below Minimum Level of Dietary Energy Consumption**



Child under-nutrition is also quite pronounced at the sub national level. With the exception of Khulna division, all other divisions had under-weight rates above 40%. A greater percentage of rural children (44.7%) aged 6-59 months were under-weight, compared with their urban counterparts (38.8%).

Regional disparities exist regarding the proportion of the population with access to less than 2,122 kcals/day. HIES 2005 has identified Barisal and Rajshahi administrative divisions as relatively worse off compared to other divisions. More recently, the Household Food Security Nutrition Assessment (HFSNA) 2008-2009 reported that populations living in Barisal and Rajshahi divisions had worse (lower) food consumption scores in comparison with other divisions (Table 1.4). The survey also found that female headed households and households in rural areas are more food insecure compared to their respective counterparts.

**Table 2.4: Food Insecurity by Geographic and Gender Status**

National	Average	25%
Area	Rural	27%
	Urban	17%
Division	Barisal	26%
	Chittagong	25%
	Dhaka	20%
	Khulna	25%
	Rajshahi	31%
	Sylhet	24%
Sex of household head	Male	23%
	Female	38%

Source: HFSNA 2008-09, WFP, UNICEF, IPHN



## 1.3 Challenges

Despite the linkage between poverty, hunger and employment, the progress towards hunger and employment related MDG targets has not been as encouraging as poverty. Although various national (such as government and NGOs) and international bodies (such as DPs) have made substantial efforts, significantly more coordination and harmonization of programmes that adequately address the interrelationships and dynamics between the three indicators of MDG 1 are required if Bangladesh is to achieve its goals outlined in MDG 1.

Structural realities and constraints such as limited land for cultivation, high population density and a still growing population represent significant challenges. To satisfy the inevitable higher aggregate future demand of a growing population, agricultural productivity growth, for rice and other crops, will have to be sustained.

The lack of diversity in Bangladesh's food crop sector also poses a challenge and more emphasis on the production of non cereal crops, such as pulses, fruits, and vegetables is needed. Crop diversification strategies should be demand driven for success and sustainability.

Chronic under nutrition in children remains alarmingly high. Protein and micronutrient deficient diets have serious implications for both maternal and child malnutrition. Intergenerational malnutrition dynamics whereby undernourished mothers give birth to underweight children or raise undernourished children, are a major hurdle in reducing hunger.

Extreme poverty that exists in small pockets poses specific challenges, which need to be addressed through targeted interventions. Communities in these areas are susceptible to other in addition to poverty. Vulnerabilities that can perpetuate poverty are manifested as food insecurity, social exclusion based on profession and ethnicity, occupational vulnerabilities that exist specially in urban areas (for example, among blue-collar workers employed in the Ready-Made Garments sector), and spatial vulnerabilities in the poverty pockets as well as in high risk areas such as river banks, char lands, haor areas and the coastal belt, where livelihood options are limited.

Ensuring proper targeting and delivery of assistance to intended beneficiaries, continues to be a major problem for both food and cash based Social Safety Nets (SSNs). Inadequacy of assistance, in terms of inability to address actual hunger gaps, is a major issue for the large majority of SSN programmes. This is generally true for programmes intended to address short term or transient hunger associated with shocks and temporary setbacks, as well as for programmes designed to address chronic food insecurity or poverty.

Ensuring food security to different groups of poor such as absolute poor, extreme poor and potential 'climate refugees' and the poor in general during sudden increase in food prices continues to be a challenge. The public food distribution system faces several management challenges, for example, maintaining optimal food stock, and raising management efficiency to reduce cost of storage, leakage and improve quality control and shelf life of food grains.

The MDG needs assessment and costing for Bangladesh (GOB 2009) identified three major areas of intervention for MDG 1 – agriculture and rural development, employment generation and development

of road infrastructure. However, sustainable agricultural growth with environmental preservation and expanding rural employment generation (other than SSNs) are yet to receive requisite resources, according to the MDG needs assessment.

A major concern in the country is the pervasive underemployment which has prevented it from meeting its MDG 1 targets. The challenge is to ensure economic growth that is “pro-poor” and that can lead to more jobs, better employment and higher household income.

## 1.4 Way Forward

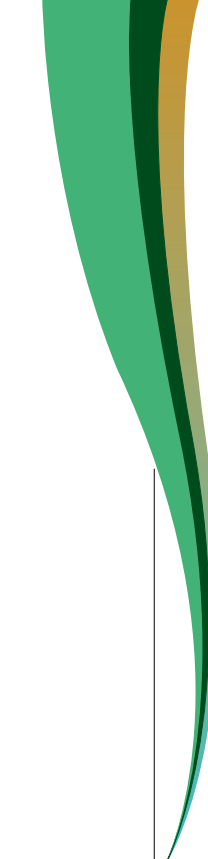
**Agricultural production:** Agricultural research efforts and other technological developments need to be diversified and redirected towards cereal and non-cereal crops that are resistant to the stresses of climate change. Use of costlier ground water for irrigation needs to be minimized with concomitant expansion of irrigation with cheaper surface water. Crop agriculture in lagging regions like the south-west and coastal belts should be expanded. The linkage between the National Agricultural Research System (NARS) and the Directorate of Agricultural Extension (DAE) should be strengthened for successful disseminating of technology. Effective support and credit have to be provided to the farmers to boost crop production.

**Crop diversification:** Crop sector diversification strategies need to consider future consumer demand for individual food commodities; the population’s food based nutritional needs and related desired outcomes; nutrient availability from domestic production such as dal and vegetables; and geographical considerations related to soil and agro-ecological zoning suitability as well as access to markets. It is worth noting that crop diversification can also be used as a “mitigation strategy”, especially in salinity-prone areas (when cereal production is restricted due to seawater intrusion, some cash crops such as tomatoes and chili can be grown with proper management of soil, water, and salinity).

**Land management:** A comprehensive land management policy will need to be adopted to ensure proper balance between different uses of land like crop production, rural roads and urban settlements, access of the poor to lands such as Khas land, Char and water bodies, access to urban settlements with basic urban utilities and security and protection of coastal areas from rising sea levels and intrusion of salinity.

**Urban planning:** Organic growth of urban centres fuelled by heavy concentration of manufacturing enterprises coupled with limited investment in public infrastructure has led to disruptions in supply as well as limited supply of basic amenities to city dwellers. These include clean and reliable water supply, waste management, transport, and housing for the lower income group. Land grabbing and filling up of water bodies are also amongst the many problems that have reduced the standard of living in urban areas. Thus, there is an urgent need for a comprehensive urban planning policy that addresses the shortcomings of the current dispensation.

**Social Safety Nets:** SSN programmes can ameliorate poverty and food security through reducing inclusion based targeting errors as well as by improving size and type of assistance. Better targeting efficiency could be achieved via a variety of mechanisms that include greater and more systematic use of local level poverty maps to improve geographic targeting, testing of innovative techniques such as proxy means testing at the household level to improve beneficiary selection and addressing local governance related challenges like greater fairness and transparency in beneficiary selection and



empowering local community members as stakeholders. Livelihoods oriented SSNs that emphasize productive assets, as well as other key livelihood components like health, access to credit, and social capital, increasingly demonstrate that a more generous and multi-faceted package of assistance has positive impacts on food security.

**Targeted Nutrition and Health Programmes:** Empirical evidence from various SSNs suggests that longer term interventions with nutrition and poverty alleviation objectives contribute to reduction in child under nutrition. However, child nutrition should not be dealt separately from maternal nutrition as they are strongly linked. The priority interventions are age specific complementary feeding and micronutrient supplements for children, early initiation and exclusive breast-feeding up to six months of age, community management of severely acute malnutrition in children through therapeutic and supplementary feeding, supplementary feeding for malnourished and marginalized pregnant and lactating women through strengthening and scaling-up maternal iron and foliate supplementation, access to safe water and improved sanitation in urban slums and rural areas, local homestead food production and nutrition education to promote diet diversity and use of fortified food in nutrition and health interventions.

**Pro poor employment generation:** The stimulus that agriculture provides for non-farm sector growth is critical. Food processing, and the subsequent transport and marketing of agricultural products, is a good example of agricultural and non-farm sector forward linkages. Investments in rural agricultural infrastructure sales, maintenance or servicing of farm machinery, provide good examples of agricultural and non-farm sector backward linkages. Moreover, access to finance, infrastructural support, access to a wider market and production network are some of the focus areas to increase non-farm employment. The hundred day employment generation scheme of the government will provide employment to the poor through better targeting. Employment generation efforts also have to take into account regional dynamics and demands.

**Energy:** One of the critical constraints in expanding employment is the acute shortage of energy. It now has to actively engage in energy generation through renewable sources such as solar panels, wind turbines, biomass gasification and biogas. Power generation through solar panels is being explored, but the price structure is still adverse to the adoption of this technology as the unit price of electricity is high compared to the traditional power grid. Therefore, government subsidy and tax policies need to be redesigned in this area.

**Governance:** A steady and sustainable reduction of poverty in Bangladesh will require a pro-poor policy framework and to operationalise any such framework, an efficient administration is needed. Weak capacity and corruption undermine all efforts for economic growth and poverty reduction. Moreover, the practice of governance should reflect participation, especially of the vulnerable and marginalized to ensure their engagement in local public institutions. Such changes can potentially enhance more efficient and equitable decision making in many areas such as management of common resources, delivery of community services and allocation of public funds.

**Programme Monitoring and Information Management:** Strengthened monitoring capacity and information management systems are needed for a better view of ongoing programme operations and performance.

# *Goal-2*



**Achieve  
Universal Primary Education**





## Achieve universal primary education

The revised Targets and Indicators under Goal 2 (1 target and 3 indicators) are as follows:

**Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling**

### Indicators

- 2.1 Net Enrolment Ratio in Primary Education
- 2.2 Proportion of pupils starting grade 1 who reach grade 5
- 2.3 Literacy rate of 15-24 year olds, women and men

### Current Status

**Target 2.A** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

#### 2.1: Net Enrollment Ratio in Primary Education

Benchmark : 60.5 in 1991

Current status : 91.9 (2008)

Target : 100

Status : on Track

#### 2.2: Proportion of pupils starting grade 1 who reach grade 5

Benchmark : 43.0 in 1991

Current status : 54.9 (2008)

Target : 100

Status : Needs Attention

#### 2.3: Literacy rate of 15+yrs olds, women and men (%)

Benchmark : 36.9 in 1991

Current status : 58.3 (2007)

Target : 100

Status : Needs Attention

## 2.1 Scope

A significant partnership between the Government of Bangladesh and development partners has been nurtured and built in the context of the MDGs 2 and 3 that pertain to education and the six Education for All (EFA) goals. Progress has been made in increasing equitable access, reducing dropouts, improving completion of the school cycle and implementing a number of quality enhancement measures in primary education. Bangladesh has achieved gender parity in primary and secondary enrolment. Initiatives have been taken to introduce preschool education to prepare children for formal schooling. The current government plans to enroll all primary education age children by 2011 and the government is in the process of implementing a comprehensive National Education Policy to achieve its objectives. The National Plan of Action for EFA 2003-2015 and the government's Poverty Reduction Strategy reflect the MDG targets and the constitution of Bangladesh has provision for free and compulsory primary education.

## 2.2 Trends

Of the three indicators under Goal 2, Bangladesh is on track to achieve only indicator 2.1. The situation is similar for EFA Goal 2 which ensures that all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality.

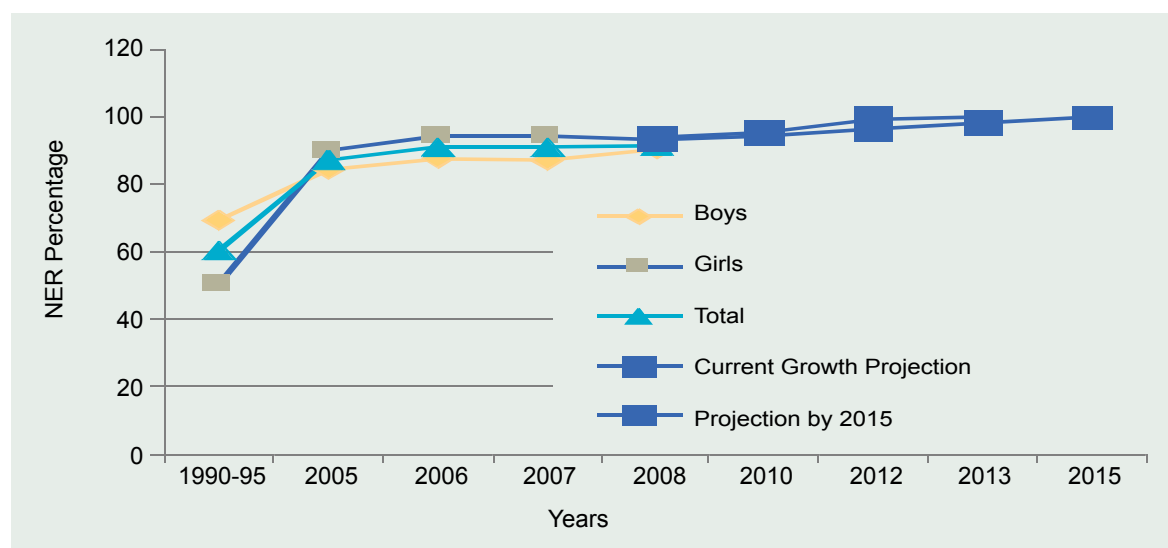
### Indicator 2.1: Net Enrolment Ratio in Primary Education

The net enrolment ratio refers to the number of pupils in the official school age group in a grade, cycle or level of education in a given school year, expressed as a percentage of the corresponding population of the eligible official age group.

In terms of bringing primary school age children to schools, the country is well ahead of the MDG 2

target. The net enrolment rate in 2008<sup>4</sup> is 91.90% (93.3% for girls). It was 60.50% during 1990-95 and 87.2% (90.1% for girls) in 2005. The faster and relatively consistent growth in girls' enrolment vis-à-vis boys has been an important driver of the observed improvement in NER. Focused and substantive initiatives undertaken by the government such as food for education, stipends for primary school children, media outreach, community or satellite schools and a sector wide approach (PEDP II) have all helped boost the NER.

**Figure 2.1: Net Enrolment Trends**



The annual trend growth rate of net enrolment since 2005 has been estimated at 1.83%. A NER of 100% is feasible by 2013, if the current rate of growth were to continue. To achieve 100% NER by the year 2015, a slower and sustained average annual growth rate of 1.21% percent will be sufficient.

#### **Indicator 2.2: Proportion of Pupils Starting Grade 1 who Reach Grade 5**

Survival to the last grade of primary schooling (grade 5) has not kept pace with the impressive progress in net and gross enrolment rates. The primary school grade 5 survival rate in 2008 was 54.9% which implies a modest increase from the 43% during the baseline (1990-95). Since 2005, there have been significant ups and downs in the growth of the primary school grade 5 survival rates.

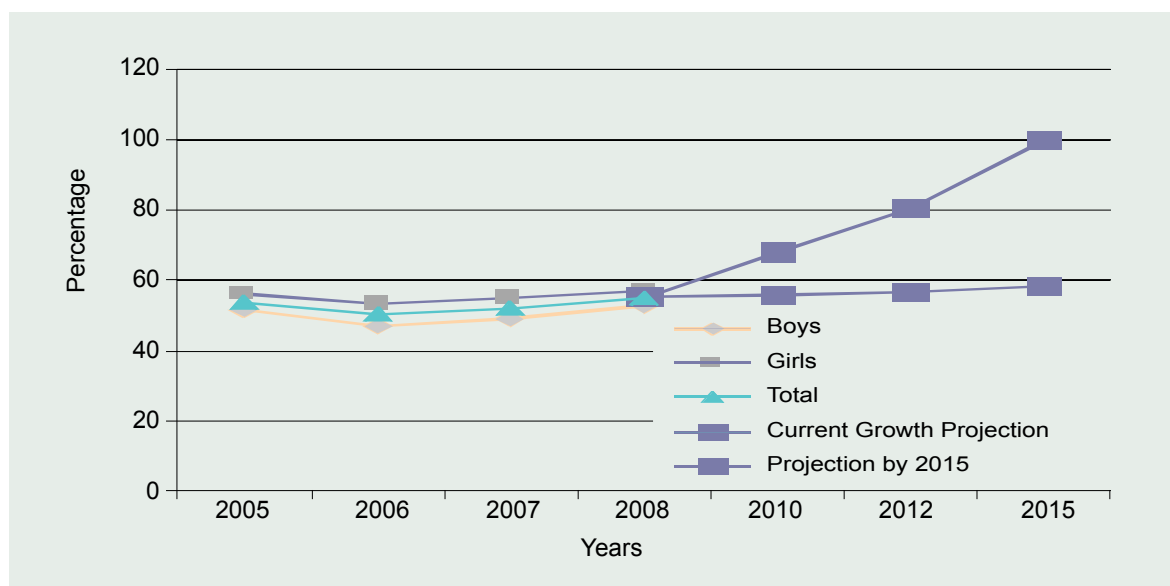
In 2005, 2006 and 2007, the primary school grade 5 survival rates were 53.9, 50.2 and 51.9%, respectively<sup>5</sup>. On average, there is a slow positive trend of 0.47 percent<sup>6</sup> which needs to be expedited. At the current rate of growth, Bangladesh will be able to achieve just 58.19% survival rate by 2015. A yearly average growth rate of 6.44% is essential in the remaining period from 2010 so as to be able to achieve the target by 2015.

<sup>4</sup> Bangladesh Primary Education Annual Sector Performance Report 2009; DPE

<sup>5</sup> Primary School Survey Reports; DPE

<sup>6</sup> MDG Needs Assessment Report 2009

**Figure 2.2: Proportion of students starting grade 1 who reach grade 5**



However, these figures do not take into account the movement of children from one type of school to another<sup>7</sup>. While large numbers of children certainly do fail to complete the primary cycle in government schools, substantial numbers continue their education in non-formal or unregistered schools such as madrasas and non-formal education projects. Figure 2.2 shows the trend of the primary school grade 1 to 5 survival rate. The 2009 MICS household survey conducted by BBS with support from UNICEF shows a survival rate of 79.8%.

The low primary completion rate or high dropout rate at the primary level can be ascribed to several reasons. Household poverty has been identified by several studies as the major factor which leads to student absenteeism in general due to high opportunity costs and other hidden costs. The 2005 DPE baseline survey data estimated a rate of absenteeism of 20% in the three major categories of schools (GPS, RNGPS, and community schools).

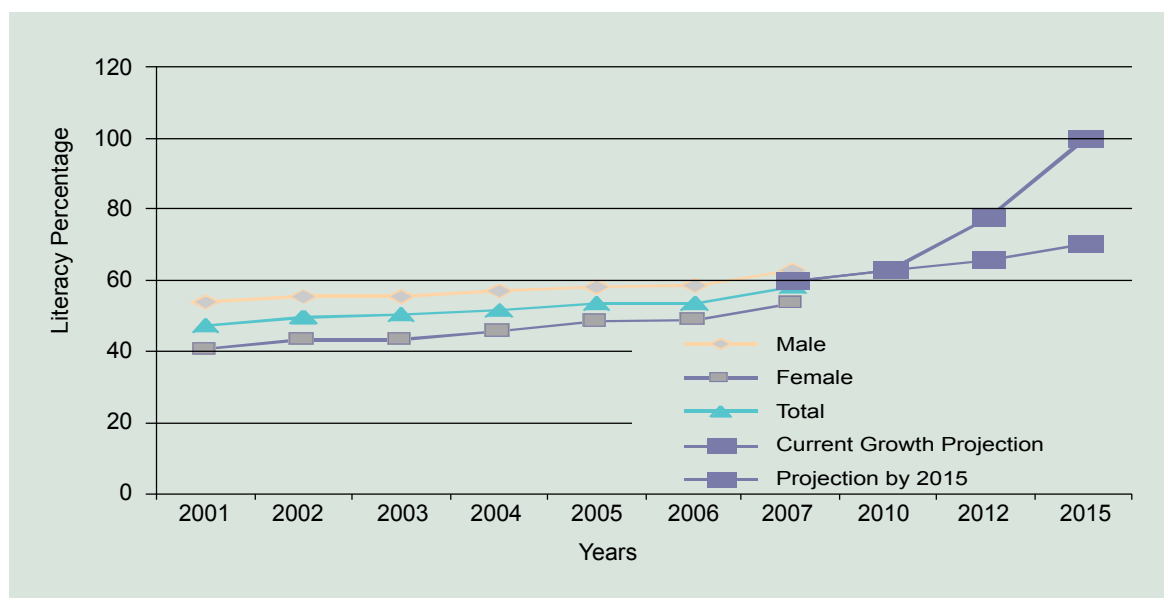
### **Indicator 2.3: Literacy Rate of 15-24 Year Olds, Women and Men**

At present, there is no data on the literacy rate of only 15-24 year olds in Bangladesh. To surmount this gap, the following proxy indicators are used to estimate the current literacy status.

**Literacy rate of 15+ year olds:** In 2007 the reported adult male and female literacy rates were 63.1% and 53.5% respectively, while the overall literacy rate was 58.3%. The Literacy Assessment Survey conducted in 2008 by BBS/UNESCO, estimated the adult literacy rate based on a written test taken by respondents. The report categorized literacy skills into four levels: non-literate, semi-literate, literate at the initial level and literate at the advanced level. The assessment showed that 33% of the respondents were non-literate, 18% were semi-literate and 49% were literate. Figure 2.3<sup>8</sup> shows the adult literacy trends of the 15+ year age population.

<sup>7</sup> In Bangladesh there are ten types of institutions that provide primary education.

<sup>8</sup> SVRS; BBS

**Figure 2.3: Trends in Adult Literacy**

During the 1990s the adult literacy rate grew at an average rate of about 2% per annum. As demonstrated by the gender parity index data<sup>9</sup>, the adult women literacy rate recorded significant improvement over the years. From 0.58 in 1991, the index climbed to 0.80 in 2005 and 0.82 in 2007. Currently, the estimated trend growth rate of adult literacy is just 1.5%. If this rate continues the adult literacy rate at the end of the MDG target year will be about 70.3%, falling considerably short of the targeted 100%. To achieve the target by the year 2015 the required average annual growth rate over the remaining years (2011-15) is estimated to be as high as 7.44%.

Given the existing pace of growth that has resulted from the initiatives undertaken so far, achieving such a rate in the remaining five years seems to be quite demanding. Nevertheless, more effective initiatives have to be designed and implemented based on earlier experience which would lead the country closer to the target rate (GED 2009). The government is planning to launch a national literacy movement to meet this challenge.

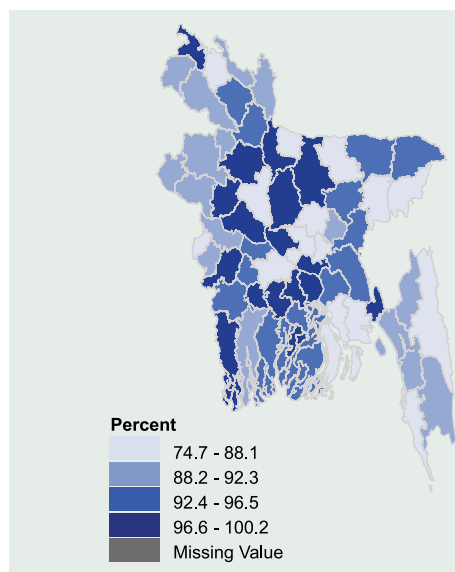
**Literacy Rate of 15-24 Year Olds (females):** According to the MICS 2009 data 72% of women were literate. The literacy rates in rural and urban areas were 70 and 77% respectively. Literacy was assessed by the ability of each respondent to read a short simple statement in Bengali.

#### Sub-national disparities

District level primary education data clearly reveal disparities in terms of achieving MDG 2. Figures 2.4 and 2.5 map these disparities in progress at the district level.

<sup>9</sup> Gender Parity Index value of 1 indicates parity between the two sexes.

**Figure 2.4: NER at district level**



**Figure 2.5: Proportion of students starting grade1 who reach last grade of primary school at district level**

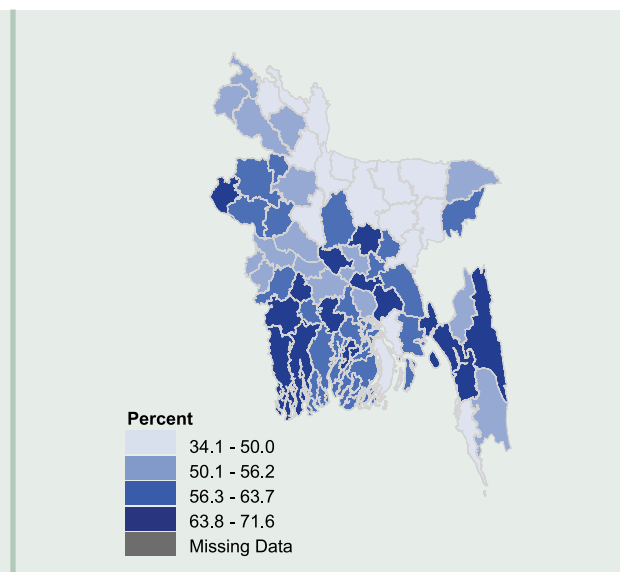


Figure 2.4 shows that 16 districts have a NER in the range of 74.7 to 88.1%, 15 in 88.2 to 92.3%, 16 in 92.4 to 96.5% and 17 in 96.6 to 100%. The districts with low NER are mostly in hilly, haor or coastal areas. Recent studies have shown that low performance is linked to geographical isolation, poverty and natural disasters. Similarly, data on the proportion of pupils starting grade 1 and reaching grade 5 in Figure 2.5 shows that 21 districts are in the range of 34.1 to 51.4%, 21 in the range of 51.5 to 59.9% and 22 in the range of 60 to 71.6%. Most of the northern districts in monsoon prone areas and the Padma-Jamuna-Brahmaputra basin are poor performing with a higher dropout rate. The best performing districts (22 districts that exceed 60%) are in the southern region of Bangladesh (DPE School Survey Report 2007). Moreover, the school attendance rate in urban slums is 16.2 percentage points below the national average (MICS 2009).

Socio-economic status is a key determinant of enrolment and completion rates at primary schools. A household survey conducted for the 2008 Education Watch report revealed that the NER of primary aged children increased significantly with increased household food security status. The report found that using food availability as the explanatory variable, 78.1% of the children of always in deficit households, 84.3% of children from sometimes in deficit households, 87.9% of children from breakeven households and 91% of children from surplus households were enrolled in school (Education Watch 2008).

## 2.3 Challenges

Experience from other countries shows that once countries attain an NER above 90%, it usually becomes very challenging and costly to reach the last ten percent of children who, for various reasons (such as marginal populations, populations living in remote and land-locked areas, the poorest, disabled children, ethnic minorities with a language barrier, etc.), are hard to reach (GED 2009, p. 97). Enrolling the last 10% of the children and ensuring quality and equity of education to the children who are already enrolled in schools are major challenges facing Bangladesh. Enrolling all children will require targeted interventions in underperforming areas, including urban slums.

Progress in the survival rate to grade 5 poses a big challenge in achieving MDG 2. The trend growth rate for primary cycle survival is considerably below the warranted growth rate for achieving the 100% target. In this situation achieving the target by the year 2015 requires an average annual growth rate of about 7.44% from 2010. High repetition and dropout rates pose serious challenges for acceleration of progress in survival to the last grade. On average, 8.6 years of pupil inputs are required to produce a primary school graduate. Improvement in the learning environment and learning achievement of children is imperative to retain children in school until the last grade of primary education.

Despite a dearth of concrete information on education quality, experts widely agree that the quality of education needs to be improved for the vast majority of primary school children.

While it is true that Bangladesh has managed to achieve high enrolment rate at a low cost, there is a link between the quality of education and investment in the education sector. Bangladesh has not been able to invest more than 2.5% of its GDP in education for decades. The Education Policy of the government proposes doubling of investment in education over the next five years. Even if GDP grows by an average of 7% and the government is able to double the share of education expenditure in GDP, there will be a financing gap of over US\$ 2 billion between 2010 and 2015 (GoB 2009).

Although the presence of a large proportion of children from poor families renders primary education a pro-poor investment, it also makes the system vulnerable to external shocks. A study conducted in 2008 revealed that almost 88% of female headed households responded that their children had to quit school because of rising food prices. About 20% of rural households responded that their capability to meet children's educational expenditure declined due to falling real incomes caused by price hikes in essential food items<sup>10</sup>. Additional challenges to the system are also being posed by droughts, floods, inundation due to rising sea levels and other impacts of climate change.

Ensuring meaningful and quality life-long learning for adolescents and the adult population has always been a challenge. Poor quality adult literacy programmes discourage sustained participation of adults in literacy and ongoing adult education programmes. Limited staff development opportunities and low compensation provide no incentives for sustained quality teaching. Literacy and post-literacy education curricula are often irrelevant to the diverse realities and contexts of learners, the contents are dull and production quality often very poor.

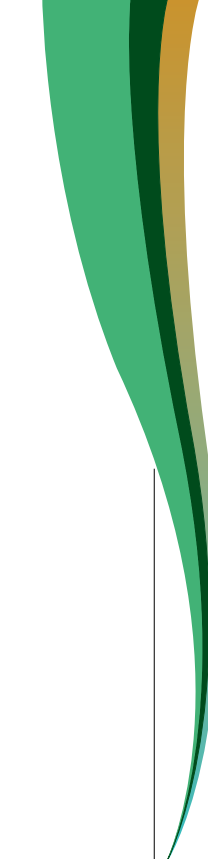
In the past few years, adolescent and adult literacy has been the most neglected area in terms of resource allocation by the Government. The capacity of the existing Bureau of Non Formal Education as a national institute needs further strengthening so as to have the requisite capacity to implement large adult literacy programmes.

## 2.4 Way Forward

Although the progress towards MDG 2 has been commendable, the challenges remain large in achieving the targets. It is critical that current efforts be sustained and new initiatives introduced.

In terms of the education target, Vision 2021 aims to reach 100% net enrolment in primary schools by 2011, ensure free tuitions up to the degree level soon after 2013, eradicate illiteracy by 2014, and

<sup>10</sup> Study on Impact of Food Price Rise on School Enrolment and Drop-out Rate in Marginalized Households in Selected Areas of Bangladesh (Selim Raihan, DFID Draft Report 2008).



impart skills in Information Technology to all by 2021. Vision 2021 has also made commitments to the development of human resources, which include allocation of a higher proportion of the budget to education, improvement in the quality of education, increase in the salary of teachers and particular attention to disadvantaged groups including urban working children.

To achieve the NER target, GoB has undertaken several initiatives. Under the newly adopted Operational Framework on Pre-Primary Education, the government has planned to add one additional class in existing schools. Expanding the stipend coverage to target the hardcore population has also been approved with the target population for stipend being increased from 4.8 to 7.8 million students. To ensure enrolment and primary cycle completion, the school feeding programme is being expanded from 0.2 to one million students. The government also plans to cover 87 Upazilas under the school feeding program. To address the special needs of physically challenged children, ramps are being constructed in schools.

Some good practices already exist in Bangladesh. NGOs and civil society organisations with partial support from the government manage six different types of primary education institutions that serve some of the most deprived children who cannot afford to enrol in government schools and/or are dropouts. The strong linkage between household food security and school attendance has also led to a strong partnership between the WFP and the GoB to provide school meals in areas that are food insecure. To ensure quality education to all children, the DPE has initiated a School Level Planning grant to empower schools and communities to take local actions and intends to strengthen this process in the next phase of the primary sub-sector programme.

Improving the quality of primary education, creating a child friendly atmosphere at primary schools, creating adequate physical infrastructure provisions, reducing opportunity costs of school attendance, providing incentives for key players at both demand and supply levels and building mass awareness are some of the key areas that need particular attention for achieving the millennium targets. GoB and DPs have identified the following areas of focus:

- A major and carefully planned infrastructure initiative to make available sufficient child friendly classrooms in existing GPS, RNGPS and community schools so that universal primary education by 2015 is physically feasible;
- Build new child friendly schools where there are no schools to ensure access to education;
- Adequate number of qualified skilled teachers with better social and economic status;
- Emphasis on quality of learning as measured in learning achievement of children;
- Introduction of one year pre-primary education as an integral part of primary education;
- Second Chance Education for the non-enrolled and drop-outs through a non-formal mode of delivery;
- Equivalency and bridging between formal and non-formal education;
- Technical and vocational education opportunities for the disadvantaged population;
- Provision of school feeding for the pre-primary and primary students;
- Development of a national unified curriculum with a core (compulsory for all) portion and an elective portion for all categories of schools and madrasas;
- Adult Education Programme for illiterate adults to create opportunities for meaningful and quality life-long learning; and
- Continuing Education for new literates to prevent them from relapsing into illiteracy and enable them to apply their literacy for developing life skills, vocational skills and standard of living.



# *Goal-3*



**Promote  
Gender Equality & Empower Women**



## Promote Gender Equality and Empower Women

The revised Targets and Indicators under Goal 3 (1 target and 3 indicators) are as follows:

**Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015**

### Indicators

- 3.1a Ratio of girls to boys in primary education
- 3.1b Ratio of girls to boys in secondary education
- 3.1c Ratio of girls to boys in tertiary education
- 3.2 Share of women in wage employment in the non-agricultural sector
- 3.3 Proportion of seats held by women in national parliament

## Current Status

**Target 3.A** Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015

3.1a: Ratio of girls to boys in primary education:

- Benchmark : 0.83 in 1991
- Current status : 1.01 (2008)
- Target : 1
- Status : Achieved before 2015

3.1b: Ratio of girls to boys in secondary education:

- Benchmark : 0.52 in 1991
- Current status : 1.2 (2008)
- Target : 1
- Status : Achieved before 2015

3.1c: Ratio of women to men in tertiary education:

- Benchmark : 0.37 in 1991
- Current status : 0.32 (BBS,2006)
- Target : 1
- Status : Not achievable before 2015

3.2: Share of women in wage employment in the non-agricultural sector:

- Benchmark : 19.1 in 1991
- Current status : 24.6 (BBS,2008)
- Target : 50
- Status : Not achievable before 2015

3.3: Proportion of seats held by women in national parliament:

- Benchmark : 12.7 in 1991
- Current status : 19 (BBS,2009)
- Target : 33%
- Status : Not achievable before 2015

## 3.1 Scope

Bangladesh is committed to attaining the objectives of ensuring gender equality and empowerment of women. Over the last two decades the initiative to ensure equal rights of women and non-discrimination has gained momentum in Bangladesh. The government has also endeavoured to empower women through adoption of policies, legislation, strategies, national action plans and programmes.

Bangladesh has made significant progress in promoting the objectives of ensuring gender equality and empowerment of women. There has been steady improvement in the social and political empowerment scenario of women in Bangladesh.

Eradication of poverty with special emphasis on eradication of feminization of poverty by strengthening Social Safety Net programme is an important agenda of the Government. Programmes such as Allowance to Widows & Destitute Women, Maternity Allowance to poor mothers and Vulnerable Group Development Programme have been providing food security to a large number of poor women. Extensive training programmes in income generating skills in agricultural and fisheries and livestock, computer, sewing, block batik trade, handicrafts are being conducted. Support is being given to women entrepreneurs engaged in small and medium enterprises (SMEs).

Ensuring maternal health and reducing maternal mortality are high priority agenda of the Government. It is experienced that healthy mothers and empowered women are in a better position to take decision for their own and their children lives, and can contribute more for families and communities. It is therefore essential to emphasize the nexus between MDG 3, 4 and 5 in facilitating women empowerment.

The present Government has declared "Vision 2021" where specific commitment has been made

regarding mainstreaming gender issues in policies to bring about visible changes in the lives of women in all spheres of life.

While the target places special emphasis on women's education based on its extreme importance for women's well-being and the development of societies, it is recognized that education alone is insufficient to eliminate the wide range of gender inequalities found in societies. Gender equality requires progress in the following three dimensions: 1) Capabilities, which refers to basic human abilities as measured by education, health and nutrition— means through which individuals access other forms of well-being; 2) Access to resources and opportunities, which refers to equality in the opportunity to use or apply basic capabilities through access to economic assets such as land and resources; income and employment, as well as political opportunity for example representation in parliaments; and 3) Security, which refers to reduced vulnerability to violence and coercion that aim to keep women and girls in 'their place' without fear. These three dimensions are interrelated, and achieving MDG 3 is not possible without changes in all three. In other words, the promotion of gender equality and the empowerment of women (MDG 3) require fundamental transformation in the distribution of power, opportunities, and outcomes for both men and women. The government's national legal and policy framework as well as commitments to international covenants indicate its broader approach to gender equality. Accordingly, the status of three areas critical to achieving MDG 3 are covered here: 1) Gender equality in access to education (under 'capabilities'); 2) Women's economic and political empowerment and participation (under 'access to resources and opportunities'); and 3) Reduction/mitigation of social and institutional vulnerabilities of women (under 'security'), while the review of indicators focuses on the first two areas where MDG indicators set quantitative targets specifically by 2015.

## 3.2 Trends and inequality analysis

### Gender equality in access to education

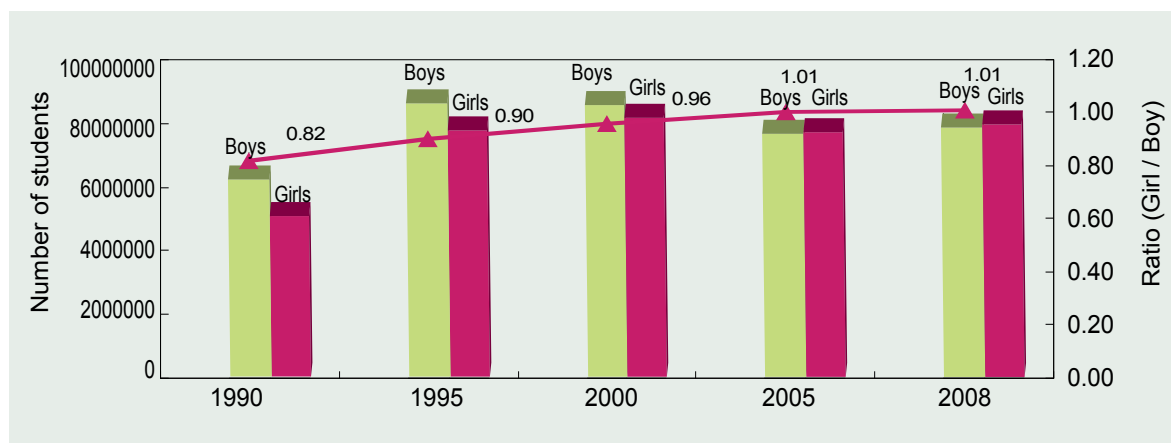
**Primary education:** The target for gender parity in primary school enrollment has already been achieved. Since 1990, the primary school enrolment has increased 1.4 times from 11.9 million in 1990 with 6.6 million boys and 5.4 million girls to 16.7 million in 2008, half of whom were girls.

**Table 3.3: Primary Education Enrolment, 1990-2008<sup>11</sup>**

Year	Total	Boys	Girls	% Boys	% Girls
1990	11,939,949	6,574,633	5,365,316	55.06	44.94
1995	17,280,416	9,090,748	8,189,668	52.61	47.39
2000	17,667,985	9,032,698	8,635,287	51.12	48.88
2005	16,225,658	8,091,221	8,134,437	49.87	50.13
2008	16,748,616	8,324,669	8,423,947	49.70	50.30

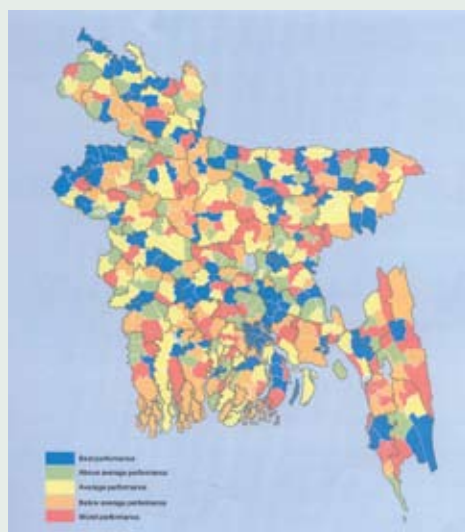
<sup>11</sup> Ministry of Primary and Mass Education, Bangladesh Primary School Census Report 2008

**Figure 3.1: Trends in primary school enrollment 1990-2008**

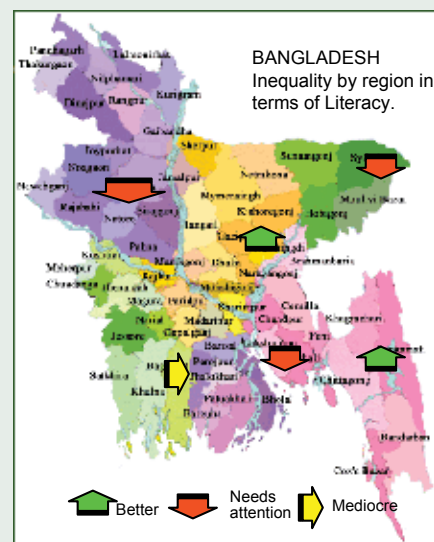


As seen in the Figure 1, this success masks the geographical disparities. Similarly, looking into the latest Literacy Assessment Survey 2008 results conducted by BBS (Figure 2), the lowest literacy rate for female (15 years and above) exists in Sylhet division (42.8) and the highest in Chittagong (54.6). The urban – rural gap is wide in Barisal (19.1 percent point) while, male – female gap also exists more in Khulna (7.5).

**Figure 1: MICS Map on Gender Ratio in Primary School Enrollment**



**Figure 2: Female Literacy Rate - Regional Disparity**



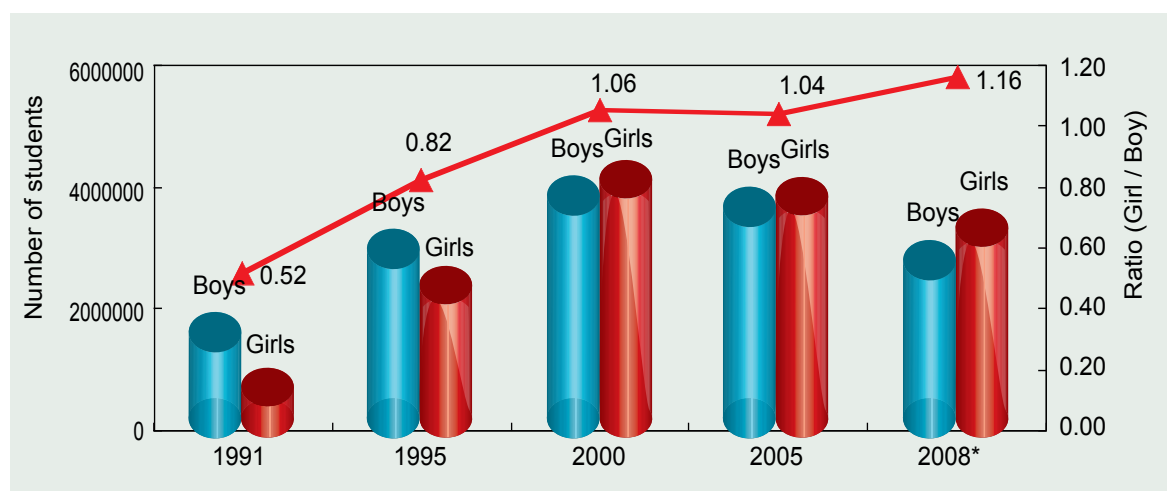
**Secondary education:** The secondary education system in Bangladesh consists of two levels—secondary education (grades 6-10) and higher secondary education (grades 11-12). Since 1991, the secondary education enrolment for female students has increased significantly with girls' enrolment surpassing boys' in 2000 (52% for girls and 48% for boys).

**Table 3.4: Secondary Education Enrolment, 1991-2008**

Year	Total	Boys	Girls	% Boys	% Girls
1991	2,943,473	1,938,526	1,004,947	66	34
1995	6,026,334	3,303,787	2,722,547	55	45
2000	8,678,968	4,221,472	4,457,496	48	52
2005	8,232,329	4,036,803	4,195,526	49	51
2008*	6,819,748	3,158,291	3,661,457	46	54

\* Higher Secondary level data excluded for its unavailability

**Figure 3.2: Trends in secondary school enrollment 1991-2008**



Although primary and secondary education is free for girls in the country and gender parity in terms of enrolment has been achieved, huge dropout still exists, especially among girls. The challenge in completing the full cycle of primary and secondary education requires attention as it is reflected in the lower level of female enrolment at the higher secondary and tertiary levels. Poverty and hidden cost for education are major causes for dropouts especially in rural areas. Hidden causes (these causes are not hidden) for dropouts of the girl students at the secondary level include: violence against girls, restricted mobility, lack of separate toilet facilities for girls, lack of female teachers in secondary level, lack of girl hostel facilities, helping mothers in the household chores, etc. Another concern is the quality of education. In order to reduce dropouts, it is important to ensure good quality education through improving the course curricula and effectively addressing learning needs of diversified groups of students (taken as actions in PRSP II, pg 400).

**Tertiary education:** Unlike the success at the primary and secondary education levels, gender parity at the tertiary education level remains low at 0.32 (76% boys vs. 24% girls). During the last ten years, the enrolment of students at the tertiary level has increased significantly, but with more rapid increase in the number of male students.

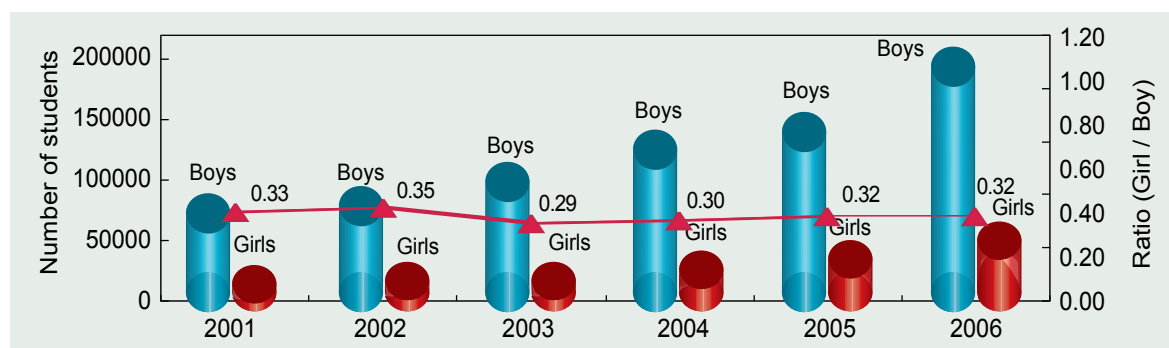
Several factors account for this outcome: social and cultural attitudes still reinforcing girl's/women's subordinate position in the society, various forms of violence including acid throwing and sexual harassment on the street and in educational institutions discouraging attendance at the school, and child marriage (despite legal marriage age set at 18 years) due to the social norms and poverty hindering girls from continuing their education at higher level. Furthermore, poor quality of education offered at some institutions and the fact that the attainment of higher education does not guarantee the future economic benefit for girls due to the male-biased job market (formal sector) which may not provide enough incentives for girls to pursue education.

**Table 3.5: Tertiary Education Enrolment, 2001-2006**

Year	Total	Boys	Girls	% Boys	% Girls
2001	119,897	90,091	29,806	75.15	24.85
2002	126,564	93,879	32,685	74.18	25.82
2003	149,340	115,733	33,607	77.50	22.50
2004	182,916	140,622	42,294	76.88	23.12
2005	207,577	157,710	49,867	75.98	24.02
2006	277,516	210,674	66,842	75.92	24.08

Source: BANBEIS website [www.banbeis.gov.bd/db\\_bb/university\\_education\\_1.htm](http://www.banbeis.gov.bd/db_bb/university_education_1.htm)

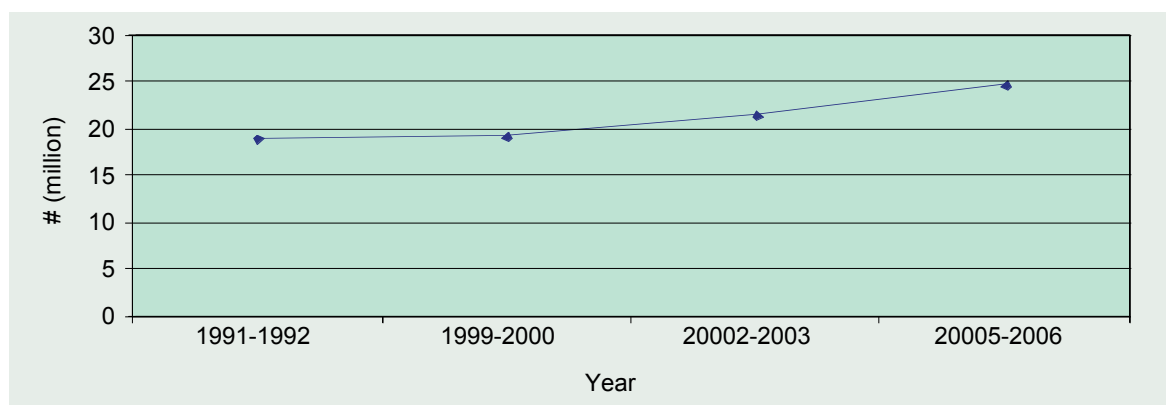
**Figure 3.3: Trends in tertiary school enrollment 2001-2005**



### Women's Economic and Political Empowerment and Participation

**Women in Non-Agricultural Wage Employment:** The latest Labour Force Survey 2008, shows that total labour force participation rate for females is around 29.2%. The male-female ratio of non-agricultural employment has been 77:23 in 1995-96 which went up to 80:20 in 2005-06 indicating relative decline of females' share in the non-agricultural employment.



**Figure 3.4: Women in Wage Employment in the Non-agricultural Sector**

Source: Report on Labour Force Survey in Bangladesh, BBS, 2008

Creation of opportunities for the women labour force remains as the major bottlenecks for wage employment in the non-agricultural sector for women with an exception in the garment sector.

**Women in National Parliament:** The situation of women empowerment and gender equality is promising when one looks at the share of women in the highest policy making elected body—the National Parliament. During the last four governments of parliamentary democracy women's participation in the Parliament were 12.7 percent in 1991-95, 13 percent in 1996-2000, and 12.4 percent in 2001-06 and 19 percent in 2008. In the current parliament the share of reserved seats has also increased to 45 from 30. The current Parliament has also got directly elected 19 women Parliamentarians (almost doubled). Moreover, the current government has highest 6 women members in the cabinet including the honorable Prime Minister.

**Table 3.6: Proportion of Female Members in the Parliament**

Year	Female members	Total seats	Percentage
1991	(30+12) = 42	330	12.73
1996	(30+13) = 43	330	13.03
2001	(30+11) = 41	330	12.42
2008	(45+19) = 64	345	18.55

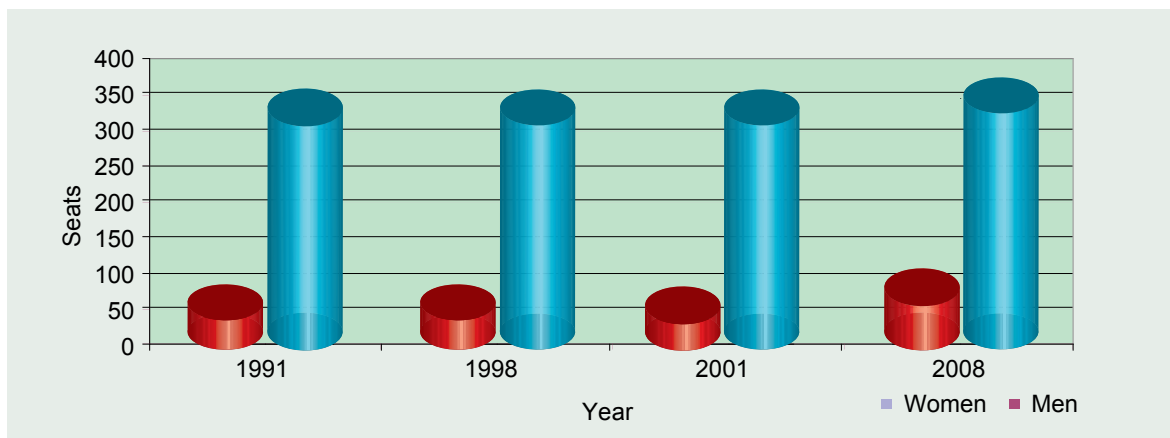
While there is highly supportive legal and policy in development to encourage women's participation in development activities and decision making, initiatives are underway to increase representation of women in the legislative, judiciary and executive branches of government.

### 3.3. Challenges

#### Access to Education

National level primary enrolment shows that Bangladesh has achieved gender parity by 2005. However, regional variation in terms of primary enrolment exists; Barisal is yet to achieve desired position while negative growth exists for Rajshahi and Khulna. Thus more strengthening of primary

**Figure 3.5: Proportion of Women Member in the Parliament**



education projects is needed with more programmes in above mentioned divisions. In addition, it is necessary to strengthen opportunities for post–primary education for girls while meeting commitments to universal education.

Increased enrolment of girls in secondary schools has been a significant achievement in Bangladesh. The challenge is to sustain the twin objectives of keeping increasing number of girl students in secondary schools and retain them until graduation. Regional and urban–rural variation in terms of secondary school enrolment requires special attention.

Concerted efforts will therefore be required to address the particular challenges of easing the transition of females from the secondary to tertiary levels and thereafter to the workplace; reducing their dropout after the completion of secondary education and promoting greater enrolment into technical, professional and vocational institutions. Extensive social mobilization programmes need to be implemented. Quality of education needs to be improved with gender-sensitive curriculum to attract more female students. Education facilities should also be gender-friendly. In addition, various forms of violence need to be reduced to ensure girl's safety while providing opportunities of stipend programmes for female students.

Lastly, despite many improvements in primary and secondary school enrolments a large disparity exists between male and female literacy rate more in rural areas, and division like Sylhet. The challenge is to narrow the gap through intensive public and private initiatives. Absence of equivalency and bridging between formal and non-formal education and lack of opportunities for technical and vocational education for the disadvantaged women is another barrier for meaningful and quality life-long learning, and thus participation in formal workforce and reduction of women's vulnerability to violence, entry into high-risk employment categories (hazardous industries, prostitution) and trafficking.

#### **Women in Non-Agricultural Wage Employment**

The challenge is to involve women more in productive income generating work to ensure improvement in livelihood to empower them. In addition to improving knowledge base of female population through increased access to education and technical and vocational training, actions in regard to

women's employment mentioned in NSAPR II need to be effectively implemented, such as: providing incentives to private sector to employ more women; ensuring women's quota in public sector job; providing different types of incentives for women entrepreneurs including introduction of easier credit system for poor women with lower interest rates; ensuring access to market and finance for women entrepreneurs; enhancing awareness and advocacy for labour welfare issues including labour laws including the provision of labour related publications to the workers' organization trade unions and workers; and ensuring workers welfare, introducing women friendly policies and strategies in public and private sectors, etc. There should be provision for men to enjoy paternity leave, so that they can give care and quality time to their wives and child during the delivery and post natal period. In recognition of the women's heavy burden of childcare, support system such as daycare facilities can be promoted for women's overall socio-economic enhancement. Lastly, given that the overseas employment creates the second largest source of income for Bangladesh and that currently only around 4% of the total Bangladeshi migrant workforce are women, the Government is exploring options to increase female labour migration from Bangladesh by examining sectors, such as care-giving and hospitality, particularly in European countries where 'aging' is the issue. This is also reflected in the NSAPR II –providing training to the workforce for overseas employment, etc.

### **Women in decision making role**

Awareness raising and mobilization programmes to encourage direct involvement of women in mainstream politics are needed. Holistic policy interventions may include subjective changes of the decision makers, amendment of laws, and promoting the nomination of women candidates by political parties.

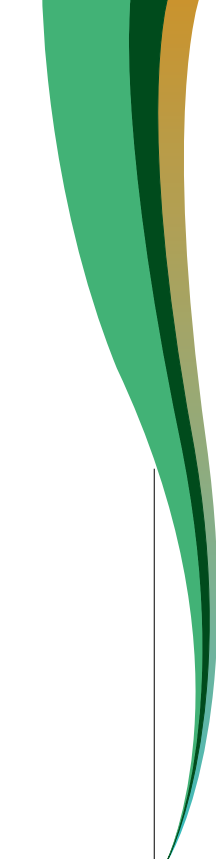
In other areas of decision-making such as the bureaucracy and high level jobs, which entail visibility and exercise of authority, women's presence is negligible. The ground realities must conform to and reflect the spirit of gender equality and non-discrimination that is inherent in the Constitution. Creating awareness of government officials, providing deep understanding of the various causal factors and conditions that create significant gender gaps are needed.

### **Institutional Capacity in Gender and its Mainstreaming**

Institutional capacity in gender and its mainstreaming need to be enhanced through building the capacity of Ministry of Women and Children Affairs, Department of Women Affairs, Jatiya Mohila Shangstha and other related government institutions. An effective and efficient linkage between the Government and non-government organizations needs to be created. Further, the networking and linkage among the different Ministries need to be strengthened by establishing better WID Focal Points coordinating mechanism.

### **Underlying socio cultural factors**

Addressing underlying socio-cultural factors that make women vulnerable is a challenge that requires immediate attention and long-term commitment. The Government of Bangladesh has taken several steps. The Parliament has passed a number of laws against child marriage, acid-throwing, dowry, cruelty and violence against women and children with provision of speedy and summary trials and exemplary punishment. At the national level an Anti-VAW Cell has been established in the Ministry of Women and Children Affairs to monitor and dispose of all complaints. At the sub district and district levels, committees have been instituted to receive and pursue cases of VAW. Nevertheless, the



effective implementation of these laws, policies and mechanism remains a major challenge. In order to change the deep rooted gender norms and attitudes among individuals and in the society, well coordinated bottom-up and top-down approach is necessary to mobilize the entire society involving men, boys, women, girls, policy makers, civil servants, judiciary, police, public leaders and media personnel. Sensitization of various groups is important and needs to be done in culturally sensitive manner so that they emerge as advocates for gender equality. Effective multi-sectoral interventions are also needed to cut the vicious cycle of poverty, child marriage, violence and other harmful practices.

### **MDG 3 linkages**

Malnutrition and maternal health issues have direct link with MDG 3. Among all the deliveries 15% are still birth which is related to women's mal-nutrition. Food security and climate change issues have strong impact on women's lives and they need to be considered in MDG 3. There should be linkage mechanism among MDG 2, 3, 4 and 5 needs to be developed for comparing the progress and mainstreaming gender among the other MDGs.

## **3.4 Way Forward**

### **Policy and Legal framework**

In Bangladesh, several laws discriminate against women. Women therefore do not enjoy equal rights in marriage, divorce, custody, guardianship and inheritance. The Government enacted a number of legislations such as the Dowry Prohibition Act of 1980, the Child Marriage Registration Act of 1992, the Acid Crime Control Law of 2002, and Domestic Violence Bill of 2010 to address women's issues. The major challenge is the enforcement of these laws and implementation of the relevant policies. The capacity of the government in the formulation, adoption and implementation of laws and policies aimed at promoting gender equality and women's empowerment needs to be strengthened. At the same time active advocacy and monitoring by civil society needs to be promoted. National Policy on Advancement of Women, 1997 needs to be revived and fully implemented.

### **Social Change**

Many of the harmful practices in Bangladesh like child marriage, the dowry, weak legal and social protection in the event of divorce and abandonment, and gender based violence are largely due to cultural practices that favour boys over girls. They are deep rooted in the traditional patriarchal society of Bangladesh, which must be changed to make gender sensitive policy and legal framework effective. This would require an understanding and analysis of gender norms, social construction of gender structures (including 'masculinity'), patriarchy, power, source of inequality and oppression, and how these influence the behaviour and attitude of men and women, girls and boys. The government will facilitate the process of social change, through partnership with development partners and other stakeholders.

### **Evidence based programming**

Bangladesh can implement proven interventions in addressing the specific bottlenecks based on its experience and that from other countries. For example, to address the barriers for girls to access tertiary education, interventions such as financial support for the poor girls, quality improvement of education, development of gender balanced curricula, and promotion of girls-friendly schools could

be implemented. Similarly, for women's economic participation, small scale entrepreneurship with incentives and access to market and finance for women, workforce safety measures, child care support to remove barriers, vocational and technical education to increase women's chance for decent economic participation while reducing their vulnerability to violence and trafficking, etc., could be implemented.

### **Social Protection**

In order to provide immediate relief, rehabilitation, and protection of the survivors of discrimination, violence, and trafficking, or those vulnerable to such a comprehensive package including the medical, psycho-social, and legal services as well as shelter and livelihood support needs to be introduced. The duty bearers of this intervention will include police, the courts, health service providers, school, social workers, NGOs, community-based service providers, and community itself. Capacity building of these duty bearers will be undertaken to enable them to fulfill their roles and responsibilities. Support will also be provided to strengthen the system that connects the different duty bearers, including the smooth reporting and referral system for survivors to avoid causing further trauma due to system failure.

Furthermore, given the fact that women in Bangladesh consists of a large part of informal workforce, social protection and safety net programmes will have to be made more gender sensitive by accounting for gender differences in labour market participation, access to information and unpaid care responsibilities.

### **Gender Mainstreaming**

MOWCA is in the forefront of the promotion of gender equity and equality in the country. MOWCA has focal points which encourage all sectoral ministries to have gender screening of their policies and to implement gender sensitive and/or gender focused programmes. The capacity of MOWCA and other concerned ministries will need to be improved to enable them to engender programmes and project formulation. Further, mechanism and culture for multi-sectoral coordination in the country will be developed.

### **Information/data management**

Strengthening the capacity of the national statistical system and the ministries in generating and reporting data, especially sex disaggregated data, in understandable forms is identified as the major challenge the GoB is currently facing. This makes it hard to measure the magnitude of the gender-related problems, track the progress toward advancing gender equality and women's empowerment, and to make duty bearers hold accountable. Capacity building for system strengthening, conducting quality studies, surveys and researches, and promoting effective use of data created needs to be undertaken on an urgent basis. For capacity development of the DWA, JMS and MOWCA officials a need based computer training with special emphasis on IT is required. Similarly, setting-up the centralized database that enables to compile all information and records collected by different stakeholders should be given due priority.



# Goal-4



**Reduce  
Child Mortality**





## Reduce Child Mortality

The revised Targets and Indicators under Goal 4 (1 target and 3 indicators) are as follows:

**Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.**

### Indicators

- 4.1 Under-five mortality rate
- 4.2 Infant mortality rate
- 4.3 Proportion of 1 year-old children immunized against measles

## Current Status

**Target 4A** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

4.1: Under five mortality rate

(per 1,000 live births)

Benchmark : 146 in 1991

Current status: 53.8 (SVRS 2008)

Target : 48

Status : Likely to be met\*

4.2: Infant mortality rate

(per 1,000 live births)

Benchmark : 92 in 1991

Current status: 41.3 (SVRS 2008)

Target : 31

Status : Likely to be met\*

4.3: Proportion of 1 year-old children immunized against measles

Benchmark : 54 in 1991

Current status: 82.8 (CES 2009)

Target : 100

Status : Likely to be met\*\*

Note:

\* Current status for under-five mortality rate and infant mortality rate are from the SVRS 2008 (BBS 2008). However, different data is available from the MICS 2009 (BBS/UNICEF 2009) in which under-five mortality rate is 64/1,000 live births, and infant mortality rate is 49/1,000 live births. Although there are differences in data collection methodologies, trends of rapid mortality reduction are consistent across these surveys.

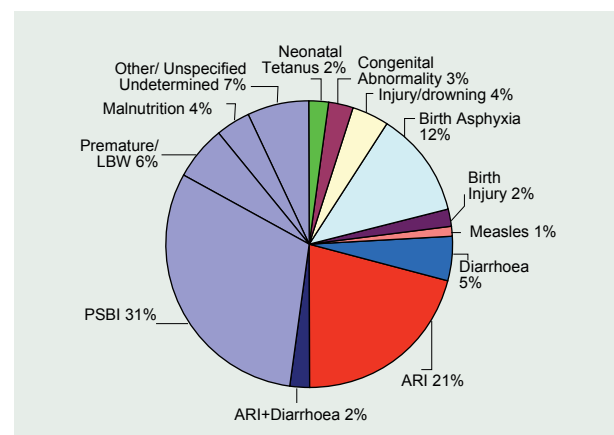
\*\* All countries in the South Asian Region, except India, have reached or exceeded the 2010 goal of a 90% reduction in measles mortality (Source: Report of the Regional Consultation on Measles SEARO, New Delhi, India, 25–27 August 2009).

## 4.1 Scope

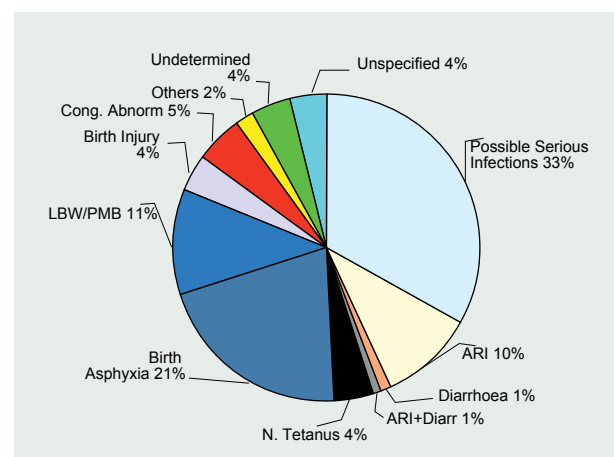
The health MDGs and the Bangladesh Health, Nutrition & Population Sector Programme (HNPSP) provide the goals and targets towards which Bangladesh is currently striving.

Bangladesh has made considerable progress in child survival rate over the last several decades. The recent Millennium Countdown Report– Countdown to 2015 (UNICEF 2008) places Bangladesh among only 16 countries in the world that are on track to achieve MDG 4 on child mortality. The successful programmes for immunization, control of diarrhoeal diseases and vitamin-A supplementation are considered to be the most significant contributors to the decline in child and infant deaths.

**Figure 4.1: Causes of under-five deaths**



**Figure 4.2: Causes of neonatal deaths**



Despite these advances, challenges still remain. While the mortality rates have improved overall, major inequalities still need to be addressed. Bangladesh Demographic and Health Survey 2007 (BDHS) shows the under-five mortality rate is 86 per 1,000 live births for the poorest quintile while the richest quintile records a rate of 43 per 1,000 live births (GoB 2007). Diarrhoeal diseases (5%) and Acute Respiratory Infections (ARI) (21%) still threaten the lives of countless children and are responsible for more than one-quarter of under-five deaths (UNICEF 2008). Childhood injuries, especially drowning, have emerged as a considerable public health problem responsible for a full quarter of the deaths among children 1-4 years of age (GoB/UNICEF, 2005).

One of the major challenges in achieving MDG 4 is the slow progress in preventing neonatal deaths, which now account for 57% of all under-five deaths and 70% of infant deaths. In Bangladesh, 14 babies under one month of age die every hour and 120,000 every year (UNICEF 2010). The neonatal mortality rate (NMR) is higher among younger mothers (<20 years of age) with 55 per 1,000 live births (age 20-29 years: 30 per 1,000 live births, more than 30 years: 38 per 1,000 live births) (BDHS 2007). The BDHS 2007 reports disappointingly low rates of essential newborn care practices such as immediate drying and wrapping (6% drying and 2% for wrapping within 5 minutes of birth).

Only 19% of mothers received postnatal care from a trained provider within the first two days of delivery. As shown in Figure 4.2, the major cause of neonatal deaths is infection (sepsis, ARI and diarrhoea contributing about 45%). Although GoB adopted a National Neonatal Strategy in 2009, which aims to address several key issues on Neonatal Health, the implementation of these strategies has yet to commence on the ground.

The high prevalence of under-nutrition presents an additional serious challenge to reaching the child survival goals. The BDHS 2007 found that 41% of children under-five years of age were underweight, while a national Household Food Security and Nutrition Assessment (GoB, UNICEF and WFP 2009) found a comparable underweight prevalence of 38% for this age group. As a result of infections and poor intake of food rich in iron and folic acid, anemia affects around 46% of pregnant women, 39% of non-pregnant women, and almost one-third of adolescent girls in Bangladesh (UNICEF 2009). The nutritional status of girls affects the nutritional status of the adolescents and women they become. Their nutritional status during pregnancy, in turn, affects intrauterine development. Pregnant women with poor nutritional status face greater risks of complications during pregnancy and childbirth leading to low birth weight and increased neonatal mortality (UNICEF 2009). The lifecycle approach to child and adolescent development is essential to address the overall issue of reducing maternal and neonatal mortality.

## 4.2 Trends

### Indicator 4.1 Under-five mortality rate

As Figure 4.3 shows, there has been a remarkable decline in Bangladesh in the under-five mortality rate since 1990 (BDHS 2007). The SVRS suggests the under-five mortality rate is 53.8 per 1,000 live births in 2008 as compared to 60 per 1,000 live births in 2007 (Bangladesh Bureau of Statistics, 2008 and 2007).<sup>12</sup> There seems to be no major disparity among boys and girls in under-five mortality rates (76 per 1,000 live births for boys and 72 per 1,000 live births for girls).

<sup>12</sup> Multiple Cluster Indicator Survey 2009 (Bangladesh Bureau of Statistics/UNICEF, 2009) shows under-five mortality rate is 67 per 1,000 live births, and infant mortality rate is 45 per 1,000 live births.

**Figure 4.3 Trends in Childhood Mortality**

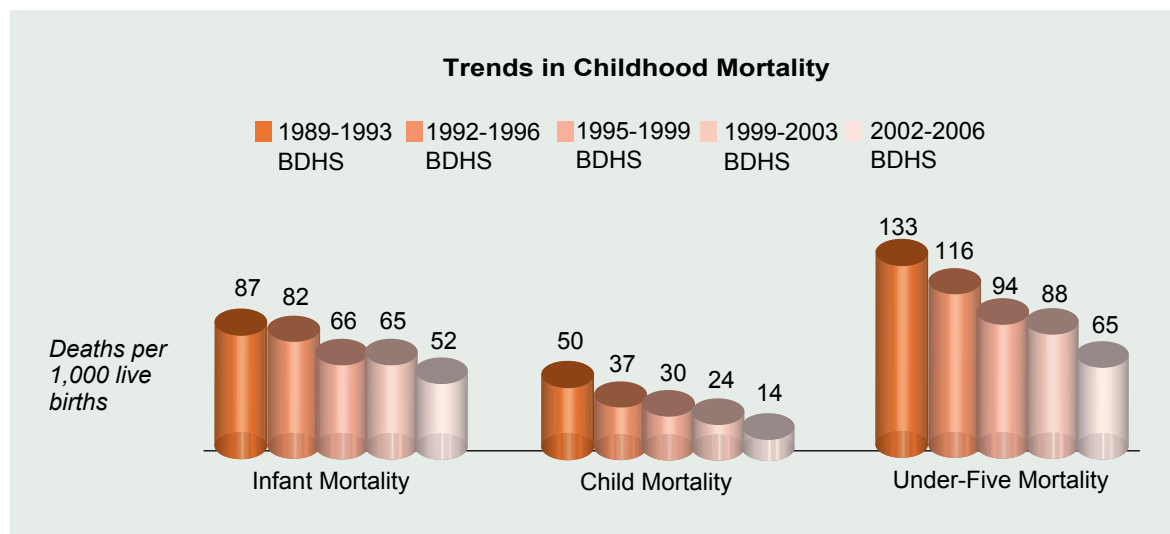
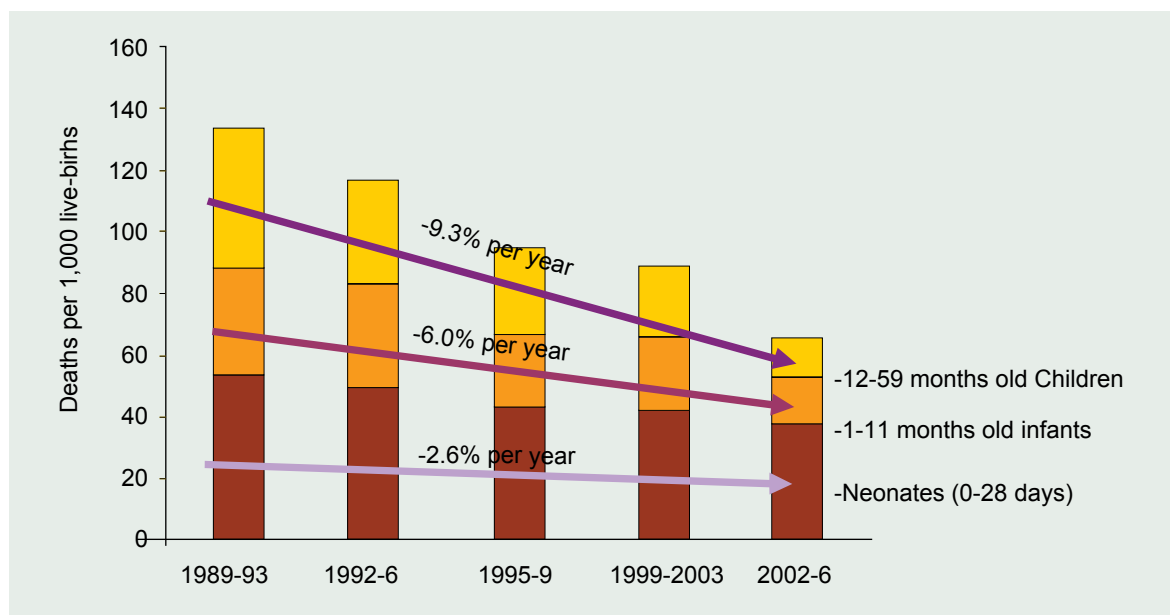


Figure 4.4 indicates that during the 1989-1993 and 2002-2006 periods, the country's average annual rate of reduction in the mortality rate were 9.3% per year for the 12-59 months group, 6.0% per year in the 1-11 months age group and 2.6% per year in the neonatal period (BDHS 2007).

**Figure 4.4 Rates of Reduction in Under-Five, Infant and Neonatal Mortality**



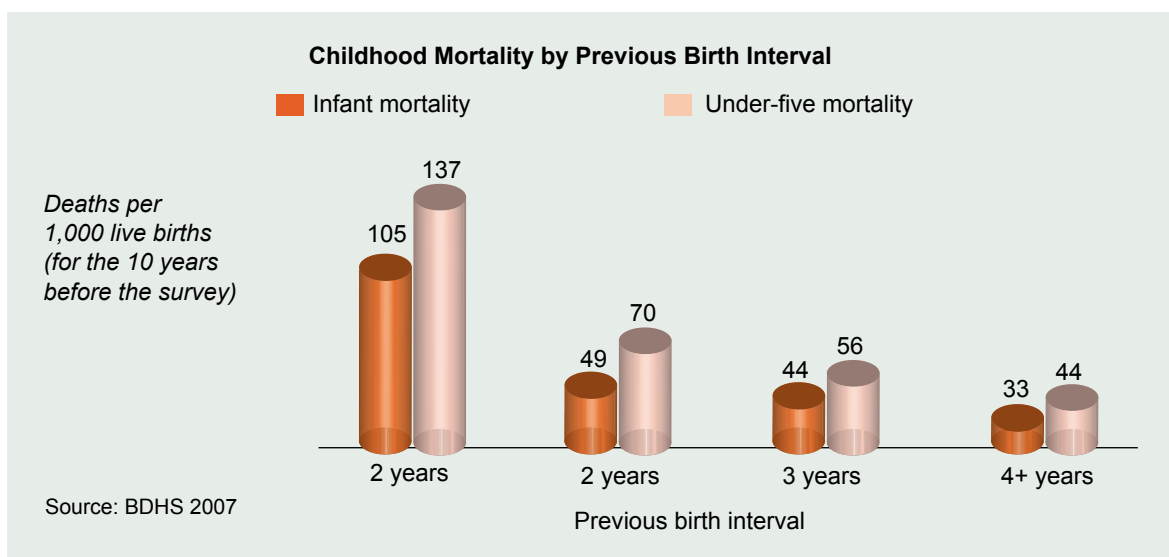
The same data show that under-five mortality declines sharply with an increased level of wealth. The risk of dying by the age of five in the top quintile is about half of that found in the bottom quintile.

#### Indicator 4.2: Infant Mortality Rate

Similar to the under-five mortality rate, substantial reductions have been documented in the infant mortality rate (See Figures 4.3 and 4.4 above). The SVRS suggests the infant mortality rate is 41 per 1,000 live births (BBS 2008) as compared to 43 per 1,000 live births in 2007 (BBS 2007). There is no significant difference between infant mortality rates of boys and girls.

The BDHS 2007 shows that the mother's level of education is significantly associated with the mortality rate. The infant mortality rate is the highest among mothers with the lowest education (71 per 1,000 live births) as compared to those with secondary or higher education (26 per 1,000 live births). The BDHS 2007 also informs that infants born less than two years after a previous birth have particularly high infant mortality rates (105 deaths per 1,000 live births compared to only 33 deaths per 1,000 live births for infants born four or more years after the previous birth).

**Figure 4.5: Childhood Mortality by Previous Births Interval**

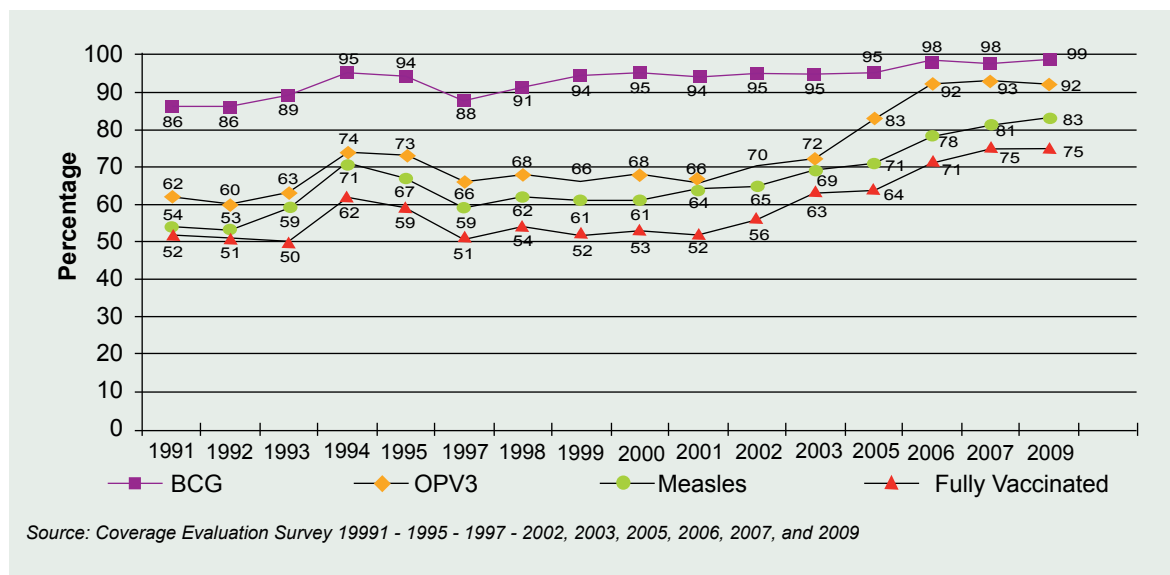


#### Indicator 4.3: Proportion of 1 year-old children immunized against measles

The proportion of one year old children immunized against measles is the percentage of children under one year of age who has received at least one dose of a measles vaccine. The EPI Coverage Evaluation Survey (GoB 2009) shows that measles immunization coverage has increased from 54% (GoB 1991) to 83% (GoB 2009). Although there were annual fluctuations in coverage during the 1991-2000 period, a continuous improvement is obvious in the decade of 2001-2010. Figure 4.6 below highlights the steady increase in the vaccination coverage. It is also worth mentioning that routine EPI activities specifically targeting fifteen low performing districts through the Reach Every District (RED) strategy, increased coverage of fully immunized children from 52% (2005) to 74% (2009), matching the national coverage rate of 75% (GoB 2009).

The high coverage of vertical programmes such as EPI and Vitamin A supplementation, contributing significantly to child mortality reduction, at times masks the socio-economic disparities in other interventions, which reflects poor access and utilization of health services by the poorer quintiles. As an example, according to the BDHS 2007, zinc is used for the treatment of diarrhoea by only 12% of

**Figure 4.6: Annual Trend in National Valid Vaccination Coverage by Age 12 Months among 12-23 Months Old Children from 1991 to 2009 (Card + History)**



people in the poorest quintiles as compared to 33% in the highest quintiles. Care seeking behaviour for ARI (percentage for whom advice or treatment was sought from health facility or provider when having ARI) was 24% among the poorest and 73% among the highest quintiles with a staggering difference of 49%.

## Regional Scenario

### Indicator 4.1: Under-five Mortality Rate

MICS 2009 highlights geographical disparities in the under-five mortality rate with the least performing district, Sherpur, recording 102 deaths per 1,000 live births and the best performing one, Pabna, recording only 43 per 1,000. As shown in Table 4.1, 20 districts are still having very high under-five mortality.

**Table 4.1: Under-five mortality in district, 2009**

Under-Five Mortality (per 1,000 live births) # Districts	
<47	2
48-72 (moderately high)	42
Over 72 (very high)	20

Source: Bangladesh BBS-UNICEF MICS 2009

### Indicator 4.2: Infant mortality rate

District-wise data for 2009 show that there is a remarkable disparity in the status of infant mortality in the country. To illustrate, the least performing district, Sunamganj, recorded 75 deaths per 1,000 live births and the best performing one, Magura, recorded only 29 per 1,000. The same data

**Table 4.2: Infant mortality rates in district, 2009**

Infant Mortality (per 1,000 live births) # Districts	
<31	4
32-45(moderately high)	33
Over 45 (very high)	27

Source: Bangladesh BBS-UNICEF MICS 2009

also show wide variations in mortality by divisions. Infant mortality rates range from 55 per 1,000 live births in Sylhet division to 35 per 1,000 live births in Barisal division. As shown in Table 4.2, 27 districts have very high infant mortality.

#### Indicator 4.3: Proportion of 1 year-old children immunized against measles

Table 4.3 shows measles vaccination status by division for 2009 with the least performing division (Sylhet) recording 75% measles vaccination coverage and the best performing one (Khulna) recording 86%. Urban slum areas have low coverage, for example, coverage in Dhaka City Corporation is 81% whereas the coverage is only 63% in slums in Dhaka.

**Table 4.3: Measles Vaccination by Division 2009**

Divisions	Percent
Dhaka	80.3
Khulna	85.9
Rajshahi	84.9
Sylhet	75.4
Barisal	85.3

Source: Bangladesh EPI Coverage Evaluation Survey 2009

## 4.3 Challenges

Although Bangladesh is in a favourable position for achieving the MDG 4 targets, a number of challenges remain.

#### Policy environment

Bangladesh has been implementing the Integrated Management of Childhood Illness (IMCI) strategy since 2003. It has also developed the National Neonatal Strategy and Guidelines to address the urgent needs of improving newborn survival. However, implementation of these policies still lags behind. There is an urgent need to develop, finalize and implement Child and Neonatal Health Actions Plans and address the issue of community case management of pneumonia and sepsis. Table 4.4 provides a summary of the policy development and implementation status of MDG 4 related policies and strategies in Bangladesh.

As mentioned earlier injury is an emerging challenge for children in Bangladesh. This area requires multi-sector collaboration and development of a National Injury Prevention Strategy along with effective and efficient implementation of the strategy.

Reducing substantial differences in health outcomes between regions and socio-economic groups remains a constant challenge. Differences can be tackled through geographical and poverty targeting. Safety net mechanisms must be put in place and provide services in low performing regions and hard-to-reach areas (e.g. haor, hill, char islands, urban slums) through GoB-NGO and public-private collaboration and partnership.

**Table 4.4: Status of MDG4-related Policy Development and Implementation**

Policy/Guideline Type	Policy Development	Implementation
International Code of Marketing of Breast Milk Substitutes	In Place	Partial
New ORS formula and zinc for management of diarrhoea	In Place Zinc is also in the Essential Drug Lists	Partial
Community treatment of pneumonia with antibiotics	In Place	Partial
Inclusion of newborns 0-1 week of age in IMCI curriculum	In Place	Yes
Newborn Health Strategy and Guidelines	In Place	Partially
National Strategy on Injury Prevention	Under development	No

#### **Leadership and Governance**

Some leadership and coordination challenges in Bangladesh:

- There are various coordination mechanisms across various directorates but no clearly defined responsibilities, including for newborn care.
- There needs to be strengthening of central as well as local level leadership and management capacities.
- Frequent change of key technical personnel needs to be redressed for efficient management of programmes.

#### **Service Delivery**

Lack of quality service is the major bottleneck for facility-based child and newborn healthcare. Quality service is frequently inadequate in health facilities because of insufficient number of skilled or trained personnel. Moreover, a lack of routine supportive supervision and monitoring is a major cause of poor quality of services. Bangladesh's current challenge is to improve effective service delivery especially in primary health care and neonatal health services with increased home based essential newborn care by skilled basic health workers as well as community health volunteer workers.

While there was significant progress in building the infrastructure, particularly in terms of construction of health facilities, the delivery of Essential Services Package, including various child health services, has lagged behind significantly.

Geographical accessibility, illiteracy, social and cultural norms result in delayed care seeking. For example, of those reporting sickness during the previous 30 days almost three quarters of those in urban areas and almost 60% of those in rural areas did not seek treatment as they did not consider the illness to be serious (BDHS 2007).



One of the challenges in child health services is the low coverage of the scientifically proven effective interventions in the treatment of diarrhoea and lack of care from trained provider in the case of pneumonia. Though the use of ORT in diarrhoea is very high (>80%), the BDHS 2007 shows only 20% of children received both oral rehydration therapy and zinc, the globally and nationally recommended guideline for diarrhoeal treatment to reduce the severity and duration of episodes. Similarly, only 37% of children with symptoms of ARI were taken to health facility or a trained provider for treatment. Substantial proportion of sick people were taken to a pharmacy or to traditional and unqualified doctor (50% in total).

Nutrition interventions that are key to child survival (e.g., early initiation of breastfeeding, exclusive breastfeeding, complementary feeding) are not being delivered consistently across the country. There is an urgent need to mainstream nutrition interventions within the ministry as proposed in 2009 Annual Programme Review of the HNPS.

While the government is already involved in PPPs, PPP in Child Health Care is still limited to individual projects and not associated with government programmes (i.e., IMCI programme) and these projects are not monitored through the national programme (GoB, World Bank, and WHO 2009). While drug and commodity support to health NGOs through projects are common for family planning commodities, it is still not the case for child health related commodities and medicines.

### Health Workforce

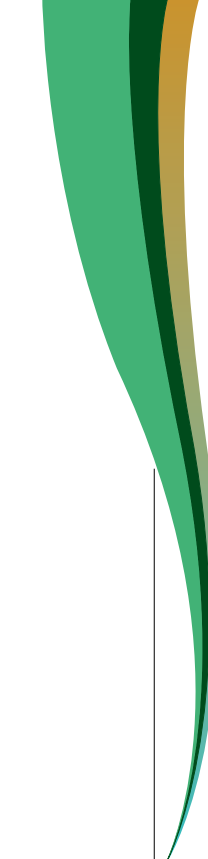
In recent years capacity to manage childhood diseases has increased dramatically, both in the pre service and in-service institutions. However, technical expertise and capacity at the individual or institutional level to plan, implement, manage and monitor child health programmes is still limited. Another issue is lack of clarity in responsibilities of district or Upazila level managers working in various maternal and child health programmes, the majority of them spend a substantial amount of time dealing with high priority vertical programmes such as EPI and Tuberculosis. While external resources for training and capacity building have increased substantially, managerial processes often pose a bottleneck to fully use these resources. Expansion of facility-based IMCI programme is being carried out without saturating districts and addressing quality issues.

### Drugs and Commodities

The Health Facility Survey 2009 found that out of 19 essential drugs, on average only 58% were present in facilities. Only 9% of all facilities surveyed at district level and below had more than 75% of essential drugs in stock. Although most facilities reported providing ante-natal care services, 40% of them were not equipped to provide basic services, and among those delivering babies, only 40% had a delivery light, 25% had vacuum extractors and 65% had forceps. While no stock outs have been reported in terms of vaccines, some IMCI drugs are often not available at the Upazila level. Currently there are no detailed procurement and commodity tracking systems in the government, although this problem is now being addressed by the Central Medical Store Depot establishing a Logistics Management Information Systems (LMIS). The LMIS needs to be equipped with a web interface allowing direct data transmission from the reporting entities to the central management information system.

### Strategic Information Management

A strategic information management system which is crucial for effective generation and management of data following the principle of “one agreed country-level monitoring and evaluation system” has not



fully been operationalized in Bangladesh. Although the quality of the central and community-level HMIS system (community and facility IMCI programme) has been strengthened and essential IMCI service statistics are becoming available, it has only just been started and crucial information needed for strategic and policy level decision is often not accessible in a form that can be easily consumed. Moreover, techno-managerial capacity needs strengthening for local level data collection, analysis and response.

### **Financing**

Almost two thirds of the health spending in Bangladesh is out of pocket. HIES 2005 shows that although the better off spend more in absolute terms, poorer groups spend more as a share of their income (BSS 2005). Although user fees were initially introduced only at tertiary and higher level hospitals in Bangladesh with token fees, it was subsequently introduced at lower level facilities as well. The problem lies with the current GoB financial procedures in which user fee revenue has to be returned to the Treasury. International and national published evidence on user fees suggest that unless these health facilities can retain such revenues at the facility level and use them to support local level plans and improve quality of services, service utilization and coverage of services will not improve.

Many of the child health programmes being implemented are using only development resources. For making available essential drugs and other critical inputs, there is a need to shift some of these expenditures to revenue budgets.

## **4.4 Way Forward**

The government needs to improve the health and development of children through universal access and utilization of quality newborn and child health services. The government will undertake the following measures:

- Establishing an enabling policy environment and advocating for adequate resource allocation towards neonatal and child health interventions, including injury prevention.
- Developing relevant strategies and implementation plan for operationalizing services for newborns and children.
- Increasing valid immunization coverage of all vaccine preventable diseases and maintaining polio free status, maternal and neonatal tetanus elimination status and reducing measles morbidity by i) continuing to focus on low performing districts and urban municipalities; ii) NIDS, measles and other supplementary immunization campaigns, e.g., tetanus ; and iii) introduction of new and under-used vaccines (future plan for: pneumococcus, rotavirus, second routine dose of measles, hepatitis B birth dose and rubella).
- Ensuring provision of quality home and facility based newborn and child care services including inpatient management of sick newborn/children and prevention and management of malnutrition with equitable access in high priority districts and focused facilities.
- Promoting demands for services, particularly by the poor and excluded. Supporting increased household and community capacity to identify danger signs and seek care for sick newborn and children.
- Promoting practices by parents, caretakers and community people in specific safety behaviours and equip them with life saving skills to protect their children from being injured.
- Promoting models of PPP in child health.
- Strengthening pre-service education for improving delivery and usage of quality child and newborn health services by disadvantaged and excluded groups.
- Developing and updating technical guidelines and supporting operational research in creating evidence base for accelerated survival of sick newborn and children.

# *Goal-5*



**Improve  
Maternal Health**



## Improve Maternal Health

The revised Targets and Indicators under Goal 5 (2 targets and 6 indicators) are as follows:

**Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.**

### Indicators

- 5.1 Maternal mortality ratio
- 5.2 Proportion of births attended by skilled health personnel

**Target 5.B: Achieve, by 2015, universal access to reproductive health.**

### Indicators

- 5.3 Contraceptive prevalence rate
- 5.4 Adolescent birth rate
- 5.5a Antenatal care coverage (at least one visit)
- 5.5b Antenatal care coverage (at least four visits)
- 5.6 Unmet need for family planning

### Current Status

**Target 5.A** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

5.1: Maternal mortality ratio (per 1,000 live births):

Base year 1991 : 574 (SVRS 1990)

Current status : 348 (SVRS 2008);  
320 (BMMS 2001)

Target : 143

Status : Lagging behind

5.2: Proportion of births attended by Skilled Health Personnel (percent):

Base year 1991 : 5

Current status : 24 (MICS 2009)

Target : 50

Status : Lagging behind

**Target 5.B** Achieve, by 2015, universal access to reproductive health.

5.3: Contraceptive prevalence rate (%):

Base year 1991 : 40 (CPS)

Current status : 60 (UESD 2008)

Target : 100

Status : Lagging behind

5.4: Adolescent birth rate (per 1,000 women):

Base year 1991 : 77 (SVRS)

Current status : 60 (SVRS 2008)

Target : -

Status : Lagging behind

5.5A: Antenatal care coverage (at least 1 visit) (%):

Base year 1991 : 28 (BDHS 1993-94)

Current status : 60 (BDHS 2007)

Target : 100

Status : Lagging behind

5.5B: Antenatal care coverage (4 or more visits) (%):

Base year 1991 : 6 (BDHS 1993-94)

Current status : 21 (BDHS 2007)

Target : 100

Status : Lagging behind

5.6: Unmet need for family planning (%):

Base year 1991 : 19 (BDHS 1993-94)

Current status : 17 (BDHS 2007)

Target : 7.60

Status : Lagging behind

## 5.1 Scope

The Maternal Mortality Ratio (MMR) in Bangladesh declined significantly from 574 in 1990 to 391 in 2002, followed by a modest decline to 348 per 100,000 live births in 2008. The major causes of pregnancy related deaths are post-partum hemorrhaging, eclampsia, obstructed labour and unsafe abortion (BMMS 2001).

Despite efforts to expand emergency obstetric care, institutional deliveries remain at a low-level, accounting for merely 15% of all births. In addition, there are concerns about the availability and quality of skilled attendance. According to MICS 2009 data over 58% of births were assisted by non-trained birth attendants, 14.5% by relatives, friends or neighbours and 24.4% by trained providers.

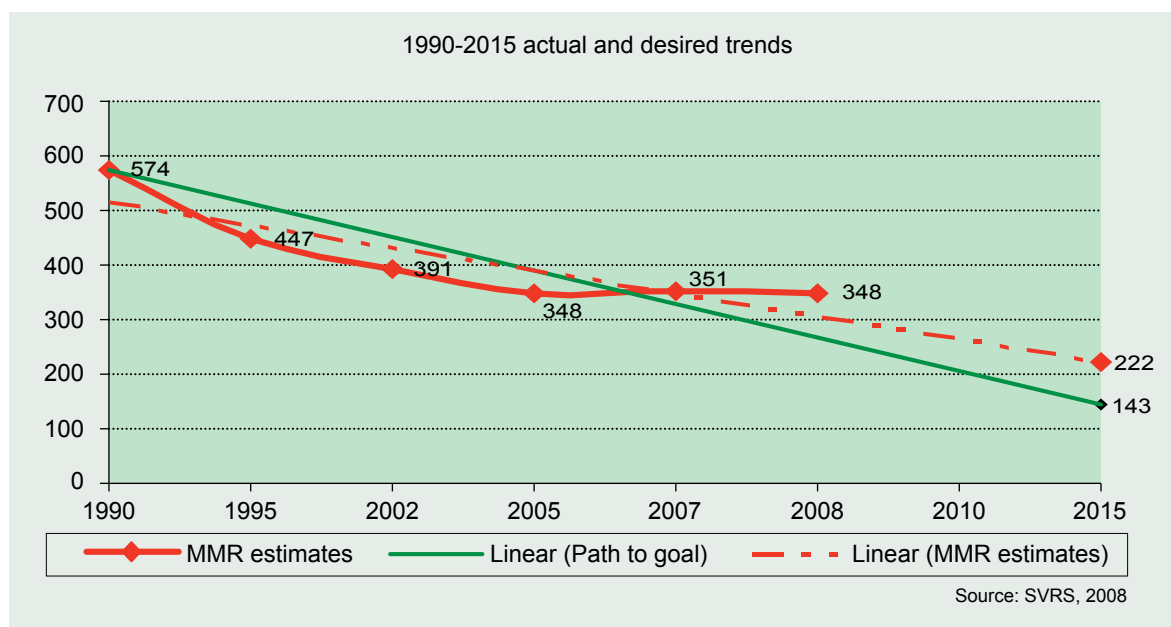
Antenatal care (ANC) through skilled provider has increased slightly and the proportion of women who made four or more antenatal visits has similarly increased. Despite these gains, further effort is needed to ensure the quality of ANC. In addition, although the MDG target does not distinguish between services provided through skilled/unskilled provider, given the importance of this service, the MDG target should only focus on services through skilled providers. More encouragingly, the CPR increased from 40% in 1991 to 60% in 2008, while the incidence of adolescent births, although declining, remains high. The unmet need for family planning has not been significantly reduced. For all indicators, with the exception of CPR, significant disparities can be seen in terms of the services women receive according to rural/urban residence, the mother's education level, household wealth and geographic location.

## 5.2 Trends

### Indicator 5.1: Maternal Mortality Ratio

Bangladesh experienced a remarkable decline of approximately 40% between 1990 and 2005 in maternal mortality. In the following three years MMR remained at approximately 350/100,000 live births. As a result Bangladesh may achieve MMR 222 in 2015 instead of the set target of 143/100,000 live births.

**Figure 5.1: MMR per 100,000 live births**



There are wide variations in MMR estimates by rural-urban areas and administrative divisions. SVRS 2008 shows that MMR in rural areas (393/100,000 live births) is nearly 40% higher than that in urban areas (242/100,000 live births).

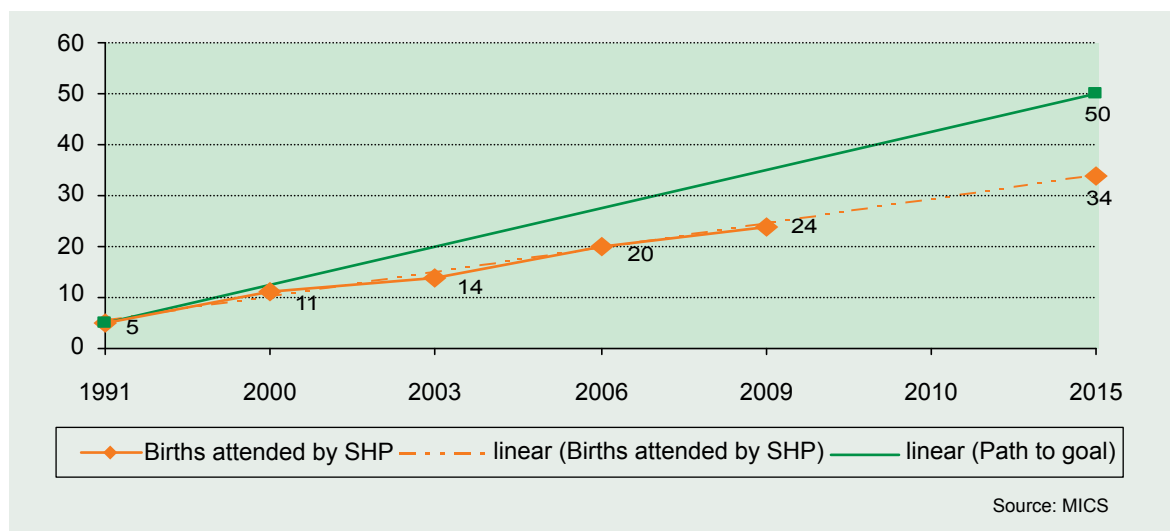
### Indicator 5.2: Proportion of births attended by skilled health personnel

The overall proportion of births attended by skilled health personnel has increased by nearly five-fold in the last two decades (5% in 1991 to 24.4% in 2009). Unfortunately, according to the MICS 2009 survey, only 1 in 4 births in the past year was assisted by a skilled health professional. Thus, achieving the MDG target of 50% skilled delivery attendance by 2015 will be extremely challenging.

In Bangladesh, evidence indicates that women from the richest quintile, with secondary education, are more likely to have access to institutional or skilled care during delivery. The BDHS 2007 survey shows that the proportion of skilled attendance at delivery is ten times higher among the richest (51%) compared to the poorest (5%) households. Skilled attendance is nearly three times higher in urban areas compared to rural areas.

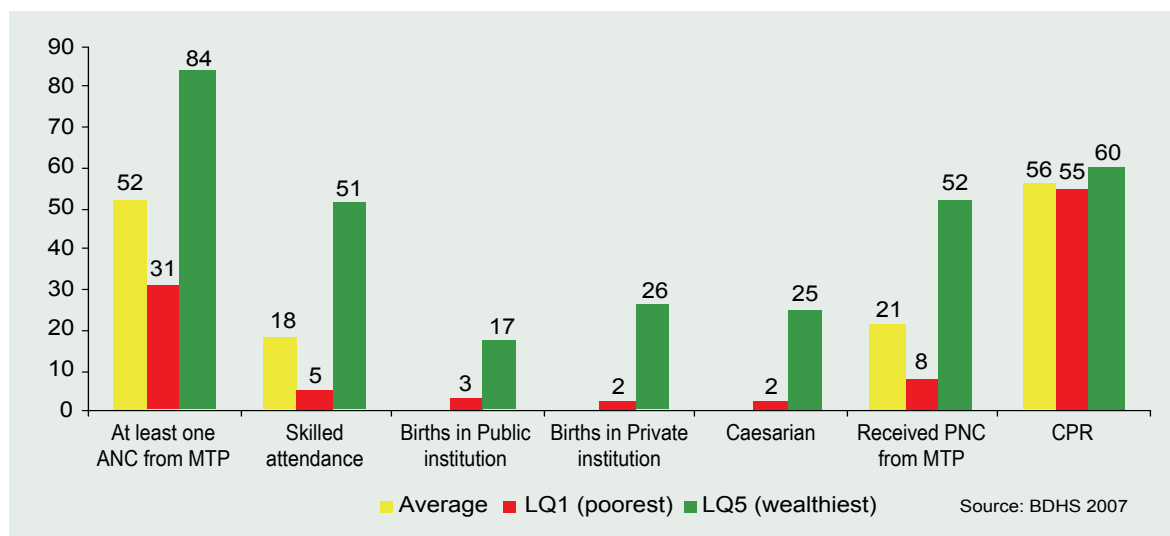
MICS 2009 shows upazila-wide variation in the proportion of births attended by skilled providers. These variations point to the need for focused geographic targeting and close monitoring of programmes. Encouragingly, of 481 upazilas, 12 have already achieved the MDG 5 target in 2009.

**Figure 5.2: Skilled professional at delivery (Proportion of births)**



Greater use of emergency obstetric care is a positive trend. However, access to this care remains uneven as the gap between poor and rich is significant.

**Figure 5.3: Inequities in maternal and reproductive health services**



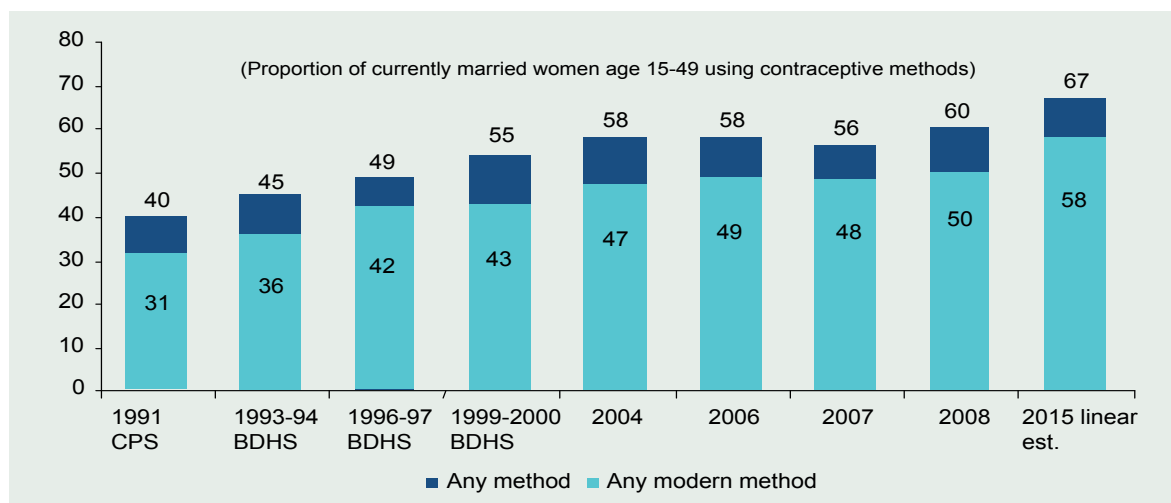
#### Indicator 5.3: Contraceptive prevalence rate

The CPR in Bangladesh has increased by 20 percentage points over the past eighteen years, from 40% in 1991 to 60% in 2008. The trend data shows a consistent increase of CPR between 1991 and 2004. The CPR temporarily declined and unmet need increased due to the decline in injectables as a result of supply shortages and inadequate domiciliary services against rising demand. The CPR increased again in 2008 and a linear estimate shows that the CPR in Bangladesh may increase to 67% by 2015. This increase will not be sufficient to attain replacement level fertility (CPR 70% or more is required to achieve total fertility rate of 2.1).



UESD 2008 shows that the pill (28%) is the most popular form of contraceptive followed by injectables (11%), female sterilization (5%) and condoms (4%). Despite ongoing efforts, only 7% of married women use long acting methods (IUD, Norplant, female and male sterilization).

**Figure 5.4: Trends in contraceptive prevalence rate**

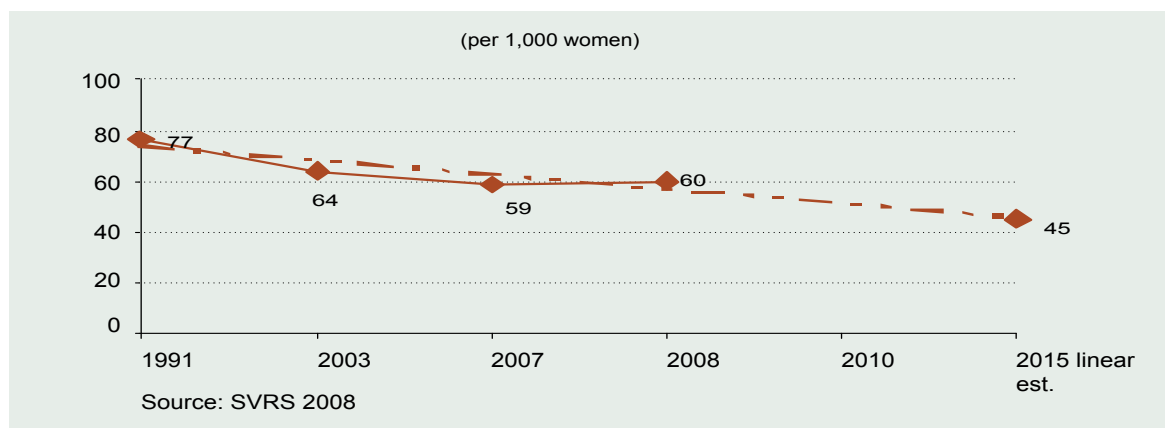


The use of contraceptives is fairly equitable in Bangladesh irrespective of the socio-economic status of women. However, the use of long-term contraception decreases with household income and the educational status of women. Among six administrative divisions, the CPR is highest in Khulna and Rajshahi divisions and lowest in Sylhet and Chittagong divisions.

#### Indicator 5.4: Adolescent birth rate

Two in three women marry before the legal age at marriage, i.e., 18 years, and one in three women start childbearing before age 20 (BDHS 2007). According to SVRS, the adolescent birth rate has declined, from 77 per 1,000 women in 1991 to 60 in 2008. The rate has declined very slowly after 2003 and a linear estimate hints that the rate may decrease to 45 in 2015. In the context of South Asian countries, this is comparatively high. As expected, early childbearing is more common in rural areas, among the poor and less educated.

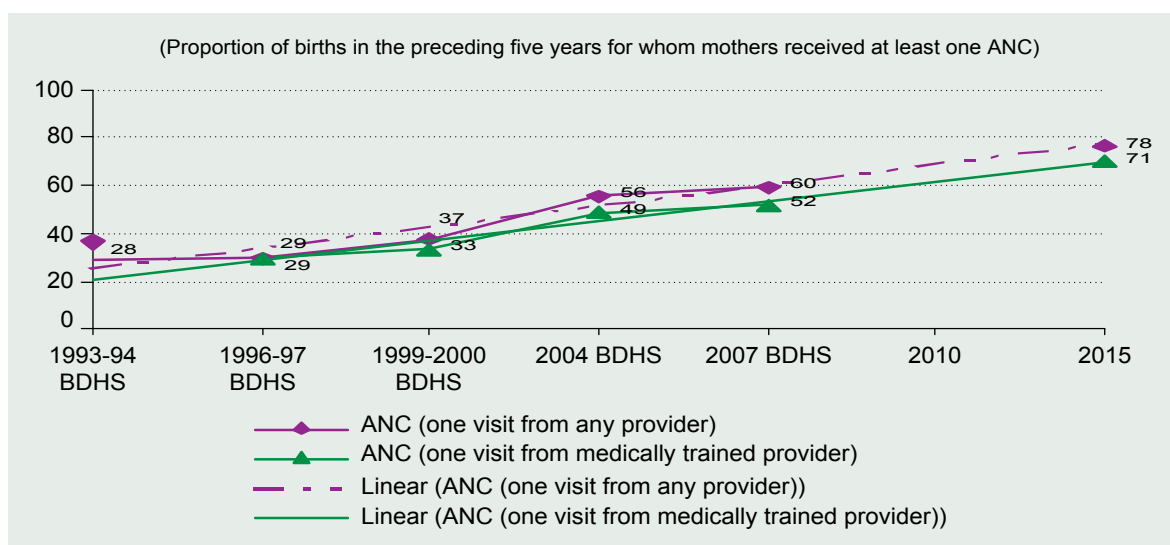
**Figure 5.5: Trends in adolescent birth rate**



### Indicator 5.5: Antenatal care coverage

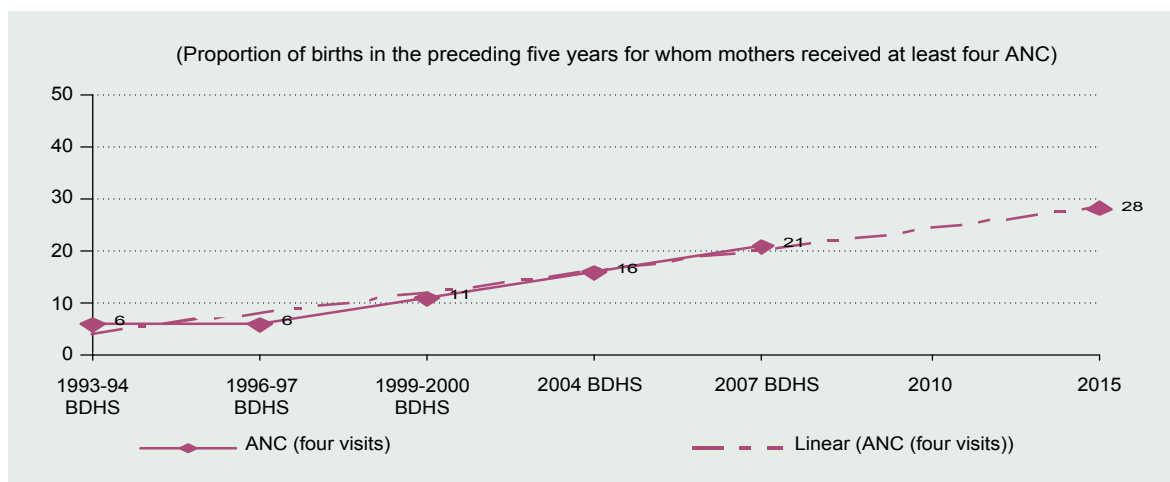
**Antenatal care coverage (at least 1 visit):** ANC is an essential component of safe motherhood. BDHS surveys indicate consistent increases for at least one ANC. Over the past fifteen years, the proportion of women who received at least one ANC has increased from 28% in 1993-94 to 60% in 2007. Similarly, ANC from a trained provider has also increased from 29% in 1996-97 to 52% in 2007. However, the present trends of growth are not sufficient to reach the MDG target of ensuring at least one ANC for all by 2015.

**Figure 5.6: Antenatal care coverage (at least 1 visit)**



**Antenatal care coverage (at least 4 visits):** The GoB and WHO recommend at least four ANC visits for routine monitoring of pregnancy. BDHS 2007 reveals that only one in five women received the recommended visits. Although the number of women who receive at least four ANC has increased steadily, at the current rate, these gains will not be sufficient to reach even half of the target set for 2015.

**Figure 5.7: Antenatal care coverage (at least 4 visit)**

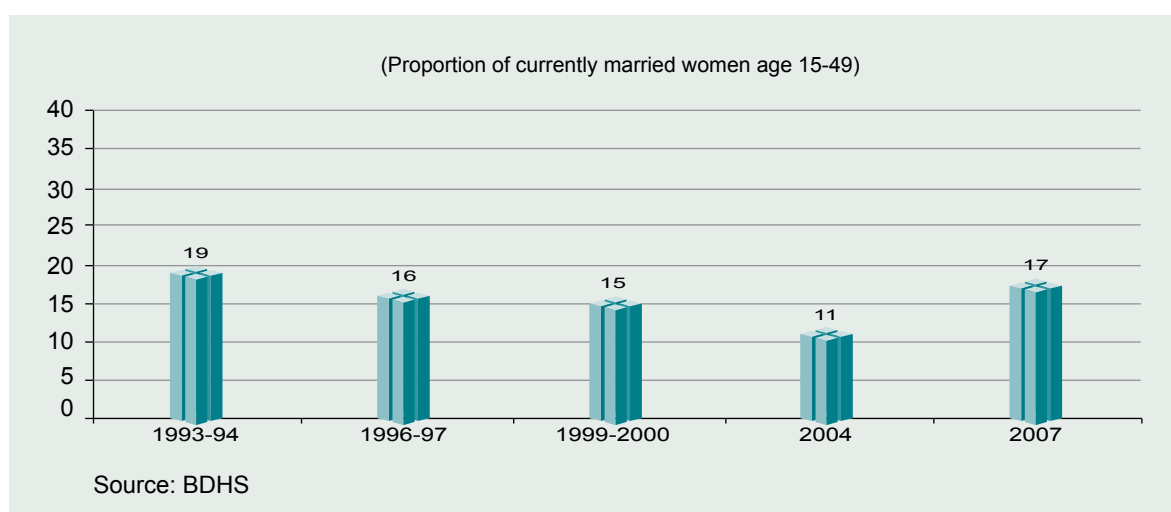


Inequalities in ANC coverage exist according to rural/urban settings, administrative divisions and household wealth. Women in the highest wealth quintile are almost thrice (84%) more likely to receive at least one ANC than the women in the lowest wealth quintile (31%).

#### Indicator 5.6: Unmet need for family planning

The unmet need for family planning helps to explain the fertility preferences of currently married women. According to the latest available estimate, 17% of currently married women in Bangladesh have an unmet need for family planning services (BDHS 2007). The unmet need declined during 1993-2004 period and increased in 2007. The increase may reflect the rising demand for family planning and temporary shortages of contraceptives. If the current unmet need is addressed, the CPR would be over 70% which is sufficient to attain replacement level fertility by 2015.

**Figure 5.8: Unmet need for family planning**



There are wide regional disparities in unmet need estimates in Bangladesh. The unmet need for family planning is very high in Sylhet and Chittagong divisions. Interestingly, the unmet need does not vary much between rural and urban locations, and does not show close linkages to wealth (BDHS 2007).

## 5.3 Challenges

### Health Service System

Health system constraints undermine effective, efficient and equitable health care services. Inadequate coordination between health, family planning and nutrition services prevent the effective use of limited resources and frequently result in inefficiencies, missed opportunities and duplication. There are some geographic pockets where services are not adequate and accessible to the community creating geographical disparity in service utilization.



### **Health workforce**

Human resource capacities remain a major obstacle to quality health service delivery. Key challenges include an extreme shortage of health manpower of all categories, insufficient skills-mix and insufficient numbers of health workers in rural areas. The recruitment, retention and promotion of health workers and a system of incentives to reward good performance are areas where greater efforts are required.

### **Management Information System**

Various directorates and agencies are collecting information separately with little coordination or collaboration. The wide range of maternal health (MH) and reproductive health (RH) indicators used do not provide complete and accurate reporting on national status. Data is rarely used for planning purposes and this is frequently reflected in poor output-based monitoring and reporting.

### **Logistics**

Further progress with CPR will require consistent and reliable access to contraceptives to reduce unmet need and dropout rates. The decline in the use of injectables reported in BDHS highlights the need to strengthen logistics and procurement.

### **Financing**

Overall, public spending on health has remained relatively small with low expenditure of resources due in part, to conditionalities in project aid and GoB procedures. Allocation of public resources continue to be based on historical norms for facilities and staffing, rather than on accurate indicators of individual and household health needs, degree of poverty, disease prevalence and population.

### **Leadership and Governance**

Despite expansion of physical facilities, use of public health facilities by the poor remains low due to supply-side barriers such as the lack of human resource capacities, inadequate drug supplies, logistics, poor maintenance and management inadequacies.

### **Underlying Socio-Cultural Factors**

Underlying socio-cultural factors contribute to the lack of knowledge about maternal health complications among women and families. Social marginalisation, low socio-economic status of women and lack of control over their personal lives make it difficult for many women to seek reproductive health care. Other contributing factors include early marriage and child bearing, poor male involvement in reproductive health issues and poor community participation in issues relating to maternal health. Interestingly, there is a close correlation between contraceptive use and women's autonomy and empowerment. Gender based violence is sadly another cause of maternal mortality (14% according to BMMS 2001). There is increasing recognition of the importance of improved gender equity in health sector plans and programmes, but implementation of policies and plans has thus far, been limited.

### **Impacts of Economic Crisis and Climate Change**

Maternal health related indicators including care during pregnancy and childbirth have been negatively impacted by the global economic crisis and climate change. These pressures lead to increased

malnutrition, delay in seeking care and access to quality care. A recent study revealed that increased salinity of water supplies has sometimes led to induced abortion and pregnancy related complications among women in SIDR and Aila cyclone affected coastal areas.

## 5.4 Way Forward

To achieve the MDG 5 goals and targets, Bangladesh must first effectively address the three pillars for reducing maternal deaths within the health care system. These include Family Planning (FP), Skilled Birth Attendants (SBAs) and Emergency Obstetric Care (EmOC). Strengthened sexual and reproductive planning and health care are needed to prevent unintended pregnancies and unsafe abortions.

### **Ensure “Continuum of Care”**

The life-cycle approach should be used to address the general and reproductive health needs of women and to ensure reproductive health and rights in all phases of life. Essential health services should be provided in an integrated manner and vertical service delivery should be avoided. Demand for services should be stimulated through strengthening health promotion at the community level with individuals, family members and the wider community.

### **Availability and Accessibility to quality MH/RH**

Strong GoB commitment through national policies and programme implementation, has led to a reduction in maternal mortality in Bangladesh. To effectively reduce maternal mortality, more facilities need to become fully functional and provide 24-hour services.

### **Reinvigorate Family Planning Programme**

A holistic population planning programme that address the challenges of the future and taking lessons from past should be contemplated to attain replacement fertility by 2015 for population stabilization. This may be achieved through client centers services with quality of care in cases client-segmentation. The promotion of contraceptives along with FP services should continue and be expanded to poor and marginalized populations in both rural and urban areas to respond to unmet needs. Procurement and supply management should be strengthened to avoid contraceptive shortages. Long-acting and permanent reproduction control methods should be promoted to increase the CPR and ensure further decline in the Total Fertility rate.

Reducing health disparities between regions and socio-economic groups will remain a challenge. These can be tackled through area-specific poverty targeting.

### **Strengthening Service Facility**

The vast network of state facilities should be strengthened for appropriate women, adolescents and reproductive health service delivery for better utilization of MH/RH services. Facilities should also be made user-friendly. A mainstreamed nutrition programme should target adolescents, and in particular, girls. Adolescents should be provided with required life-skills education and be provided with access to accurate information about health issues.



### **Demand Generation**

Communities should be mobilized to stimulate demand, improve care-seeking behaviours and overcoming barriers to access health care. Demand-side financial barriers will need to be alleviated through the expansion of the maternal health voucher scheme.

### **Good Practices**

Chowgacha Upazila sets a good example for improved maternal and reproductive health indicators. The MDG targets were achieved by 2009 (MMR of 42/100,000, institutional delivery rate of 72% and CPR of 67%) through existing resources and community participation. Strong involvement from the community led to improved health services. EmOC service started at the union health centres in 2000 and community people continue to refer pregnant women to the UHC when complications arise during pregnancy or delivery.

Demand Side Financing (DSF) schemes have also contributed to positive results. Under these schemes, pregnant women receive vouchers which enable them to purchase maternal health services, transport subsidies, cash incentives for delivery with a qualified provider (either at home or at a designated facility). Providers are encouraged to distribute vouchers and provide services. A recent evaluation revealed that DSF programmes have had an unprecedented positive effect on utilization of safe maternal health services by poor pregnant women, including antenatal care, delivery by qualified providers, emergency obstetric and post natal care. DSF can be expanded to other areas of Bangladesh with some modifications.

### **Human Resource Development**

In support of the Human Resource Development Master Plan for 2010-2040 to close large human resource gaps over the next 10 years, the government, with support from development partners especially the UN system, will focus on the following areas:

- Reviewing the skills mix and deployment model for midwifery/MH/RH services.
- Improving the quality of education and training of health workers especially midwives.
- Ensure necessary regulations to protect the public from unsafe and incompetent care.
- Addressing recruitment, career development, performance management, and retention issues to reduce staff shortages, particularly in rural areas.

### **Effective information/Knowledge Management for Policy/Programme**

Decision Making: Bangladesh's experiments with various pilot initiatives has yielded valuable lessons-learned. An effective system needs to be introduced to compile and disseminate lessons-learned to inform policy and programmatic decision making for improving maternal and reproductive health.

# *Goal-6*



**Combat  
HIV/AIDS, Malaria & other diseases**





## Combat HIV/AIDS, Malaria and other diseases

The revised Targets and Indicators under Goal 6 (3 targets and 10 indicators) are as follows:

### **Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

#### **Indicators**

- 6.1: HIV prevalence among population aged 15-24 years
- 6.2: Condom use at last high-risk sex
- 6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
- 6.4: Ratio of school attendance of orphans to school attendance of non orphans aged 10-14 years

### **Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.**

#### **Indicators**

- 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

### **Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**

#### **Indicators**

- 6.6a: Incidence of Malaria per 100,000 population
- 6.6b: Death rate associated with Malaria per 100,000 population
- 6.7: Proportion of children under-5 sleeping under insecticide-treated bed nets.
- 6.8: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
- 6.9a: Incidence of Tuberculosis per 100,000 population
- 6.9b: Death rate associated with Tuberculosis per 100,000 population
- 6.10: Proportion of tuberculosis cases detected and cured under DOTS

### Current Status

**Target 6.A** Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

6.1: HIV prevalence among population aged 15-24 years:

Base year : 0.005  
Current status : 0.319 (2007)  
Target : Halting  
Status : On track

6.2: Condom use at last high-risk sex:

Base year:  
Current status : 44-67%  
Target :  
Status : need attention

6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS:

Base year :  
Current status : 15.8 (2006)  
Target :  
Status : need attention

**Target 6.C** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

6.6A: Incidence of malaria per 100 000 population:

Base year : 776.9 (2008)  
Current status : 586.0 (2009)  
Target : 310.8 (By 2015)  
Status : On track

6.6B: Death rate associated with malaria per 100,000 population:

Base year : 1.4 (2008)  
Current status : 0.4 (2009)  
Target : 0.6 (By 2015)  
Status : On track

## 6.1 Scope

The Bangladesh National HIV/AIDS Strategic Plan (2006-2010) is focused on five key areas: (i) provide support and services for priority groups; (ii) prevent vulnerability to HIV infection; (iii) promote safe practices in the health care system; (iv) provide care and treatment services to people living with HIV; and (v) minimize the impact of the HIV/AIDS epidemic. The National Malaria Control Programme pursues the achievement of the MDG targets aligned with the targets set in the Strategic Plan (2007-2015). The programme envisions a 60% reduction of malaria deaths by 2015.

The National TB Control strategy focuses on the role of the health sector in controlling TB. As TB is a poverty-related disease, any contribution in the area of improving overall living conditions, increasing household income, improving nutrition, etc. has also an impact on reducing the burden of TB. The National Strategic Plan to Control TB (2011-2015) aims at halving the prevalence and mortality and begin to reduce the incidence includes through the following strategies: (i) pursue quality Directly Observed Treatment Short Course expansion and enhancement; (ii) establish interventions to address HIV-associated TB and drug-resistant TB; (iii) contribute to health system strengthening; (iv) forge partnerships to ensure equitable access to an Essential Standard of Care to all TB Patients; (v) engage people with TB, and affected communities; and (vi) promote operational research. Several national guidelines, manuals and policies/strategies to guide specific intervention areas of the three programmes have been developed.

## 6.2 Trends

### Target 6.A:

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

### Indicator 6.1: HIV prevalence among population aged 15-24 years

Data shows that the prevalence of HIV/AIDS in Bangladesh is currently less than 0.1% and thus still below an epidemic level. However, in Bangladesh, behavioural factors among most at risk populations (MARPs), explored in several rounds of Behavioural Surveillance Survey shows a trend that could fuel the spread of HIV from MARPs to the general population. HIV Voluntary Counseling and Testing (VCT) services and the uptake of VCT remain limited. Thus, many people who are infected with HIV may not be aware of their HIV status. The 8th round national serological surveillance (2007) found a HIV prevalence rate of 7% overall and 11% in one of the neighbourhoods of Dhaka. The HIV prevalence among sex workers overall is below 1%, but at hilly areas the prevalence was 2.7% among casual sex workers. Such concentrated prevalence has potentially far-reaching implications on HIV transmission to other vulnerable segments.

### Current Status

6.7: Proportion of children under-5 sleeping under insecticide-treated bed nets:

Base year : 81% (2008)  
Current status : 81% (2009)  
Target : 90% (By 2015)  
Status : On track

6.8: Proportion of children under-5 with fever who are treated with appropriate anti-malarial drugs:

Base year : 60% (2008)  
Current status : 80% (2009)  
Target : 90% (By 2015)  
Status : On track

6.9A: Prevalence of tuberculosis per 100,000 population:

Base year : 639 (1990)  
Current status : 412  
Target : 320 (50% reduction)  
Status : 36% reduction

6.9B: Death rate associated with tuberculosis per 100,000 population:

Base year : 76 (1990)  
Current status : 50 (2008)  
Target : 50% reduction  
Status : 35% reduction

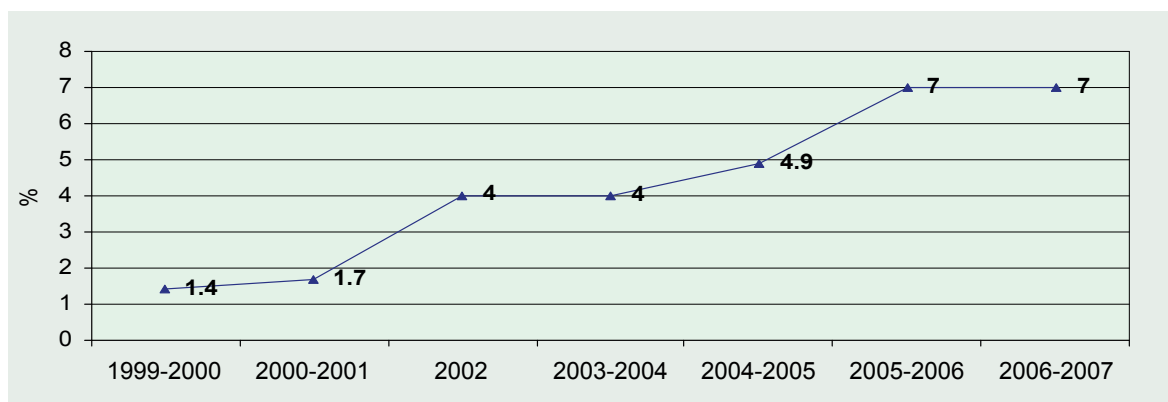
6.10a: Proportion of tuberculosis cases detected under DOTS:

Base year : 21% (1994)  
Current status : 70% (2009)  
Target : 70%  
Status : achieved  
(depending on the population denominator)

6.10b: Proportion of tuberculosis cases cured under DOTS:

Base year : 71% (1995)  
Current status : 92%  
Target : >85%  
Status : achieved

**Figurer 6.1: HIV prevalence among IDU: Bangladesh '2000-2007'**



**Indicator 6.2: Condom use rate at last high-risk sex**

The rate of condom use among married couples is low at 4.5% in 2007 and is unlikely to scale up significantly by 2015<sup>13</sup> (Table 6.1). Even though the rates of condom use among different MARP sub-groups have increased, a significant proportion of this population is still not using condom at every high-risk sexual encounter as is required for preventing an escalation of HIV infection among them and its transmission to the general population<sup>14</sup> (Table 6.2).

**Table 5.1: Condom use rate in Bangladesh**

Year	1993	1996	1999	2004	2007	2015*
Use rate	3%	3.9%	4.3%	4.2%	4.5%	5.3%

\* projected

Source: BDHS

**Table 5.2: Condom use at last High risk sex<sup>15</sup>**

MARP	Year 2005 <sup>16</sup>	Year 2009*
Female sex workers who used condom with their most recent client	30.9%	66.7%
Male sex workers who used condom with their most recent client	44.1	43.7%
Transgender who used condom with their most recent client	15.6%	66.5%
Male IDU who reported use of condom in last sexual intercourse (commercial sex)	23.6%	44.3%
Female IDU who reported use of condom in last sexual intercourse (commercial sex)	78.9%	54.8%

\* 2009 figures above reflect result of the last BSS conducted in 2006-2007

<sup>13</sup> BDHS

<sup>14</sup> World Bank and UNAIDS (2009). 20 years of HIV in Bangladesh: Experience and Way Forward

<sup>15</sup> Data not available for the year 2009 as BSS was not conducted

<sup>16</sup> BSS (2003-2004)

**Indicator 6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS**

The percentage of the population aged 15-24 years with comprehensive knowledge of HIV/AIDS (i.e., can correctly identify the two major ways of preventing sexual transmission of HIV and are able to reject the three misconceptions about HIV transmission) remains low. A national Youth HIV/AIDS campaign end line survey among youth in Bangladesh conducted in 2009 showed that only 17.7% of people of 15-24 years had comprehensive correct knowledge of HIV. Data from MICS 2006 indicate that only 15.8% of 15-24 year old women had comprehensive correct knowledge of HIV/AIDS in Bangladesh. Data from the most recent MICS (2009) recorded a slight drop to 14.6%. One reason for this drop may be the transitory nature of the age cohort which indicates the need for continuous rather than one time interventions to cater for new entrants into the age cohort.

**Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years**

In the absence of robust data on the actual number of children orphaned by AIDS, it is believed that due to the very low prevalence of HIV in Bangladesh and coupled with information available from community-based organizations involved in providing support and care for People Living with HIV, the number of AIDS-specific orphans currently is very low.

**Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs**

No empirical information of the proportion of population with advanced HIV infection with access to antiretroviral drugs is currently available. However Bangladesh United Nations General Assembly Special Session (UNGASS) Report 2009 shows a coverage of 47.7% (353/740) based on a recent study.

**Indicators 6.6, 6.7 and 6.8: Malaria disease in Bangladesh****Table 5.3: Malaria statistics (2005-2015)**

Parameters	Year					
	2005	2006	2007	2008	2009	2015*
Total cases	48 121	48 246	59 857	84 690	63 873	33 876
Prevalence (per 100 000)	441.5	442.6	549.1	776.9	586.0	310.8
Death Rate (per 100 000)	4.6	4.6	2.1	1.4	0.4	0.6
Proportion of children under 5 who slept under an ITN/LLIN the previous night	-	-	81%	81%	81%	90%
Proportion of households owning at least one ITN/LLIN	-	-	41%	41%	41%	100% (3 districts) 80% (10 districts)

\* projected

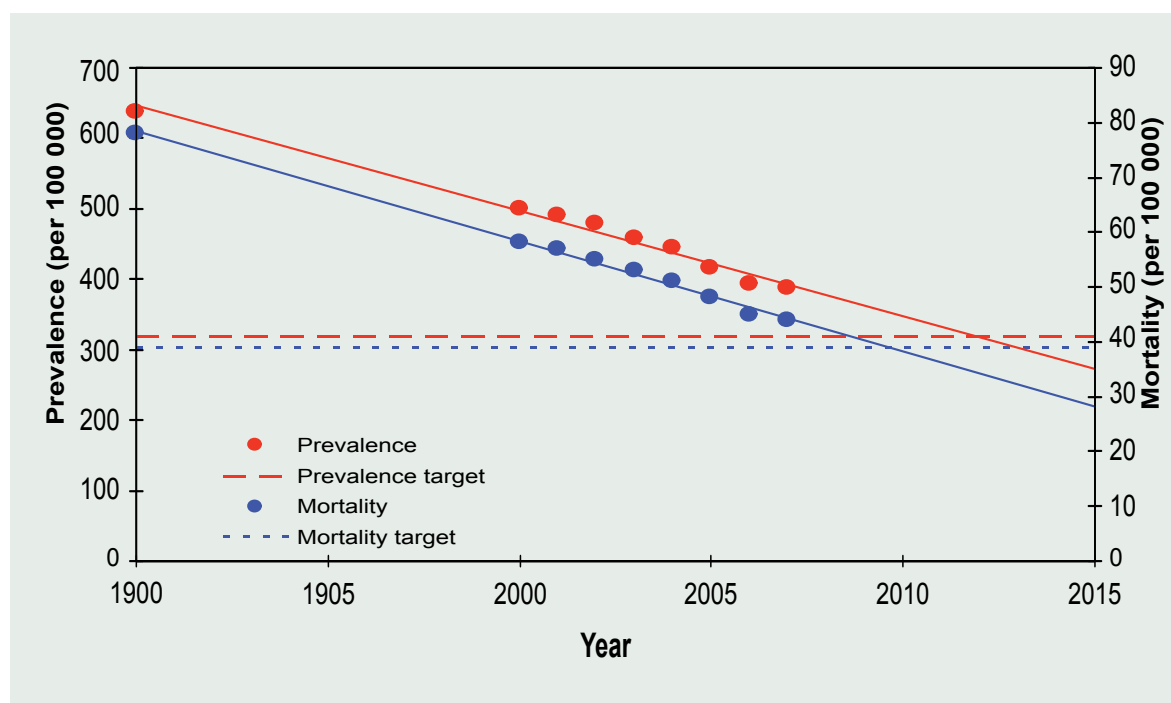
Source: MIS Report, M&PDC, DGHS

The short- and long-term trends show a decline in number of cases and deaths related to malaria till 2009. Major interventions for malaria control undertaken include expanding quality diagnosis and effective treatment of 90% of malaria cases; promoting use of long lasting nets and insecticide-treated nets in all households in the three hill tract districts and 80% of the households in the remaining 10 high burden districts by 2015; and intensive Information, Education and Communication (IEC) for increasing mass awareness of the people for prevention and control of malaria.

#### Indicators 6.9: Prevalence and death rates associated with Tuberculosis

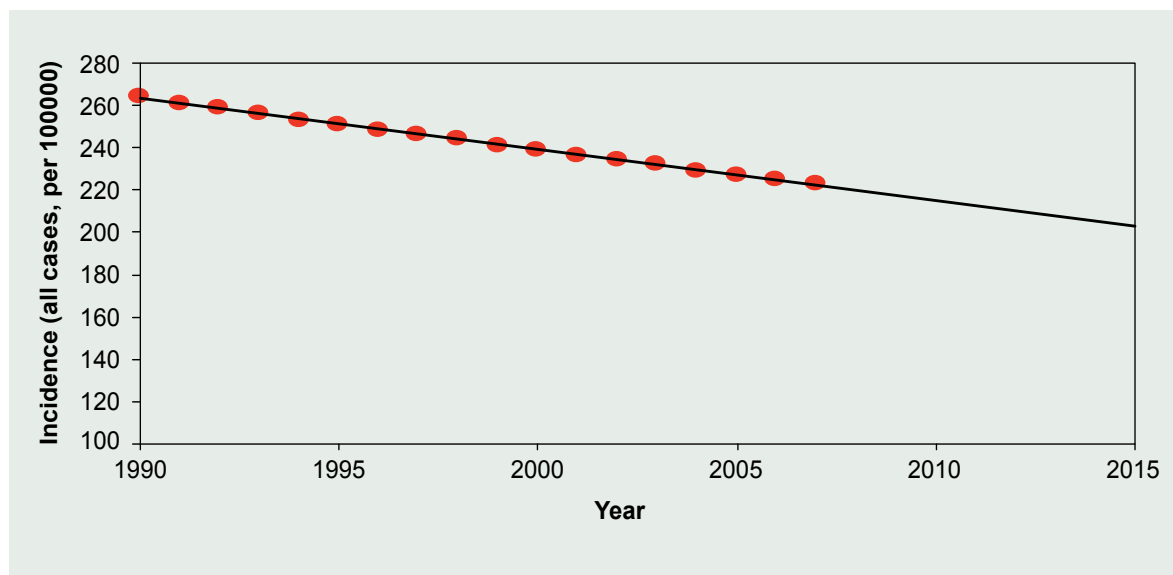
In the absence of direct estimates of these impact indicators, WHO is producing annually estimates based on mathematical modeling and country notifications. Figure 6.2 shows the trend from 1990 onwards for both indicators. The horizontal line represents the targets to be achieved by 2015 latest.

**Figure 6.2: Trend in Prevalence and mortality to TB**



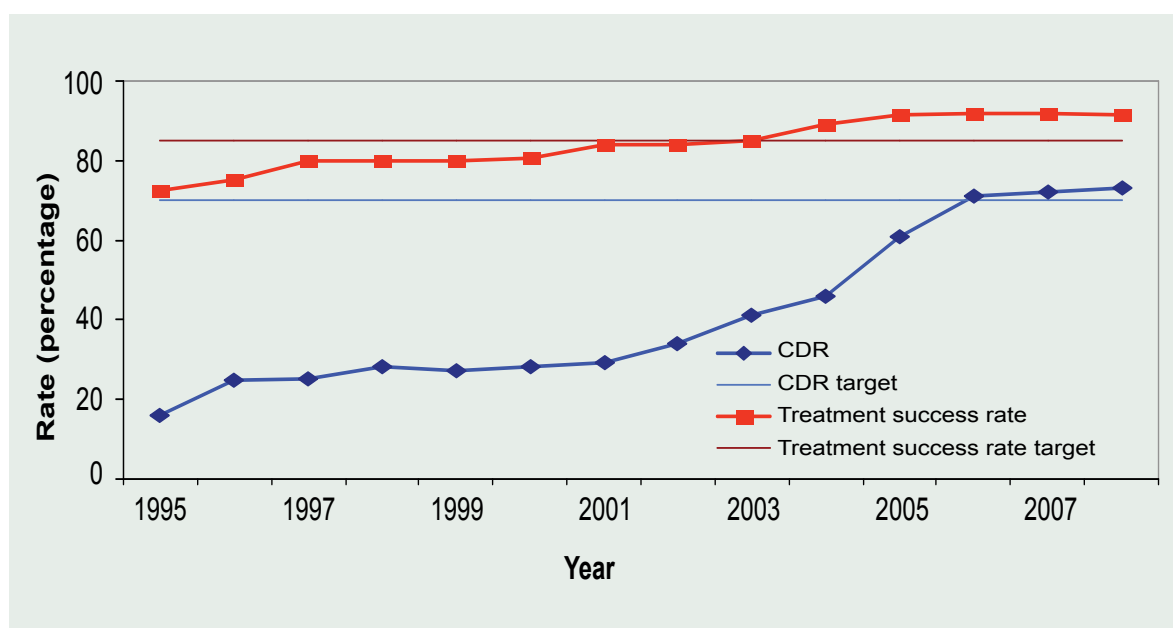
A nationwide prevalence survey was conducted in 2008-09 with the aim to measure the prevalence of smear-positive TB among adults (>15 year old) in Bangladesh. This survey is the first direct estimate of prevalence on a national scale. Based on the preliminary results, the current burden of TB appears to be significantly less than previously projected.

Figure 6.3: Trend in incidence of TB (all forms)

**Indicators 6.10: Proportion of TB cases detected and cure rate under DOTS**

Operationally these indicators are interpreted as case detection rate (number of new smear-positive cases notified under DOTS out of all estimated incident smear-positive cases) and number of patients who were cured or have completed treatment among those that started treatment one year earlier. While treatment outcomes were high since the beginning of the DOTS programme, case detection has increased significantly during the expansion of the coverage and shows only a modest increase in recent years.

Figure 6.4: Trends in case of detection and treatment success in new smear positive cases





## 6.3 Challenges

Bangladesh is in a favourable position for achieving the MDG 6 targets “Halting and begun to reverse the spread of HIV, malaria and other diseases by 2015”. There are, however, several challenges facing the national responses towards the three diseases.

### **Service delivery**

The coverage of MARPs is inadequate and the quality of services varies across donor-supported programmes in Bangladesh which use different MARP definitions. The inadequate involvement of community groups/representatives in the programme design phase, inadequacy of mechanism for identification and inclusion of new vulnerable groups (e.g., migrants), limited access of people living with HIV to care and support services and for reducing stigma and discrimination, hamper programmes for greater effectiveness.

### **Health workforce**

Despite enhanced capacity to manage the three diseases, technical expertise at individual or institutional level to plan, implement and monitor the responses is still limited. While external resources for training and capacity building have increased substantially, managerial processes pose often a bottleneck to fully use these resources.

Due to the inherent complexities of the new areas in the field of tuberculosis a higher level of skill is required from health care providers. Engaging all care providers requires a moderate effort for institutions (e.g. prisons or medical colleges) but is much more challenging for private practitioners. While programmatic technical skills have been the main subject in the capacity building activities for programme staff, managerial capacity has not been adequately addressed.

### **Information**

Strategic information management system which is crucial for effective generation and management of data following the principle of “one agreed country-level monitoring and evaluation system” has not fully been operationalized in Bangladesh. Coordinated efforts to bring together programme-related data and information to a central unit are not yet providing the desired results. Thus, crucial information needed for strategic and policy-level decision at the country level, though available, is often not accessible in a form that can be easily consumed.

Operational research has been increasingly prioritized, particularly by the TB programme. While a good research capacity is available in some specialized institutes and among some NGOs, more support is required for undertaking quality research that addresses programme priorities among a good number of partners.

### **Medical products, vaccines and technologies**

Full coverage of the endemic districts has not yet been achieved for rapid diagnostic tests for malaria. Changing treatment regimens, even marginal changes, requires policy changes, training and supervision and is thus always a daunting task. With support of the Global Drug Facility over the last six years, the NTP enjoyed an uninterrupted drug supply. More efforts are required, though,



to build capacity for all elements of the drug management cycle and to become less dependent on external support for forecasting needs or monitoring drug consumption.

The fact that the HIV, TB and malaria programmes procure drugs centrally and cover the largest number of patients, a good number of patients are treated privately and depend on drugs procured from the private market. The respective programmes have little impact on ensuring the quality of these. Except for the pilot projects on drug-resistant TB, there are little or no mechanisms for systematically monitor drug side-effects.

### **Financing**

With the availability of funds from GFATM through multiple principal and sub-recipients, undertaking comprehensive cost analysis including activities executed by partners becomes more challenging. Bangladesh has so far not conducted a National AIDS Spending Assessment. Annually the NTP is going through an exercise of collecting and collating all expenses realized under the programme, including its partners. Funding commitment of donors is currently adequate to meet the programme requirements in the short (one or two years) or medium term (five years).

### **Leadership and governance**

The National Policy on HIV/AIDS and Sexually Transmitted Diseases Related Issues which was ratified in 1997 needs to be updated to make it more relevant. Haphazard use of existing provisions of laws has led to harassment of vulnerable population leading to interference and weakening of the programme implementation for MARPs.

For malaria and tuberculosis, national policies and strategies have been updated. These include extended use of partnerships to improve the coverage and accessibility of services. Going beyond the traditional boundaries of public health care providers are progressing but may require more policy and technical support.

The country is still trying to strike a balance with new mechanisms such as the Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria that shoulder a good share of the oversight, leadership and coordination role. Technical, human resource and financial capacity of the government bodies in charge of the disease control programmes is inadequate. While progress has been achieved towards moving to funding of national strategies, the project approach in place in the three programmes sometimes results in duplication and even non-responsiveness to field-level programmatic needs.

### **Capacity Building**

The HIV National Technical Support Plan delineates capacity building needs and technical support needs in three key areas (programme management; national technical capacity to plan, implement and monitor the response; and implementation and management capacity for NGOs/CBOs). The NTP has its human resources development plan (2009-2015) highlighting the strategy for addressing human resources needs for TB control through an integrated approach. Implementation of these plans needs to be prioritized. More attention should be given for inclusion of managerial components in addition to technical or programmatic skills development.

### Strategic Information Management

Monitoring and evaluation systems should be streamlined and refocused as Strategic Information Management System within NASP, widening the scope of data management to information management for strategic and programmatic decision making. Regular collection of strategic information through behavioural and serological Surveillance and research should also be pursued. Capacity is lacking for conducting prevalence, mortality or drug-resistance surveys for TB. One of the reasons is the infrequent intervals at which such surveys are conducted (less than once in ten years). Another reason is insufficient institutional memory due to staff rotation.

### Increasing Partnerships

It is important to mainstream HIV into relevant public sectors to develop a comprehensive, rights-based response at a required scale. The role of private and nongovernmental health care providers and health services delivered through other ministries is expected to be enhanced for the three diseases. The programmes will be required to focus increasingly on advocacy for a multi-sectoral approach and providing technical guidance for ensuring quality services. The stakeholders involved can then play a more important role while adhering to agreed national guidelines.

## 6.4 Way Forward

**Strengthen coordination** in the national response through advocacy, coordination and collaboration, evidence-based programme management and strengthening of systems with special focus on the following outcomes:

- Strengthened national coordination mechanisms through reforming/strengthening NAC, CCM, UNJT and key civil society networks and building capacity of the leadership
- Improved programme management by making use of routine quality reports as well as operational research and other evidence.

**Facilitate scaling up of quality interventions** to achieve universal access in prevention, treatment, care and support, for all targeted intervention groups for HIV, TB and malaria with the following expected outcomes:

- Improved knowledge and practice of people most at risk as well as the general population to prevent the three diseases
- Improved quality of Prevention, Treatment, Care and Support services for the three diseases
- Institutional arrangements developed for moving from pilot to massive scale-up to have a critical mass of health care providers involved.

**Improve participation** of civil society (NGOs, CBOs, self help groups, vulnerable groups, etc.) in programme planning/implementation and oversight in order to incorporate rights-based approaches to the management of the three diseases.

**Improve access equity for niche populations** with a perceived or documented higher burden of one or more of the three diseases (ultra-poor, char population, Chittagong Hill Tracts, indigenous population, refugees, slum dwellers, migrants, garments workers, etc.).

# *Goal-7*



**Ensure  
Environmental Sustainability**



## Ensure Environmental Sustainability

The revised Targets and Indicators under Goal 7 (4 targets and 10 indicators) are as follows:

**Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources**

### Indicators

- 7.1: Proportion of land area covered by forest
- 7.2: CO<sub>2</sub> emissions (metric tons per capita)
- 7.3: Consumption of ozone-depleting substances (metric tons per capita)
- 7.4: Proportion of fish stocks within safe biological limits

**Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**

### Indicators

- 7.5: Proportion of total water resources used
- 7.6: Proportion of terrestrial and marine areas protected
- 7.7: Proportion of species threatened with extinction

**Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation**

### Indicators

- 7.8: Proportion of population using an improved drinking water source
- 7.9: Proportion of population using an improved sanitation facility

**Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.**

### Indicators

- 7.10: Proportion of urban population living in slums

### Current Status

7.1: Proportion of land area covered by forest (current status: 19.2% (Tree density > 10%), target: 20% (Tree density > 70%) status: needs attention)

7.2: CO<sub>2</sub> emissions (metric tons per capita) (current status: 0.30 status: on track)

7.3: Consumption of ozone-depleting substances (metric tons per capita) (current status: 127.88 target: 0, status: on track)

7.4: Proportion of fish stocks within safe biological limits (current status: 54 inland fish species & 16 marine species are threatened, status: need attention)

7.5: Proportion of total water resources used (current status: 6.6% in 2000, status: needs attention)

7.6: Proportion of terrestrial and marine areas protected (current 1.78% terrestrial & 0.47% marine areas protected (2010), target: 5%, status: needs attention)

7.7: Proportion of species threatened with extinction

(current status: 201 inland, 18 marine & 106 vascular plants are threatened, target: Improvement of ecosystems for protection of species compare to 2000 situation, status: needs attention)

7.8: Proportion of population using an improved drinking water source (current status: 86% target: 100%, status: needs attention)

7.9: Proportion of population using an improved sanitation facility (current status: 89% target: 100%, status: needs attention)

7.10: Proportion of urban population living in slums (current status: 7.8 %, status: needs attention)

## 7.1 Scope

Bangladesh faces huge socio-economic, institutional and policy related development challenges that impede the timely achievement of MDG 7. This has been compounded by poorly planned development interventions having adverse impact on the environment and ecosystems. Climate change has further aggravated the environmental situation.

Over the past decades, numerous initiatives have been undertaken to address Bangladesh's massive environmental challenges. A case-in-point is the globally recognized achievements of the country in social forestry such as the homestead and strip plantations programmes. The natural forest, however, is progressively losing its canopy coverage because of inadequate policies, programmatic initiatives and institutional capacity. Analogously, although the achievements in aquaculture are quite commendable, inland water and marine systems have been heavily degraded, affecting the access of the poorest segments of the population to these common resources. This in turn affects the livelihoods of the poor who are heavily dependent on these resources.

Inadequate access to safe water and environmental sanitation has direct negative impact on health, education, gender equality and equity. In Bangladesh MDG 7, therefore, strongly influences other MDGs, along with the very dominant interface between poverty, environment and climate change.

## 7.2 Trends

Efforts to analyze progress have been largely limited to secondary data and qualitative information. The data necessary for evaluation of MDG 7 progress is inadequate due to lack of availability, quality and comparability. When analysed individually, some indicators show remarkable progress. However, from the available data, studies and symptom analyses, it is evident that the achievements to date are insufficient to fully meet MDG 7. Of the 10 specific indicators included under MDG 7, Bangladesh is likely to meet quantitative targets for just 3 indicators, namely, CO<sub>2</sub> emissions, consumption of ozone depleting substances and the proportion of the population using an improved drinking water source.

### Reverse the loss of environmental resources and reduce biodiversity loss

**Proportion of land area covered by forests:** The total forest area in Bangladesh was 2.52 million hectares in 2007 according to the Forest Department (FD)<sup>17</sup>. Although half of the area of Bangladesh has some kind of tree cover, just 2.3% of the area has a very high tree cover (>70%) and roughly 20% has low tree cover (<5%). Recent research by FAO shows that 19.2% of total land area has tree cover of 10% or above, which is considered as the forest coverage of the country according to FAO standard<sup>18</sup>. In general it can be concluded that Bangladesh is not on track to achieve the target of 20% tree cover with density greater than 70%.

**CO<sub>2</sub> emissions (Metric tons per capita):** Although Bangladesh is not a big emitter and the country has no obligation to reduce greenhouse gas emissions given its LDC status, the government has identified mitigation and low carbon development as one of the priority areas in its Climate Change Strategy and Action Plan 2009. Since 1991, however, some increase in CO<sub>2</sub> emission has been observed with per capita emission of 0.3 metric tons in 2007 and projections suggest a rise to 0.38 by 2015<sup>19</sup>.

**Ozone depleting substances (ODSs):** In Bangladesh the major ODSs are CFC-11, CFC-12 and CFC-15. The country is in compliance with the ODS target and consumption of ODSs has been declining. This is borne out by the fall in consumption of CFCs from 831 metric tons in 1998 to 127.88 metric tons in 2009.

**Proportion of fish stocks within safe biological limits:** Bangladesh is endowed with vast inland open waters measuring 4.05 million ha and 0.3 million ha closed waters in man-made ponds and aquaculture enclosures. The country also has 166,000 km<sup>20</sup> of marine water resource in the Bay of Bengal, extending up to 200 nautical miles in the exclusive economic zone, with high potential of fish production. 265 fish species and 24 prawn species inhabit inland waters, while 475 species of fish and 38 species of shrimp are to be found in marine waters. According to IUCN (2000) 54 inland fish species are threatened of which 12 are critically endangered and 4 are threatened in marine systems.

<sup>17</sup> [www.undp.org/mdg/basics](http://www.undp.org/mdg/basics).

<sup>18</sup> Land spanning more than 0.5 hectares with trees higher than 5 metres and a canopy cover of more than 10 percent, or trees able to reach these thresholds in situ.

<sup>19</sup> Projected data in the absence of a proper national greenhouse gas database.

<sup>20</sup> Bangladesh Bureau of Statistics 2008

**Table 6.1: Source-wise fish production (Actual & Projected as per Road Map/Vision 2021)**

Water resources	Production (lac MT)								
	90-91	95-96	00-01	05-06	07-08	08-09	10-11*	15-16*	20-21*
1. Inland open waters (capture fisheries)	4.43	6.09	6.89	9.56	10.6	11.24	13.92	16.89	17.63
2. Impounded waters (aquaculture fisheries)	2.11	3.79	7.12	8.92	10.05	10.63	11.63	14.09	17.61
3. Marine fisheries	2.41	2.69	3.79	4.79	4.97	5.14	5.27	5.66	6.13
Total	8.96	12.58	19.98	23.28	25.63	27.01	-	-	-
Projection as per Road Map and Vision 2021						27.22	30.83	36.64	41.38
								(35.0 in 2015)	

Source: DoF (2009) and DoF Road Map & Vision 2021

\* Projected

**Proportion of total water resources used:** The MDG Database, prepared and maintained by the United Nations Statistics Division, shows that the proportion of total water resources used in Bangladesh is 6.6%<sup>21</sup>. Bangladesh is endowed with rich water resources. Internal renewable water resources are estimated at 105 km<sup>3</sup>/year (based on the National Water Plan-Phase II), including 84 km<sup>3</sup> of surface water produced internally as stream flows from rainfall and approximately 21 km<sup>3</sup> of groundwater resources from within the country<sup>22</sup>. Annual cross-border river flows that also enter groundwater are estimated at 1105.64 km<sup>3</sup> and represent over 90% of total renewable water resources which are estimated to be 1210.64 km<sup>3</sup>.

Total water withdrawal in 2008 was estimated at about 35.87 km<sup>3</sup>, of which approximately 31.50 km<sup>3</sup> (88%) is used by agriculture, 3.60 km<sup>3</sup> (10%) by municipalities and 0.77 km<sup>3</sup> (2%) by industries. About 28.48 km<sup>3</sup> or 79% of total water withdrawal comes from groundwater and 7.39 km<sup>3</sup> or 21%, from surface water (Table 7.3)<sup>23</sup>.

**Proportion of terrestrial and marine areas protected:** According to the United Nations Statistics Division, the proportion of terrestrial and marine areas protected in 2008 was 1.8%. In 2007 the proportion of protected forest areas comprised 1.6%, a miniscule improvement of 0.4% over 1991. Given current trends, it is estimated that protected areas in 2015 will be less than 2% - much lower than the national target of 5% for protected areas.

A positive development in this area has been the creation of a marine reserve in an area of 698 square km (0.47% of the total area of Bangladesh) in the Bay of Bengal for the protection and conservation of marine resources.

<sup>21</sup> Based on information from 2000.

<sup>22</sup> Part of the groundwater comes from the infiltration of surface water with an external origin.

<sup>23</sup> National Medium Term Priority Framework 2010-2015 (FAO).



**Table 6.2: Sources and Use of Water**

Renewable freshwater resources			
Precipitation (long-term average)	-	2 320	mm/yr
	-	334.1	10 <sup>9</sup> m <sup>3</sup> /yr
Internal renewable water resources (long-term average)	-	105.0	10 <sup>9</sup> m <sup>3</sup> /yr
Total actual renewable water resources	-	1 210.6	10 <sup>9</sup> m <sup>3</sup> /yr
Dependency ratio	-	91.33	%
Total actual renewable water resources per inhabitant	2008	7,566	m <sup>3</sup> /yr
Total dam capacity	2007	20,300	10 <sup>6</sup> m <sup>3</sup>
Water withdrawal			
Total water withdrawal	2008	35,870	10 <sup>6</sup> m <sup>3</sup> /yr
- irrigation + livestock	2008	31,500	10 <sup>6</sup> m <sup>3</sup> /yr
- municipalities	2008	3,600	10 <sup>6</sup> m <sup>3</sup> /yr
- industry	2008	770	10 <sup>6</sup> m <sup>3</sup> /yr
Per inhabitant	2008	224.2	m <sup>3</sup> /yr
Surface water and groundwater withdrawal	2008	35,870	10 <sup>6</sup> m <sup>3</sup> /yr
as % of total actual renewable water resources	2008	2.96	%

Source: AQUASTAT Bangladesh – Version December 2009

**Proportion of species threatened with extinction:** Based on data from 2000, IUCN reported that of the 895 varieties of inland and resident vertebrates of Bangladesh, 13 species are now extinct and 201 are under threat<sup>24</sup>. It is also estimated that 18 species among the 702 living species of marine and migratory vertebrates are currently threatened. As mentioned earlier, 54 inland fish species are threatened of which 12 are critically endangered while 4 species are threatened in marine systems.

In 2001 BARC reported that 106 species of vascular plants were threatened, in addition to severe depletion of agricultural biodiversity. Moreover, the Sundarban Mangrove Forest was severely damaged during the recent SIDR and Aila cyclones.

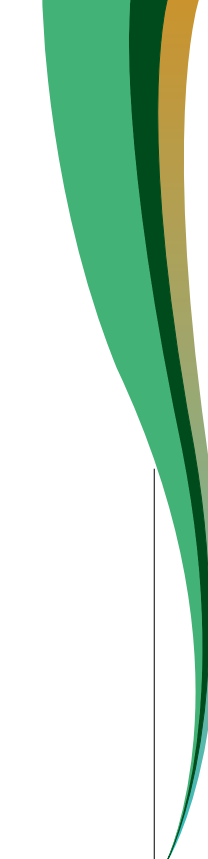
#### **Halve the proportion of people without sustainable access to safe drinking water and basic sanitation**

**Proportion of population using an improved drinking water source:** Access to improved water sources increased from 94% in 1994 to 98% in 2006<sup>25</sup>. Although arsenic contamination of 22% of the tube wells in the country has lowered the access to safe drinking water to an estimated 78%, the most recent MICS of 2009 found that access to an improved source of water (adjusted for arsenic contamination) has increased to 86%. Approximately 20 million people (90% of which live in rural areas) are exposed to drinking arsenic contaminated water that exceeds the Bangladesh drinking water standard of 50 µg/L.<sup>26</sup>

<sup>24</sup>The Red Book of Threatened Fishes in Bangladesh, 2000

<sup>25</sup>The Joint Monitoring Programme managed jointly by WHO and UNICEF, monitors fulfillment of the MDG for water supply and sanitation.

<sup>26</sup>Water Aid Bangladesh



It may be possible to reach the water target by 2015 if present progress is maintained in the coming years. However, this will require that a large segment of the population be brought under arsenic-safe water supply systems.

**Proportion of population using an improved sanitation facility:** Access to an improved sanitation facility has increased from 39 to 54% between 1990 and 2009. In spite of the higher sanitation coverage in urban areas compared to rural ones, the urban sanitation situation is worse as a result of the high population density. Only 12% of households in slums use an improved sanitation facility in conformity with the GoB standard, with a large proportion of households sharing a toilet due to lack of space. In densely populated areas of Bangladesh, maintaining a safe distance between pit latrines and drinking water sources is problematic. Moreover, improper de-sludging and unsafe disposal of latrines and septic tanks has considerable potential to spread pathogens.

**Achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020**

**Proportion of urban population living in slums:** According to the 2001 Population Census, approximately 31 million people (23% of the population) lived in urban areas, of which 7.8% resided in slums. The vast majority lives in six city corporations and approximately 300 municipalities<sup>27</sup>. The urban population is increasing at the rate of 3-6% per annum. The urban population is expected to reach 50 million 2050 surpassing the rural population before 2050.

The population density in slums is in excess of 200 times the average population density of Bangladesh. Steady rural to urban migration is expected to escalate the pressure on expansion of basic services in urban areas that are already overstretched and inadequate to meet current minimum needs of safe drinking water, sanitation, sewerage and waste disposal.

## 7.3 Challenges

Despite substantial efforts made by GoB, DPs and NGOs (such as the Sustainable Environment Management Programme) towards the targets of MDG 7, efforts to scale up and institutionalize these successes have been inadequate. Moreover, donor support on environmental issues has been decreasing alarmingly since the beginning of the new millennium due to the cross-cutting nature of the environment which has meant that individual environment programmes no longer receive priority. Instead, environmental considerations have become an integral consideration of all programming initiatives. Environmental issues are further overshadowed by focus on climate change without adequate recognition that climate impacts are often intricately connected with underlying environmental quality.

**Reverse the loss of environmental resources and reduce biodiversity loss**

Degradation is progressing rapidly in many areas without any visible afforestation programmes due to the lack of management programmes for restoration of forests. Challenges to expand the tree cover include the absence of comprehensive mechanisms for the production and distribution of quality planting materials and efficient use of forest resources.

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<sup>27</sup>Slums of Urban Bangladesh: Mapping and Census, 2005.

Although there are major opportunities for intervention to reduce greenhouse gas emissions in power generation, transportation, industrial production, agriculture, forestry and other sectors, there is a lack of facilitating technology, institutional support and dedicated financing. Some of the interventions that have been suggested are for example, diversification of crops and cropping patterns, afforestation and reforestation to capture the maximum benefit of CO<sub>2</sub> sequestration. Removing these obstacles can have substantial impacts on the local economy through improved air quality, employment generation, poverty alleviation and gender equality. However, in the absence of comprehensive reviews that identify options to reduce emissions and quantify associated benefits, implementing appropriate policies is problematic.

To ensure that the fisheries sector develops in a sustainable manner that is sensitive to socio-economic, ecological, trans-boundary ecosystems, climate change and conservation issues, proper regulation that addresses present gaps such as the present non-coverage of aquaculture, is needed. Degradation of fish stocks is largely due to serious pollution in the wetlands, conversion, and poorly planned urbanization. Repeated inbreeding and unplanned hybridization in fish hatcheries also exert detrimental impacts in fish habitats. The use of harmful chemicals and medicines in aquaculture systems also needs to be regulated in order to avoid fish diseases, retarded growth, human health hazards etc.

In general, open water ecosystems have been seriously degraded because of pollution, land use changes, poorly planned development programmes and already visible impacts of climate change such as prolonged droughts and salinity intrusion. Another trans-boundary issue is upstream withdrawal of water that has greatly affected downstream water systems. Not just water quality, but water quantity has now become a pressing concern for the country with grave scarcity during the dry season and excessive water during the wet season.

Existing policies and strategies do not ensure conjunctive use of water resources; a pre-requisite for appropriate ecosystem management to ensure sustainable agriculture and food security. To improve availability of water for productive use, there is an urgent need to develop water efficient agricultural practices that address issues of water quality, distribution and excessive dependence on ground water.

#### **Halve the proportion of people without sustainable access to safe drinking water and basic sanitation**

There is an absence of well-targeted approaches and allocations that reach out to the poor, especially in urban areas. Obstacles that hamper the attainment of the government's targets by 2015, include poor regulation and oversight of water and sanitation service delivery, inadequate attention to arsenic and climate change/disaster related issues, failure to adapt technologies to suit local conditions and affordability levels and inadequate sanitation and hygiene information management systems.

#### **Achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020**

Bangladesh faces a Herculean task in sustainably improving the lives of slum dwellers in the stipulated time frame because of several reasons. These include the dearth of secondary cities that can alleviate the pressure on large cities, limited capacity of municipalities to fully implement the decentralization process and the absence of a comprehensive urban development policy.

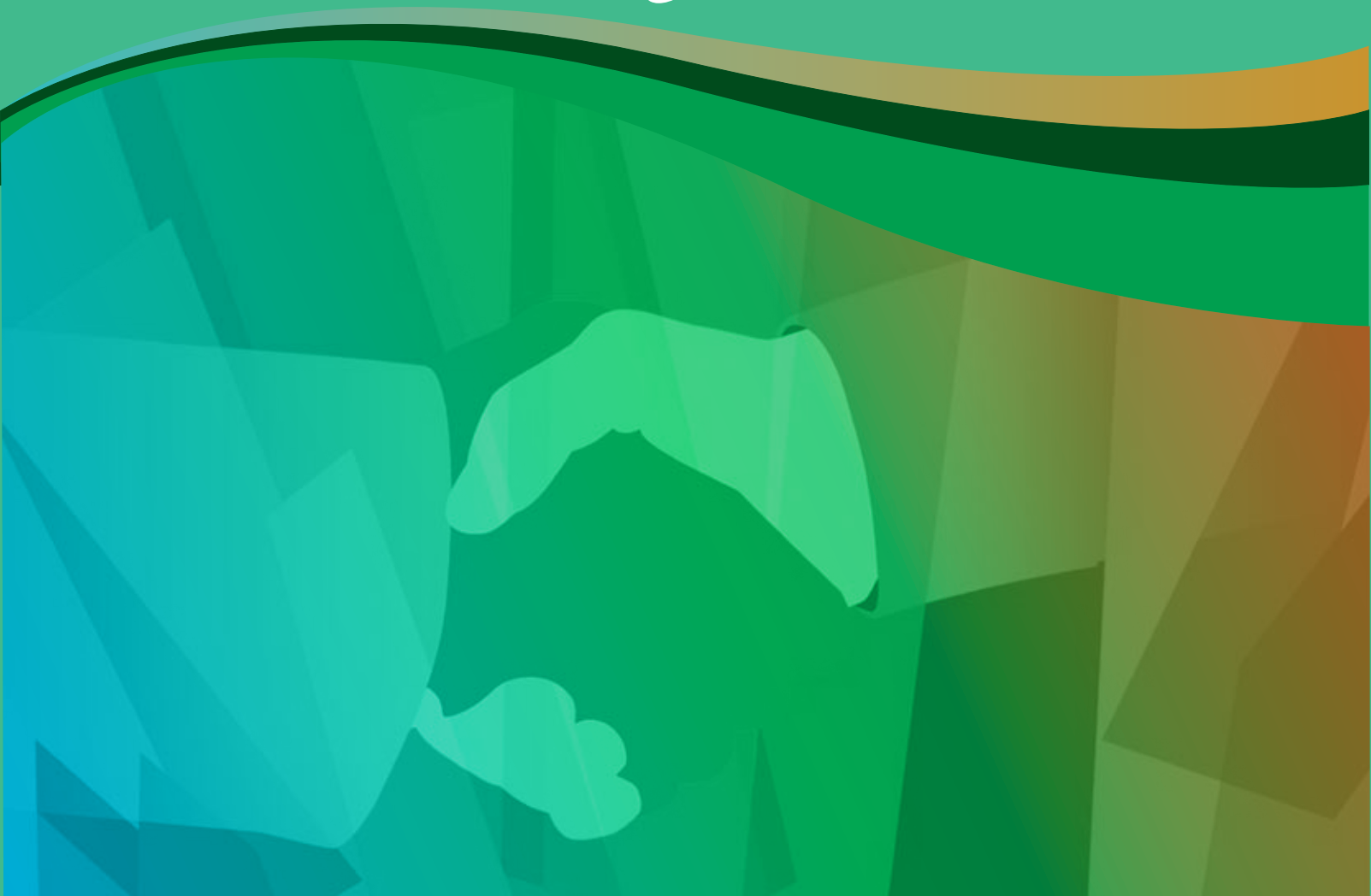


## 7.4 Way Forward

Although the GoB, UN bodies and other DPs have been supporting initiatives towards environmental sustainability under MGD 7 it is clear that a major concerted effort by government, donors and civil society organizations is essential. Interventions include:

- Development of a long term environment, climate change and sustainable development vision focusing on MDG 7 and beyond
- Implementation of relevant national plans such as the Bangladesh Climate Change Strategy and Action Plan and National Capacity Development Action Plan
- Prevention of degradation and rapid reforestation of public forest lands, expansion of social forestry programmes and reforestation/afforestation of private lands
- Sustainable management of land and integrated water resources management that protects precious deep groundwater
- Expansion of the protected area system incorporating marine, estuarine, riverine and terrestrial ecosystems, including enhancement of institutional capacity
- Linking ecosystems with strategic poverty reduction interventions to support restoration of rivers and other wetlands
- Implementation of National Biodiversity Strategy Action Plan and Biodiversity Programme of Action, including an assessment of damage to biodiversity due to SIDR and AILA
- Mainstreaming of poverty-environment-climate change in local and national development frameworks with dedicated programming, implementation and financing provisions
- Mainstreaming migration into development, climate change and environment policy-and vice versa – should be a priority issue for policy makers as they seek to plan for the challenges of environmental change and human mobility over the coming years.
- Rapid implementation of sustainable energy programmes and technologies that have local environment and development benefits
- Allocation of adequate resources and formation of strategic partnerships that include community level involvement for pollution abatement
- Development and implementation of sustainable land-use zoning and enhancement of institutional capacity for effective urban and rural planning and implementation
- Provision of alternative arsenic safe water points to serve the 20 million people that are still exposed to arsenic
- Improvement in quality and quantity of ecologically sound innovative sanitation facilities, expansion of sewerage systems and waste water treatment capacities in large urban areas and sludge-removal/disposal systems for rural latrines
- Monitoring and supervision of country level progress towards MDGs based on credible environmental and associated statistics

# *Goal-8*



**Develop  
a Global Partnership for Development**



## Develop a Global Partnership for Development

The revised Targets and Indicators under Goal 8 (6 targets and 16 indicators) are as follows:

**Target 8.A : Develop further an open, rule-based, predictable, non-discriminatory trading and financial system**

**Target 8.B : Address the special needs of the least developed countries**

**Target 8.C : Address the special needs of landlocked developing countries and small island developing States**

**Target 8.D : Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term**

### Indicators

- 8.1a: Net ODA received by Bangladesh (million US\$)
- 8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI
- 8.2: Proportion of total bilateral, sector-allocable ODA to basic social services
- 8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh)
- 8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes
- 8.5: ODA received in small island developing states as a proportion of their gross national incomes
- 8.6: Proportion of total developed country imports (by value excluding arms) from developing countries and from LDCs admitted free of duty
- 8.7: Average tariffs imposed by developed countries on agricultural products textiles and clothing from developing country (Bangladesh)
- 8.8: Agricultural support estimate for OECD countries as a percentage of their GDP
- 8.9: Proportion of ODA provided to help build trade capacity
- 8.10: Total number of countries that have reached their HIPC completion points (cumulative)
- 8.11: Debt relief committed under HIPC and MDRI initiatives
- 8.12: Debt service as a percentage of exports of goods and services

**Target 8.E : Address the special needs of landlocked developing countries and small developing States**

### Indicators

- 8.13: Proportion of population with access to affordable essential drugs on a sustainable basis
- 7.7: Proportion of species threatened with extinction

**Target 8.F : In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.**

### Indicators

- 8.14: Telephone lines per 100 population
- 8.15: Cellular subscribers per 100 population
- 8.16: Internet users per 100 population

### Current Status

8.1a Net ODA received (FY2009: US\$1,460 million)

8.1b Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI (FY2008: 0.005%)

8.2 Proportion of total ODA to basic social services (average during FY1991-FY2008: 35%)

8.3 Proportion of bilateral ODA of OECD-DAC donors that is untied (FY2007: 94%)

8.7 Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Bangladesh (FY2009: 0-15.3%)

8.12 Debt service as a percentage of exports of goods and services (FY2009: 3.9%)

Sources. 8.1a is based on data provided in Economic Review 2009, Ministry of Finance. 8.1b is provided by Development Cooperation Directorate DCD-DAC. 8.2 is derived from ERD disbursement data. 8.3 is based on DAC (2010). 8.7 is obtained from [www.macmap.org](http://www.macmap.org). Moreover, they vary significantly between the US and the EU – the two largest export markets. 8.12 is based on PRI's DSA framework.

## 8.1 Scope

It is recognized that national efforts alone will not bring about the achievement of MDGs, and that international cooperation is called for. The developed world has an essential role to play by ensuring freer access to markets at fairer terms, enhancing flows of aid and direct investment and affording greater policy space to developing nations.

The “MDGs Needs Assessment and Costing” exercise undertaken in 2008 estimates a total resource requirement of US\$ 103.2 billion for the seven year period (FY2009 to FY2015) to achieve the seven MDGs for Bangladesh. Assuming a 1.3% annual population growth rate, this implies that Bangladesh needs to increase projected per capita expenditure from \$75 in 2009 to \$118 in 2015 (GED 2009).

After adjusting for contributions from government and households in baseline and high-growth scenarios, Bangladesh needs on average an additional US\$ 6 and 5 billion in resources respectively to meet the estimated cost per year (GED 2010).

Being a low external debt country, in terms of the thresholds and ability to pay criteria (both observed and projected), Bangladesh can afford to seek these additional resources as foreign contributions without destabilizing the external debt position (Tables 8.1 and 8.2).

1/Average period of the base line scenario (5% fiscal deficit)

2/ Average period (FY11-15) of the shock scenario (7.5% fiscal deficit on average)



**Table 7.1: Policy-Based External Debt Burden Thresholds for Bangladesh**

	Threshold	Bangladesh's Ratio		
		In 2009	In 2009-281	In 2009-282
PV of external debt in % of				
GDP	40	19.5	16	17
Exports	150	100.1	95	97
Revenues	250	185.1	97	99
External debt in % of				
Exports	20	8.2	3.8	3.9
Revenues	30	13.2	7.1	7.5

Source: Article IV Consultation Report 2009, IMF.

**Table 7.2: Bangladesh's Debt Sustainability Base Line Scenario (2007-2030)**

Year	Total Govt. Debt Outstanding in % of GDP	External Debt in % of GDP	Total external debt service as % of export
2007	46.8	27.3	5.2
2008	46.8	26.6	4.9
2009	45.3	24.3	4.5
2010	43.8	22.6	6.0
2011	44	22.0	6.0
2012	43.7	21.0	6.4
2013	43.3	20.1	6.0
2014	43.1	19.3	5.2
2015	42.8	18.6	4.8
2020	41.8	15.5	4.2
2030	40.0	12.0	2.3

Source: IMF Staff Projection 2010, Article IV Consultation Report-2009, IMF.

The additional resources for meeting the MDGs can come in several forms. ODA which is disbursed as grants and concessional loans is the most direct and cheapest modality of raising external funds. While ODA as a proportion Bangladesh's GDP has declined steadily over the years, the case for escalating aid to finance vital social sector expenditures like education and health is compelling. External resources can also be mobilized through FDI<sup>1</sup> which has a direct bearing on technology transfer, employment, access to international markets, etc. In recent years FDI in Bangladesh has been growing as a proportion of GDP.

Moreover, a critical component of strengthening partnerships in Bangladesh, and one that has significantly and positively influenced development outcomes, has been the promotion of freer and fairer access to external markets for Bangladeshi products and services including labour.

Finally, an MDG 8 related concession articulated in the Doha Declaration on Trade Related Intellectual Property Rights and Public Health<sup>2</sup>, has emerged as a key area that Bangladesh can leverage for its

1. It is important to distinguish between brown-field and green-field investments as the former do not contribute to any new production facilities and tend to be liquid.
2. The Declaration was adopted by the Fourth Ministerial Conference on 14 November 2001 and is available at WT/MIN(01)/DEC/2.

benefit. This arrangement granted least developed countries additional time and flexibility to comply with the WTO TRIPS Agreement. LDCs now have until 1 July 2013 to comply with intellectual property rules and until 1 January 2016 to adopt the compulsory patent regime for pharmaceutical products.

These have not only promoted a thriving local pharmaceutical industry that serves 95 percent of the local demand for drugs at a relatively affordable price, but has also opened the door for the promotion of the next big export sector after garments for Bangladesh.

## 8.2 Trends

### ODA, Debt and FDI

**ODA and Debt:** Between 1990-91 and 2008-09, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6% to 1.9%. During this period, per capita ODA disbursement fell from \$15.75 to \$12.01 and the relative share of grants declined from 48% of ODA to 30% (Table 8.3).

**Table 7.3: ODA trends (Disbursement in millions USD)**

Year	Grant (% of total)	Loan (% of total)	Total	Share in GDP (%)	Per capita Disbursement (in USD)
1990-91	831(48%)	901(52%)	1,732	5.60	15.75
1991-92	817(51%)	794(49%)	1,611	5.15	14.45
1992-93	818(49%)	857(51%)	1,675	5.23	14.72
1993-94	710(46%)	849(54%)	1,559	4.61	13.44
1994-95	890(51%)	849(49%)	1,739	4.59	14.71
1995-96	677(47%)	766(53%)	1,443	3.55	11.99
1996-97	736(50%)	745(50%)	1,481	3.50	12.09
1997-98	503(40%)	748(60%)	1,251	2.85	10.04
1998-99	669(44%)	867(56%)	1,536	3.37	12.13
1999-00	726(46%)	862(54%)	1,588	3.37	12.36
2000-01	504(37%)	865(63%)	1,369	2.92	10.51
2001-02	479(33%)	963(67%)	1,442	3.04	11.09
2002-03	510(32%)	1075(68%)	1,585	3.06	12.01
2003-04	338(33%)	695(67%)	1,033	1.83	7.71
2004-05	244(16%)	1244(84%)	1,488	2.47	10.95
2005-06	501(32%)	1067(68%)	1,568	2.54	11.38
2006-07	590(36%)	1040(64%)	1,630	2.39	11.66
2007-08	658(32%)	1403(68%)	2,061	2.60	14.53
2008-09	523(30%)	1204(70%)	1,727	1.94	12.01

Source: Bangladesh Economic Review, Ministry of Finance, 2003 and 2009.

Despite these declining trends, foreign assistance in Bangladesh constitutes almost 50% of Bangladesh's development budget or the Annual Development Plan.

It is observed that ODA for education and public administration has registered a sharp rise from 8 to 13% and from 2 to 23% respectively between 1990-00 and 2000-09 (Table 8.5). Total disbursement in MDG sectors like education, health, social welfare, labour and public administration has received increasing attention. These MDG sectors along with agriculture and rural development comprised more than 52% of total ODA outlay. While this higher emphasis on human capital development is important, stagnation in the area of power, for example, constricts economic activity, employment generation and poverty reduction initiatives. The share of ODA to the transport sector too, has declined sharply from 20 to 12%. Reduction in ODA for agriculture is particularly worrying, given the rising population and associated implications for food security. Another negative development is the low implementation rate of the ADP which has adverse connotations for the achievement of the country's development goals.

**Table 7.4: Disbursement of ODA in major sectors**

Sector	Disbursement During 1990-00		Disbursement During 2000-09	
	In Mil USD	% of Total	In Mil USD	% of Total
Agriculture	668.5	6.1	465.7	3.6
Rural Development & Institution	603.3	5.5	476.5	3.7
Water Resources	1260.3	11.6	576.4	4.4
Power	1607.3	14.7	1884.5	14.5
Oil, Gas & Mineral Resources	566.8	5.2	291.9	2.3
Science & Technology	0.6	0.0	0	0.0
Transport	2198.1	20.1	1529	11.8
Communication	215.4	2.0	346.2	2.7
Industries	314.3	2.9	252	1.9
Education & Religion	867.5	8.0	1712.6	13.2
Sports & Culture	0.5	0.0	0.3	0.0
Health, Population & Family Welfare	1119.3	10.3	1270.3	9.8
Social Welfare, Women Affairs & Youth Dev.	32.6	0.3	79.7	0.6
Labour & Manpower	0.7	0.0	2.1	0.0
Public Administration	211.7	1.9	2945.8	22.7
Physical Planning, Water Supply & Housing	810.2	7.4	1124.6	8.7
Mass Media	16.1	0.1	8	0.1
Private	417.6	3.8	4.7	0.0
Total	10910.8		12970.3	

Source: Foreign Aid Budget and Accounts, Economic Review, Finance Division.

Between FY1991 and FY2007 significant reduction of aid fragmentation<sup>3</sup> is observed signifying progress in aligning ODA flows to national development priorities and in implementation of the commitments of the Paris Declaration and the Accra Agenda for Action.<sup>4</sup> To further reduce fragmentation and address other identified challenges for aid and development effectiveness, GoB signed a Joint Cooperation Strategy (JCS) with 18 DPs. The overall objective of the JCS is to improve the way government and DPs work together to make aid more effective in Bangladesh. The JCS is also expected to provide a forum for Government and DPs to hold each other accountable in making progress towards greater aid effectiveness.

The global financial crisis seems to have had a limited impact on ODA, as overall foreign aid flows to Bangladesh in 2008-09 have remained at roughly the 2007-08 level. However, food aid has declined dramatically and fell to \$37.6 million over the July-April (2008-09) period from \$83.3 million during the same period of the preceding year.

**Table 7.5: Trends in FDI (in millions USD)**

YFY	FDI Inflow	FDI Stock	GDP	Stock/GDP (%)
1990-91	3.23878	478	30,957	1.54
1991-92	1.39044	479	31,338	1.53
1992-93	3.72185	483	32,032	1.51
1993-94	14.0499	497	33,852	1.47
1994-95	11.1478	508	37,940	1.34
1995-96	92.3	600	40,728	1.47
1996-97	231.6	832	42,318	1.97
1997-98	575.25	1,407	44,038	3.19
1998-99	576.46	1,833	45,710	4.01
1999-00	309.12	1,891	47,125	4.01
2000-01	578.7	2,162	46,989	4.60
2001-02	354.5	2,202	47,567	4.63
2002-03	328.3	2,451	51,914	4.72
2003-04	350.2	2,876	56,498	5.09
2004-05	460.4	3,098	60,382	5.13
2005-06	845.3	3,538	61,976	5.71
2006-07	792.5	4,188	68,444	6.12
2007-08	666.4	4,399	79,563	5.53
2008-09	1086.3	4,817	89,379	5.39

Source: UNCTAD, FDI Stat.

**FDI:** Over the last decade, the FDI as a proportion of Bangladesh's GDP quadrupled from 1.5% during 1990-91 to 5.4% in 2008-09. During this period, the stock of FDI increased about 10 fold, from US\$478 million to US\$4817 million. This somewhat rapid building of stock, along with the steady growth of FDI inflows, indicates an improved profit and business environment for FDI (Table 8.6). FDI in Bangladesh is typically concentrated in a few sectors. The telecommunication sector received an overwhelming share (43%) of inflows during 2005-08. Other significant recipient sectors include banking, power, gas and petroleum, and textiles and apparel (Bangladesh Bank 2009a).

Despite successful deployment of FDI in the industrial sector, FDI has remained one of the least leveraged avenues for development financing. Lack of political will and stability, and limited interest on the part of bureaucrats have been identified as major hurdles in attracting FDI in these sectors.

### Access to Market

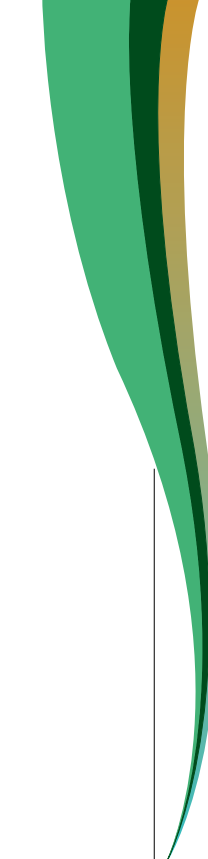
**Goods and Services:** Extensive trade liberalization and duty-free and quota-free access to the EU under the EU EBA initiatives for LDCs<sup>6</sup>, Japan, Canada, etc., helped Bangladesh's exports grow more than 9 times between FY1991 and FY2009. During this period, the share of exports in GDP tripled from a paltry 5.54% to 17.41%. Trade liberalization has also led to a six fold increase in the value of imports between FY1991 and FY2009.

One disconcerting feature that has characterized Bangladesh's impressive export performance is the narrow export basket and export destinations. Between 1990-09, the relative share of woven and knit

**Table 7.6: Share of RMG and Non-RMG Exports in Total Exports (%)**

Year	RMG	Non-RMG
1990-91	50.47	49.53
1991-92	59.31	40.69
1992-93	60.64	39.36
1993-94	61.40	38.60
1994-95	64.17	35.83
1995-96	65.61	34.39
1996-97	67.93	32.07
1997-98	73.28	26.72
1998-99	75.67	24.33
1999-00	75.61	24.39
2000-01	75.14	24.86
2001-02	76.57	23.43
2002-03	75.01	24.99
2003-04	74.79	25.21
2004-05	74.15	25.85
2005-06	75.06	24.94
2006-07	75.80	24.20
2007-08	75.90	24.10
2008-09	79.70	20.30

Source: Export Promotion Bureau (various years).



Ready Made Garments (RMG) in the total export basket grew from 50 to about 80%, while the share of all other sectors declined (Table 8.7).

The narrow export basket consisting predominantly of RMG and minor shares of other exports like raw jute, jute goods, tea, leather and leather products, as well as frozen foods and shrimps can be attributed mainly to two reasons. First, RMG exports from Bangladesh grew so rapidly because of the quota system under the erstwhile MFA and the duty-free access provided by the EU. Second, a number of supply-side constraints, market access problems and weak trade capacity are hindering the expansion of the export-oriented non-RMG sectors.

Bangladesh's export destinations are dominated by just two major markets –North America and the EU. In 2009-10, 52.6% of the country's total exports went to the EU, while another 30.9% were destined for the NAFTA countries.

Notably, DFQF access to the USA, the second largest market for Bangladesh's exports, is limited to selected products and, unlike 34 other countries, does not include Bangladesh's main export item – RMG<sup>28</sup>. As a result, RMG exports from Bangladesh face stiffer competition in the USA market and overall Bangladesh ends up paying more duties than France and the UK although exports from those countries to the USA are respectively 7 and 16 times higher (CPD 2009). This seriously affects Bangladesh's relative competitiveness.

Preferential treatment by the EU GSP scheme has allowed duty-free access of almost all export items of Bangladesh, subject to the fulfillment of the rules-of-origin (ROO) requirements by exporters. While knit RMG exports have been able to meet the specified EU-ROO criteria of two-stage value addition, Bangladesh has been able to take only limited advantage of tariff-free access in the case of woven RMG as the industry is critically dependent on imported fabrics and is unable to fulfill the two stage value addition criterion.

**Migration and Remittances:** Remittances sent by approximately 5.5 million expatriates have been growing at an average rate of 17% since 2001. They reached a record high of approximately \$10.7 billion in FY2009. Remittance inflows are about 11 times higher than the total inflow of FDI and approximately 5 times that of ODA for Bangladesh. Remittances currently comprise approximately 13% of the country's GDP.

Remittances have been a critical source for meeting foreign currency needs and financing trade deficits. They have also contributed directly to improvements in well-being of the families and communities of migrants. Simulations suggest that remittances have positive and significant impacts on household food and housing related expenditure (Raihan 2010).

Several measures, including formulation of the Overseas Employment Policy (2006) and review of existing laws for amendment, strengthening Bangladesh missions and establishing more efficient and transparent channels for remitting money are being established to improve migration and increase the share of remittances transmitted through formal banking channels.

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<sup>28</sup>Under the US GSP scheme a number of Bangladeshi export items receive preferential treatment in terms of reduced or zero tariff rate, but textile and clothing (T&C) products do not qualify for such preferential access.

### Concessional Arrangements like TRIPS

At present, there are about 810 local pharmaceutical production units in Bangladesh with 18,687 brands registered by allopathic companies alone. Additionally, there are as many as 21 companies engaged in locally producing 41 active pharmaceutical ingredients (APIs).

Bangladesh is currently considered to be the best performer among the 49 LDCs with a high-tech pharmaceutical industry. With a predominantly branded generic production base, growing at about 17% annually over the last seven years, it is expected that the market size could grow to US\$12 billion by 2018<sup>29</sup>. Bangladesh also enjoys a significant advantage over neighbouring countries with regard to wage costs, which are estimated to be 20-30% below that of its neighbours.

According to the Export Promotion Bureau, in FY2009 the rate of growth of pharmaceuticals exports was 47.6% in relation to the previous year and stood at US\$46 million. Assuming business as usual, it is projected that Bangladesh will be able to export pharmaceutical products worth US\$52.5 million in FY2010 registering an annual growth of 15%.

With regard to market composition, in FY2008-09 the top three export destinations for Bangladesh's pharmaceutical products (measured in terms of share in total export) were Thailand, Austria and Myanmar. The USA is among the top ten destinations of Bangladeshi drugs. This is especially encouraging given that the US generic drugs market is anticipated to grow at a compound annual growth rate of around 8.8% during 2010-2013 largely due to the emergence of new products as patents of branded drugs expire.

## 8.3 Challenges

### ODA, Debt and FDI

As clearly identified during the recent MDGs needs assessment and costing exercise, Bangladesh needs sizeable resources to achieve the MDGs. Immediate efforts need to be undertaken by DPs to examine the gaps and strengthen support to critical MDG-oriented sectors.

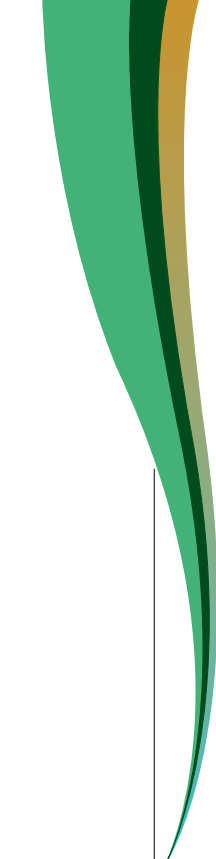
While trends show greater donor support in the form of higher ODA disbursements for the MDGs sectors, investment in scientific research, infrastructure improvement including rural roads, irrigation, fertilizers, seeds and credits for agricultural development should not be neglected.

Slow implementation of the country's ADP, which is the most important vehicle for disbursing ODA, is perhaps the key reason for the consistent under-disbursement of committed aid. Prolonged under-disbursement of committed aid has rendered aid flows unreliable, potentially derailing planned development spending.

Improving aid management for effective development results is also important if the MDGs are to be achieved. The government is striving to promote better aid management through the establishment of joint monitoring indicators, addressing weaknesses of the public financial management system and effective and transparent planning and results monitoring systems. In addition, the scope and level of participation of civil society and social organizations in the planning of projects and disbursements of aid needs to be broadened.

<sup>29</sup>Asian Tigers Capital Weekly Update, 18 January 2009





Bangladesh, as the country most vulnerable to the global menace of climate change, needs to get urgent support from the US\$10 billion initial fund pledged by world leaders at the Copenhagen Climate Summit. Bangladesh expects to receive a 15% share of the fund to address the additional challenges that climate change poses to the MDGs gains of Bangladesh. Notably, Bangladesh has already created a climate trust fund with its own resources to deal with six designated areas marked under the Bangladesh Climate Change Strategy and Action Plan. To manage funds, the cabinet has already approved the draft Climate Change Trust Fund Act 2010.

The strategic actions for enhancing FDI that are outlined in the draft Perspective Plan (2010-2021) need to be implemented without delay<sup>30</sup>. The actions include improvement of general governance structures to reduce costs of doing business so as to stimulate foreign investment and encourage regional investment in emerging and potentially high return sectors (e.g. software development and information technology from India and electronics from China), establishment of Special Economic Zones along international borders, encouragement of joint ventures with Non-Resident Bangladeshis, etc.

Operationalising the PPP initiative as an important modality for achieving the MDGs needs immediate attention and finalizing the policy and legal framework for PPPs should be accorded immediate priority. The potential of FDI too, has as yet remained under exploited. For this, it is important that a national competitiveness study to identify competitive areas of investment and develop a positive image (brand) of Bangladesh be carried out. Support to the respective institutions that promote good governance will also play a critical role in this regard.

### **Access to Market**

**Exports:** While Bangladesh's double-digit growth rates over the past few years demonstrated commendable resilience during the global economic crisis, lagged responses have started to be felt. In this context, there is no denying that there is a need for further liberalization and removal of the anti-export bias.

However, across the board tariff reduction may not be desirable in the short to medium run because of revenue concerns. Trade policy should encompass factors that affect not just trade, but also investment practices. It is now time that Bangladesh adopt a policy regime that provides effective support to the growth of small and informal sector activities with significant poverty alleviation effects. Specially, development of the capacity of MSMEs to take full advantage of global trade can prove critical in ensuring an inclusive trade regime.

Market diversification to reach out to new markets including that of Japan has been identified as a critical need. Enhanced market access for LDCs in developed countries in terms of DFQF provisions will generate large welfare gains. Bangladesh, being a member of the LDC group at the WTO, has been lobbying for DFQF access, especially to the US market.

Stimulating South-South trade too, remains a constraint for the country. DFQF access provided by developing countries can prove to be a useful entry point for Bangladesh in promoting South-South trade. Moreover, export diversification is critical for such expansion, as is technical assistance for sustainable diversification of the export basket.

<sup>30</sup>. Bangladesh Planning Commission, [http://www.plancomm.gov.bd/Final\\_Draft\\_OPP\\_2010-2021.pdf](http://www.plancomm.gov.bd/Final_Draft_OPP_2010-2021.pdf)



While negotiations at the Doha Development Round stall, Bangladesh must continue to pursue bilateral and regional FTAs to maximize its export potential. A comprehensive and time-bound trade strategy which captures Bangladesh's dynamic comparative advantages and outlines its transformation from a low skilled, low-value added economy to a moderately skilled and medium-value added economy is needed. Integrating trade and industrial policies of Bangladesh is yet another priority for Bangladesh to alleviate supply side constraints.

**Migration and Remittances:** Bangladesh needs to form strategic alliances with other LDCs in order to present a unified and strong position in the WTO negotiations in the area of services, especially with respect to mode 4, as she has a large endowment of less and semi-skilled labour which can repatriate significant remittances.

Lack of access to timely information and services on legal migration and difficulties in implementing migration related policies and legislation are key challenges that negatively impact regular migration. Migrant rights are violated by exploitative recruitment practices and abuses, high migration fees, sending to other destination countries/jobs than expected or being forced into irregular migration channels such as human trafficking networks, etc.

#### **Concessional arrangements like TRIPS**

Dependency on imported APIs, insufficient capacity for testing, quality assurance, research and development, as well as limited ability and opportunities to foster trade and investment relationships (both North-South and South-South) have prevented Bangladesh from using the flexibilities of the Doha Declaration on Trade Related Intellectual Property Rights and Public Health to realize the tremendous potential of its pharmaceutical industry.

## 8.4 Way Forward

#### **ODA, Debt and FDI**

Given Bangladesh's LDC status, the urgency of meeting the MDGs, and an improvement in the aid effectiveness environment, assistance is needed to strengthen current initiatives to facilitate donor coordination and aid effectiveness.

To address the issue of prolonged under-disbursement of committed aid DPs, in collaboration with the government, need to focus on enhancing the effectiveness of the government especially to (i) simplify the project formulation and procurement and approval process, as well as develop relevant skills; (ii) enhance the capacity of implementing agencies; and (iii) establish proper monitoring of the agencies implementing the ADP.

Support to the formulation of a National Aid Policy and the JCS needs to continue for the smooth and quick establishment of the JCS mechanism including its action plan and monitoring and evaluation arrangements.

A multi-agency national competitiveness study is needed to identify competitive areas of investment and measures to develop a positive image (brand) of Bangladesh.



### **Access to Market**

Capacity for trade negotiations and trade-related dispute resolution needs to be developed and strengthened. Studies to identify required policy reforms that ensure poor and marginalized communities benefit from globalization, and the contextualizing of related global best practices for Bangladesh, are critical prerequisites for an improved pro-poor trade regime.

Increasing and improving aid for trade to help tackle supply side constraints and direct ODA support to build the domestic resource pool for innovative financing are critical.

Capacity of Bangladesh missions abroad to conduct market research and provide trade facilitation services needs to be reviewed and developed.

Policy support for South-South cooperation that will expand South-South trade and cooperation can play an important role in making international trade a tool for achievement of the MDGs.

To foster positive negotiations under mode 4 market access, Bangladesh and other LDCs should focus on issues like inclusion of the less skilled under contractual service suppliers under a new sub-category; addressing definitional and classification issues; and non-uniform enforcement issues to develop a revised model schedule for the incorporation of lower skill categories of service providers.

To ensure that migration does translate into benefits for the families and larger communities of migrants as well as the local economy, the following policies should be pursued. These include encouraging remittance inflows through formal and semi-formal channels by provision of low cost and reliable financial services; enhancing knowledge, awareness and use among migrants and their families of these financial services; and promoting better investment opportunities for sustainable and productive use of remittance incomes through investment opportunity development, microenterprise development and enterprise development support.

Some of the immediate priorities to promote legal migration and remittances include activating national and regional platforms to coordinate and exchange views, information and strategy on various aspects of migration; setting up of an inter-ministerial and parliamentary standing body to deal with migration issues and establishing stronger labour market monitoring of current and potential countries of destination are also priorities. Formulation of a migration policy and legal reforms too should be prioritized. Moreover, it would be important to have a strong market research facility to support the expansion of overseas employment to different destinations as well as different trades. Massive and long term awareness raising public service campaign on safe migration through state owned and private media targeting migrant prone communities and geographic areas is required, to promote regular migration and stem irregular migration. Promoting the potential of Bangladeshi workers through 'Migration Faris', audio visual materials and leaflets, brochures etc. could also be undertaken.

GoB should expedite the process of ratifying the International Convention on the Rights of Migrant Workers and Members of their Families to ensure safe migration for Bangladeshi workers. Moreover, there is need to strengthen relationship and 'migration diplomacy' with destination countries.

Support towards the development of vocational skills among prospective migrants including standardizing language courses and technical training for overseas workers according to international standards, and adopting stringent certification and monitoring mechanisms to upgrade the level and credibility of skills' training is needed. Similarly, rehabilitation and retooling of returnee migrant workers is required.

### **Concessional Arrangements like TRIPS**

An immediate priority is promoting production of APIs – through expediting the completion of the API Industrial Park – that will reduce the costs of and dependency on API imports, while keeping the prices of essential drugs within reach of consumers, even during the compulsory patent regime.

South-South cooperation is considered as a useful tool towards capacity building in developing and LDCs. In this context, Bangladesh should explore the possibility of knowledge and technology transfer from neighbouring countries like India and China, while at the same time target additional LDC markets (that are more price sensitive than other markets) to expand its export reach.

So far only a handful of local companies in Bangladesh have been able to invest in research and development. With the time for leveraging the concession running out, Bangladesh needs to find ways to promote R&D investment in this sector. To remove the bottlenecks to investment and trade partnerships in the pharmaceutical sector, comprehensive initiatives that boost the overall image of the country's pharmaceutical sector should be undertaken. These include strengthening the enforcement power of the DDA, providing stringent legal measures against production and marketing of low quality counterfeit drugs, entering into bilateral agreements with potential importing countries, organising international fairs to raise awareness of overseas buyers and engaging lobbyists to represent Bangladeshi exports to overseas pharmaceutical companies.



# Chapter 4

**Conclusion**



## Conclusion

Bangladesh has been making earnest efforts to achieve all the MDGs by 2015 as committed. As the key challenges standing in the way of achieving the goals vary across the goals. Consequently, different levels of progress have been achieved in different goals: (i) some goals have been achieved or nearly achieved; (ii) progress is on track in case of some goals; they can be achieved with present level of efforts; and iii) some goals can be achieved with enhanced effort. Understanding that any complacency may lead to retrogression the government will continue to undertake measures and address the key challenges to achieve the goals.

Government interventions can be divided into several broad categories in terms of their impact on goals achievement:

1. Some of the interventions which have proven positive impact will be continued in their present form, e.g. girls stipend at the primary and secondary levels for achieving gender equity in education.
2. Some of the interventions have positive impact but there is scope for enhancing their impact through reforms, e.g., 100 day employment guarantee scheme for employment generation for the poor can be improved through better targeting.
3. In some cases new interventions are needed to accelerate the rate of progress toward the goals.

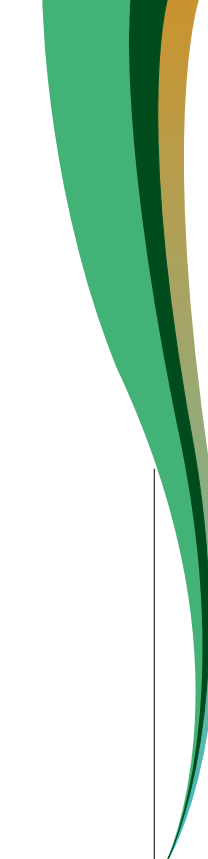
The specific interventions needed for achieving each goal need not be repeated here. However, some crosscutting issues need to be emphasized even with risk of repetition.

**Improving Governance:** The policy framework and the programmes and projects required for achieving the MDGs need to be implemented. Weak capacity of government and corruption undermine all efforts for attainment of MDGs. The government has continued to undertake a range of measures to improve governance and combat corruption. They include, among others, reforming and strengthening public services, reforming legal and judicial system, promoting e-governance and improving project implementation capacity. These will improve the quality of implementation and enhance progress towards MDGs.

Greater participation of civil society (NGOs, CBOs, self help groups, vulnerable groups, etc.) in programme planning/implementation and oversight can potentially enhance more efficient and equitable decision.

**Monitoring and Evaluation:** Government has to strengthen its monitoring and evaluation system. Presently IMED undertakes monitoring of mainly financial progress of programmes/projects. It has to be supplemented by monitoring and evaluation of inputs, outputs, outcomes and impacts of programmes/projects to track movement towards goals.

**Information/data management:** Data on many of the targets and indicators are either weak or absent. This leads to programme design without critical information with weak information and makes monitoring and evaluation very difficult. The capacity of the national statistical system and the ministries in generating and reporting necessary data in understandable forms should be



strengthened. Similarly, setting-up the centralized database that enables to compile all information and records collected by different stakeholders should be given due priority.

**Demand Generation for Quality Services:** Part of the reasons for poor quality of various services provided by government agencies which makes attainment of MDGs difficult is lack of demand for quality services. It is important that people learn to demand for better services. This can be achieved through mobilization and awareness creation of users at the community level by NGOs and CSOs.

**Official External Resources:** Given Bangladesh's LDC status and the urgency of attaining the MDGs, Bangladesh will need to strengthen current initiatives for donor coordination and aid effectiveness. The government will seek increasing amount of official external resources to facilitate attainment of MDGs.

To address the issue of prolonged under-disbursement of committed aid the government, in collaboration with DPs, needs to focus on enhancing the effectiveness of the government especially to (i) simplify the project formulation and procurement and approval process, as well as develop relevant skills; (ii) enhance the capacity of implementing agencies; and (iii) establish proper monitoring of the agencies implementing the ADP.

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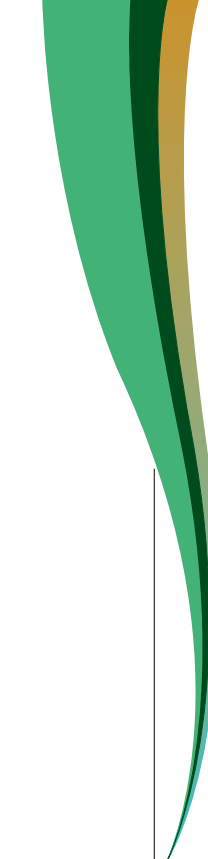


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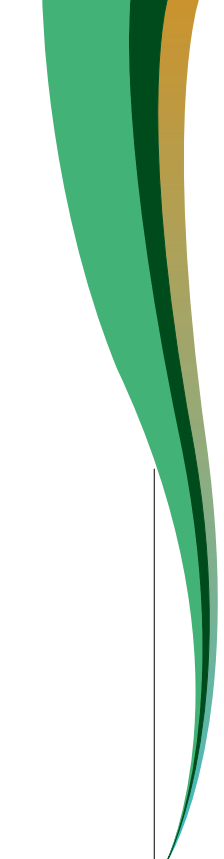
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