

**National Policy Dialogues
on
Population Dynamics, Demographic Dividend
Ageing Population & Capacity Building of GED**

UNFPA supported GED Project Output-1



**General Economics Division
Planning Commission
Government of the People's Republic of Bangladesh
December 2013**

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Ageing population and Capacity Building of GED

(UNFPA supported GED Project Output-1)

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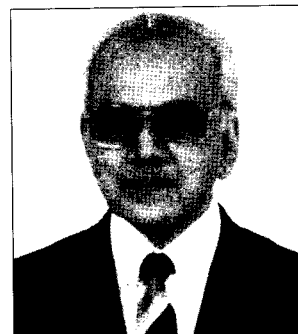
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Air Vice Marshal (Rtd.) A K Khandker

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



Message

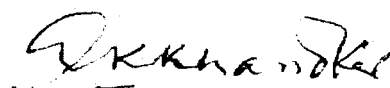
I am happy to learn that the General Economics Division (GED) of Bangladesh Planning Commission has organized an Inception Workshop on '*Integrating Population Issues into Development Plans*' and a Policy Dialogue on '*Transition to Demographic Dividend: Deciding Future Development Strategies*'. The main objective of the workshop/policy dialogue was to discuss how, in Bangladesh, the current population dynamics are affecting human development particularly in light of the post Millennium Development Goals (MDGs) and the Sixth Five Year Plan of the Government of Bangladesh's. The population strategy adopted in the Sixth Five Year Plan (FY2011-15) rightly emphasized girl's education, female re-productive health care, and family planning service delivery based on public-private partnership, and social mobilization. Population as number one problem need to be re-emphasized and it is imperative to update appropriate multi-sectoral programs to address the population dynamics issues for development. GED in 2013 organized four policy dialogues on important policy issues relating to population growth dynamics and this report has contained all the four key papers presented in the dialogues. This document thus, has been formulated to help guide the country to face the challenge of population growth dynamics to achieve the goal of attaining maximum from our human resources.

Recognizing the significance of the population problem, the document highlights the need for population planning to maintain a balance between population, development and environment. The document enabled to see the current situation critically, identify the gaps in the existing policies and the problems in implementation of the plans/programs. This has been prioritized as slowing the growth of population will contribute to the health of the environment and efforts to increase the standards of living not just for present generation, but also for the future generation.

The strategy document has been prepared through extensive consultation with ministries, development partners, academia, researchers, civil societies, think tanks and NGOs. I thank all of them for their active participation in the process of formulation of a population management strategy. I especially thank Ministry of Health and Family Welfare for their valuable cooperation and contribution in the dialogues.

I praise GED officials for providing their efforts in preparing this report which will be beneficial for the policy makers, researchers, academia, planners and development partners dealing with the Population and Development issues. It is worth mentioning that GED has also prepared the Sixth Five Year Plan and the first Perspective Plan in recent past. Their efforts are therefore worth lauding and commendable. I also appreciate the UNFPA for providing necessary support through the "*Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans*" Project. I would also like to offer thanks to various Ministries/Divisions/Agencies for supplying inputs/data for preparation of the keynote papers.

Finally, I sincerely hope that all the Ministries and our development partners will consult this document while developing their future development programmes; particularly relating to management of human resources.



Air Vice Marshal (Rtd.) A K Khandker, M.P

Preface

This compilation has been prepared to accommodate various views of the relevant stakeholders on various issues of population dynamics and its link to the development of Bangladesh as summarized in dialogue recommendations. The four informative and analytical policy papers are most valuable inputs in this report. The overall objective of the Inception Workshop/Policy Dialogue was to exchange knowledge and views among various stakeholders in Bangladesh in integrating population issues as to help reflect in development plans of Bangladesh. The workshop/policy dialogues provided a forum for different relevant stakeholders to examine the increasingly important role of population dynamics in the context of sustainable development challenges of Bangladesh as has been reflected in the keynote papers. The report has been prepared based also on the inputs received from the different Ministries/Divisions who are implementing various programmes/projects.

Focusing economic growth and employment, substantial attention needs to be given to the continuously growing size of population as well as changing demographic and socio-economic structure and dynamics. In spite of past progress with the reduction of total fertility and population growth rates, Bangladesh is still amongst the most densely populated countries in the world and facing strong population pressure in relation to physical and economic resources available.

Bangladesh is currently experiencing 'demographic transition' as a result of slower population growth. The Sixth Five Year Plan seeks to address these by developing and implementing a well thought out education and training strategy and associated policies and institutions. The current youth 'bulge' in the population structure of Bangladesh offered a one-time demographic window of economic opportunity. With appropriate investments, policies and governance, Bangladesh would take this advantage to launch economic, social, cultural, and structural transformation for which accelerated growth is a necessity.

Planning Commission has a key role in development planning and public expenditure management. The present Government has adopted the Vision 2021, in recognition of the long term development challenges of the country. Utilizing the potential strength of the economy to achieve a status of middle income country by 2021, a Perspective Plan 2011-2021 has recently been approved. The Vision of 2021 will be attained through two medium term development plans i.e. 6th and 7th Five Year Plans. It is to be noted that the goals and targets of MDGs are the part and parcel of this plan document. Lowering the rate of growth of the population is a major challenge for Bangladesh during the Sixth Five Year Plan. In order to take advantage of the demographic dividend, the Sixth Five Year Plan addressed challenges in labour force quality due to low access and quality of education particularly among women by developing and implementing a well thought out human development, education and training strategy and associated policies and institutions.

The Multi Sectoral Issues Wing of General Economics Division carried out the task under close guidance of the Member, GED. In light of the GED's mandate, *'Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans'* project which is designed to integrate population issues and gender concerns into national plans and policies and that increasing in-house capacity for utilizing research and key findings for

policy analysis on critical population and development issues is also aimed to brought to notice among higher level government officials and personnel working within the Planning Commission.

I am thankful to Key Note Presenters Prof. Dr. Ahmed Neaz, Adviser, MPH Programme, American International University, Bangladesh, Mr. AKM Zafar Ullah Khan, Advisor, Population Council and Professor Bazlul H. Khondker for providing us with very informative and analytical paper. I am grateful to all participants of dialogues for giving their valuable time to share their wisdom with GED. We, the GED staff are thankful to our honorable Minister of Planning, Air Vice Marshal (Rtd) A. K Khandaker M.P who took deep interest in Population and Development issue and provided policy guidance to preparation of this compilation.

I hope that this report will provide valuable information and analysis on the Population and Development issues in Bangladesh to researchers, planners, academicians, development activists and all stakeholders of the Bangladesh Government.

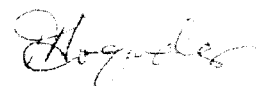


Prof. Shamsul Alam, Ph.D
Member
General Economics Division
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The compilation of reports prepared by General Economics Division (GED), Planning Commission, Government of Bangladesh, reflecting result of the Inception Workshop on '*Integrating Population Issues into Development Plans*', the Policy Dialogue on '*Transition to Demographic Dividend: Deciding Future Development Strategies*' and capacity assessment of GED organized by General Economics Division (GED) to *Integrate Population Issues into Development Plans*".

I am specially thankful to Keynote Presenters Prof. Dr. Ahmed Neaz, Adviser, MPH Programme, American International University Bangladesh and Mr. AKM Zafar Ullah Khan, Advisor, Population Council. I am also thankful to Discussants Dr. Rafiqul Huda Chowdhury, Honorary Coordinator and Advisor, East West University and Mr. Mohammad Bellal Hossain, Chairman, Department of Population Sciences, University of Dhaka for their analytical thoughts on these issues. The GED acknowledges the contribution of all the officials of the relevant Ministries/Divisions for attending the workshop/policy Dialogue and providing valuable inputs in discussions. The Multi Sectoral Issues Wing of General Economics Division carried out the task under close guidance of the Member, GED and Mr. Md. Zobih Ullah, Division Chief. I must express my thanks and gratitude to them. I also appreciate the UNFPA for providing necessary support in implementation of the Project titled "*Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans*"



Nurul Hoque Mazumder
Joint Chief and Project Director

1. Population Dynamics and Development Challenges in Bangladesh

Professor Ahmad A N Neaz¹

1. The Purpose of this Study

The objective of this paper is to identify how, in Bangladesh, the current population dynamics are affecting human development particularly in light of the post Millennium Development Goals (MDGs) and the Government of Bangladesh's Sixth Five Year Plan. This policy dialogue with the key stakeholders will be helpful to identify the depth and dimension, strength and weakness of the past and current policies and program strategies. The dialogue is expected to enable the participants to see the current situation critically, identify the gaps in the existing policies and the problems in the implementation of the program. The paper deals with the relevant theories, policies and implementation status of the programs.

This paper is expected to generate discussions, suggestions and hopefully provide direction for the future policies and programs. Ultimately, the important issues, suggestions and findings which may have policies and program implications will be incorporated in the future courses of action. This will help to effectively cope with the challenge of population dynamics and the most effective way to achieve human development in Bangladesh and hopefully, contribute in shaping and reshaping future course of action in the national program. An effort will be made in this paper particularly to incorporate the population and development issues and synthesize both in order to generate interests for the diverse group of multidisciplinary experts who are the experts in policy formulation and program implementation.

2. Theoretical spectrum: two schools of thought

In spite of a greater awareness about the danger of population explosion, critical policy issues regarding its solution remained stuck under skepticism dominated by the pessimistic idea that very little could be done without changes in the socio-economic structure of a society. But today, when history, be it social, political, economic or demographic, is moving at an unprecedented pace, new questions and new interests require us to undertake a new search for a new answer. Old theories and experiences cannot be taken as a corollary due to this unprecedented pace of change taking place in the contemporary world.

The theoretical foundations of main stream research on the determinants of population dynamics have been developed by two different schools of thoughts. One stream known as 'Demand School'- the proponents of this school believe that there is a lack of demand for fertility reduction and very little could be done in the creation of demand for fertility reduction without changes in the socio-economic structure of a society (Paul Demeny 1975, McNicoll 1978 and Mead Cain 1981, Population and Development Review). That contention seems to be in line with the idea of 'Demographic Transition Theory (Notestion 1943, 1945, Davis 1956) In fact the history of fertility transition in Europe and various strands of knowledge that have accumulated, to a great extent coincided with changes in socio-economic structures resulting from industrialization, urbanization (UK), a rise in the standard of living (Sweden) and so on.

Further theoretical development in the form of "Micro-Economic Theory of Consumers Choice" (Priorities Statement, 1981) based on a cost benefit analysis of family income and child rearing expenses

¹ The paper was presented at the Inception Workshop of the project titled 'Strengthening Capacity of the General Economics Division (GED) to integrate population issues into development plans' held on 23 March 2013 at the NEC conference Room organized by GED, Planning Commission (views expressed are author's alone).

and “Risk Hypothesis” where children particularly male children, are considered an insurance for poor parents in the event of a subsistence crisis triggered by sharp price fluctuations, theft or forcible expropriation of land and other assets (Cain 1981, 1981a, Cain and Lieberman 1982). The exponents of the ‘Demand School’ still hold the view that resistance to change lies consequently at the socio-economic and cultural levels (ESCAP Secretariat, 1987, Caldwell, 1998). Under such circumstances, policy interventions which emphasize service delivery only are not likely to attain expected results. Proponents of the ‘Demand School’ prescribe interventions which could bring socio-economic (Singapore, South Korea) or economic development in terms of higher per capita income (Brazil) or social development in terms of higher literacy particularly among women, their empowerment, employment and low infant and child mortality (Sri Lanka, Kerala) for the creation of demand for fertility reduction.

In contrast, the exponents of ‘Supply School’ hold the view that the fertility reduction is possible even without socio-economic development with a view that there is a latent demand for fertility reduction and that demand could be crystallized with appropriate supply side interventions (Phillips, et al. 1988, Bongaarts 1989). Proponents of ‘Supply School’ maintain that an effective family planning program itself may influence reproductive aspirations and create a demand for fertility reduction (Cleland 1994).

One should not overlook the fact that both ‘Demand’ and ‘Supply’ variables play a role in the process of fertility reduction and because of this same degree of rigor should be accorded to research and practice on the sociology of both ‘Demand’ and ‘Supply’. The formidable task however is to blend demand and supply aspects in right proportions as a means of transition from a ‘natural fertility’ to one of ‘wanted fertility’ in order to achieve desired fertility. (A Neaz 1992, 1994, 2005). In Bangladesh both supply and demand interventions have been considered in the national programs to address population issues.

2.1 Population and Development

Population and development issues are inextricably mingled and have profound reinforcing effect with each other. Although it has been widely recognized and frequently cited, very few efforts have been made to synthesize the two and theorize the concept of population and development. Malthus (1778) was the first to identify the danger of population explosion and its inhibiting effect in achieving and sustaining development efforts. One of his assumptions was that “Whenever human beings obtain more than mere subsistence, their numbers go up until everybody is back at the level of near subsistence”, proved to be inaccurate in the context of developed and many developing countries, where fertility transition have taken place. Contrary to the contention of Malthus it is in fact at the level of prosperity rather than subsistence where population growth stabilizes. However, such an assumption generated debate across the wide range of experts about the role of population growth and its implications on development.

Keynes J M (1935) identified population growth as a stimulating factor for rapid economic growth through creation of “effective demand” Lewis W A (1954) also considered high population growth as an essential factor for industrialization through the supply of labor at a cheaper rate generating capitalist surplus. During the Eighteenth and Nineteenth centuries rapid population growth was contributed to a steady economic growth as hold by Keynes and Lewis.

The international migration from Europe to North America, Australia and New Zealand in the nineteenth and early twentieth century’s was a major factor in moderating the problem of population in European countries. Moreover, colonization, favorable trades and wider market access contributed to their development. Ultimately rapid industrialization, urbanization, a rise in income and standard of living, literacy rate and democratic practices among others created a condition of prosperity, empowerment, mobility, aspiration and security for a majority of their population which ultimately contributed to the stabilization of the population in the developed World. The contention of Keynes and Lewis about the stimulating role of population growth on development proved to be less applicable in the case of many

developing nations. In fact, higher population growth may not ensure higher effective demand in the absence of higher income, investment and employment for expanding population and it may turn into liability and degrading factor as predicted by Malthus,

2.2. Paradigm shift following ICPD and MDGs

The International Conference on Population and Development, (ICPD, Cairo 1994) formulated a growing international consensus about the mutually reinforcing effects on population and development. Its emphasis on reproductive health and centrality of women in development was re-affirmed by the World Summit for Social Development in Copenhagen and the Fourth World Conference on Women (FWCW) in 1995. All these international conferences have proved to be important milestones on the way to formulate the historic UN Millennium Development Declaration and the Millennium Development Goals (MDGs).

Recognizing the world development problems, at the UN Millennium Summit in September 2000, as many as 189 countries signed a set of Millennium Development Goals. These eight goals, with eighteen targets and forty-eight indicators, are to be achieved by 2015 or earlier, outlining the progress from 1990. The stipulated timeframe of ICPD and MGDs are going to be over by the year 2014 and 2015 respectively. Bangladesh is firmly committed to implement the ICPD (PoA) and MDGs within the stipulated time frame. Despite well-articulated commitments by the Government, comprehensive achievement of ICPD and MGDs has been a formidable task. Bangladesh has made substantial progress and achievements by providing various actions and measures to implement different aspects of the ICPD (PoA) and MDGs.

The impetus for present endeavor has emerged from the realization that it would be useful to policy making with regard to differential allocation of scarce resources and direction of efforts in Bangladesh. When the resistance to change lies in the demand dimension at structural levels, a policy intervention with an emphasis on service delivery only is not likely to bring about an appreciable shift in the performance and will lead to a wastage of resources and time. On the other hand, there could be an unfulfilled need due to lack of effective service delivery which may prevent couples from translating their desires into practice. Perfect blending of demand and supply factors in right proportions will be helpful in ensuring the best use of resources and time for population management in Bangladesh (Neaz, 2005).

3. Background of Bangladesh program

Against the backdrop of the experience of developing nations and theoretical controversies reviewed in the previous section, we would look into the Bangladesh family planning program. It has emerged through a series of development phases that took place over nearly 40 years in pursuit of a favorable balance between the country's human and natural resources. The task could be termed a challenge to contemporary conventional wisdom since nowhere in the world has desired fertility reduction been achieved with high illiteracy, high incidence of infant and child mortality, seclusion of women with no empowerment, endemic poverty, religiosity with rigid culture and almost stagnating socio-economic development as in Bangladesh. That being so, the Bangladesh population control program could be considered a test case and needed to be examined carefully to see how effectively the challenge has been faced.

3.1. Policies and programs

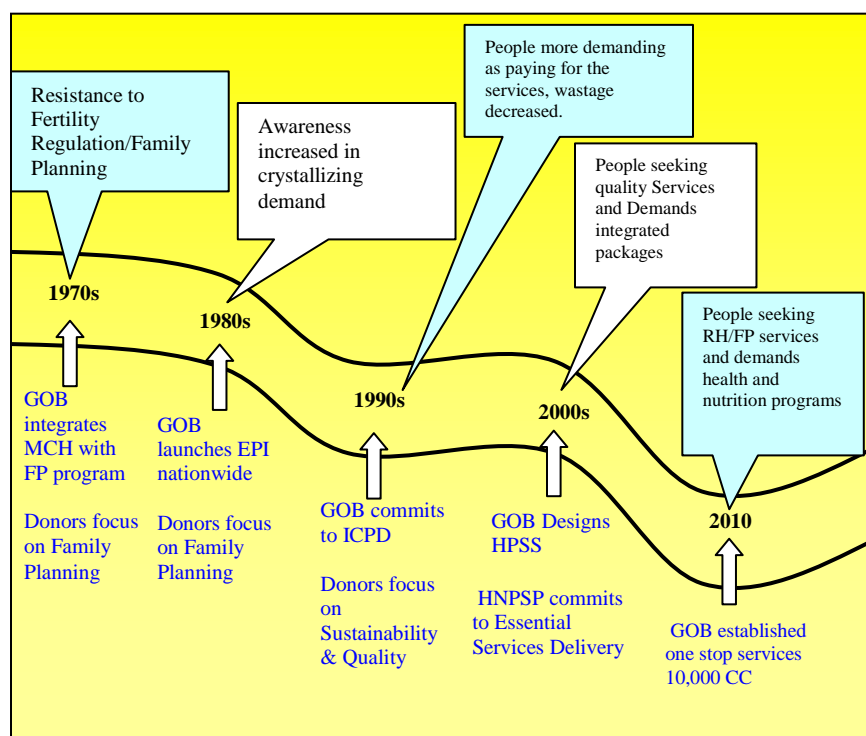
Over the period of time Bangladesh has taken many policies and programs in order to accomplish well defined goals and objectives. Adoption of the National Population Policy and strengthening MCH/FP program during 1970s, recruitment of additional 10,000 Family Welfare Assistants (FWAs) to increase frequency of contacts at domiciliary level services during 1980s contributed in strengthening the program. Bangladesh received the United Nations Population award in 1987. Following ICPD there was a paradigm

shift from lone FP to an integrated RH/FP, Gender, poverty, and Sustainable development issues. As a follow-up action, Government of Bangladesh (GOB) constituted a National Committee for the implementation of ICPD Program of Action (PoA) and accordingly national policies have been redesigned. The HIV/AIDS/STD Strategy was formulated in 1996. In 1998 the national program evolved from a project based approach to a sector-wide approach (SWAp) with the Health and Population Sector Program (HPSP-1998-2003). The 'Health, Nutrition and Population Sector Program (HNPS-2003-2011) has brought nutrition, HIV/AIDS and urban health under the same broad sector program. The National Health Policy was finalized in 2011.

MCH/FP Services Provided by DGFP

- 23,500 Family Welfare Assistants (FWAs) are providing door-to door services in the community.
- 30,000 satellite clinics provide services in each month.
- About 10,000 community clinics have been started/operational.
- Services are being provided through 3,622 Union Health and Family welfare Centers, of which 1,500 have been improved.
- MCH-FP unit are operating in 417 Upazila Health Complex.
- Out of 98 MCH centers, EOC is operating in 70 centers.
- 13 Medical College Hospitals have FP model clinics.
- Mohammadpur Fertility Services and Training Centre (MFSTC) will start providing maternal and child health care with 100 beds.
- Azimpur Mother and Child Health Training Institute provides special services with its 173 bed hospital

Figure-3.1. Social inhibition to enabling environment



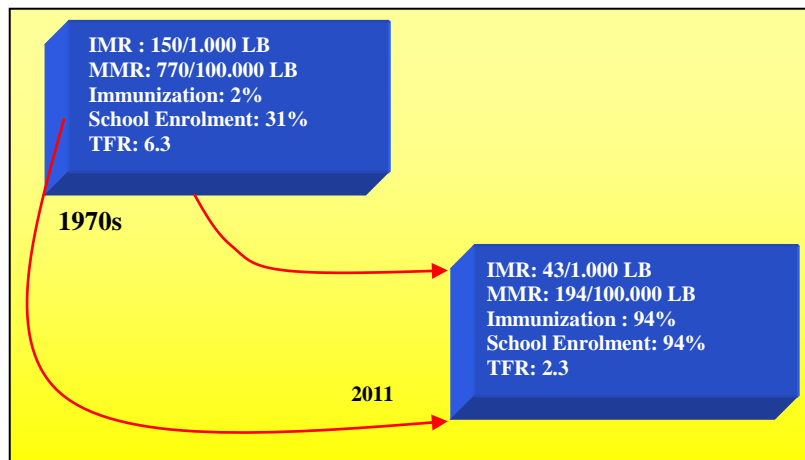
The National Maternal Health Strategy was finalized in 2001. The Directorate General of Family Planning (DGFP) established one stop grassroots level service delivery mechanism in order to provide services accessible to all at static point. Figure 3.1 presents the different phases and turning points of the program. Under the Sixth Five Year Plan HPNSDP, which is one of the biggest program Bangladesh has ever implemented is under implementation. (2011-16)

The current strategic vision embraces an approach that highlights the need for a progressive realization of rights in the shortest possible time. Poverty reduction and acceleration of the pace of social development have been made the overarching strategic goals under the Sixth Five Year Plan in Bangladesh

3.2 Achievements in the MCH/FP sector

In spite of adverse socio-economic environment, commendable success in RH/FP has been achieved over the period of four decades in Bangladesh depicted in figure.3.1 and 3.2. The Total Fertility Rate (TFR) declined from 6.3 in 1970s to 2.3 in 2011. Infant Mortality Rate (IMR) came down from 150 in 1975 to 43 per thousand live births in 2011. In conformity with IMR, immunization coverage also peaked up to 94 percent from as low as only two percent in 1970s. The country is expecting polio-free status by now. (WHO,2007) while the under five-mortality rate declined from around 133 deaths per 1,000 live births in 1990 to only 53 in 2011 (BDHS, 2011). Life expectancy at birth rose from 45 years in the mid 1970s to 68.7 years in 2011 (BBS, 2011). Maternal Mortality Ratio (MMR) also declined from 770 per 100,000 live births to about 194 in 2010 (MMS-2010). During the same time population growth rate declined from 3.5 to 1.33 percent per annum in 2011. In addition to the success in the health sector remarkable achievement has also been made in the education sector too.

Figure-3.2 Success stories under challenging environment



3.3 Achievements in other development sectors

Progress has also been made in improving Bangladesh's Human Development Index. Between 1990 and 2011, the index increased by 35%, with marked improvement in life expectancy, adult literacy, gross primary school enrolment ratio, nutritional status and declining infant mortality rates (table-3.2). Primary school enrolment increased from 31 percent during 1970s to about 94 percent in 2011. The adult literacy rate was only 35 percent in 1990, which has increased considerably to about 82 percent for female and 68 percent for male in 2011. Universal access to primary education increased to 77 percent for girls and 75 percent for boys (BDHS 2011). These improvements have placed Bangladesh among the medium-ranking

HDI countries. Bangladesh ranks 146th in the Human Development Index (HDI) as presented in the HDR of 2011 (UNDP) with a HDI value of 0.678 against 0.483 in 1990. These results have been achieved by a stable macroeconomic environment leading to a sustained economic growth. Access to micro credit activities targeted at the grassroots level and to expand the coverage of essential services to the

Table-3.1. Socio Economic Indicators of Selected South Asian Countries, 2011

Indicators	Bangladesh	Pakistan	India	Myanmar	Sri Lanka
Population in million 2011	150	170	1,155	48	20
Population growth rate	1.3	1.8	1.4	1.1	0.5
Population density/.Km	1,000	204	373	78	306
Life expectancy	68(M), 70(F)	64(M), 65(F)	63(M),64(F)	58(M) 64 F	72 (M), 77(F)
GDP per capita (\$)	846	1,000	1,220	-	1,990
GDP Growth in %	6.3	5.1	7.7	3.9	6.6
Population below 1 \$	33.5	22.2	27.5	30.0	15.2
Prevalence of child Mal	39.2 (68, 90)	31.3 (38,90)	43.5 (53,90)	29.6	38.4 (33,90)
Literacy: Primary Com.	76	63	86	95	97
Literacy: Gender Parity	103	75	89	56	102
Mat.Mortality100,000 LB	194	320	240	-	92
Under 5 mortality Rate	53(133/1990)	121/135	78/90	137/118	16
% of birth with skilled attendants	32	31	47	68	96

Sources: World Development Report 2010, WB, BDHS-2011, MDGs Needs Assessment, Planning Commission 2009 State of World Population 2011 & MOF 2012.

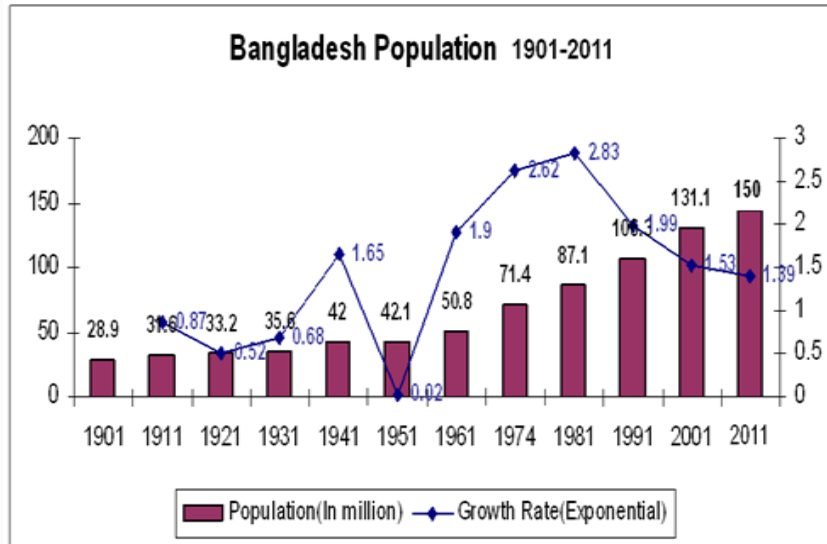
disadvantaged sections contributed substantially to achieve the results. The per capita GDP at current prices increased from US \$ 217 in 1991 to about US \$ 848 in 2011-12 (MOF 2012). Industry has emerged as the largest sector of the economy, contributing about 30 % to the GDP. The GDP exhibited a robust growth rate of 6.5 percent in fiscal year (FY) 2011-12 compared with 6.1 percent in FY 2009-2010. During 1970s and 1980s socio-economic development had been to a great extent stabilized due to high population growth. During early 1990s Bangladesh experienced a dramatic fertility reduction. Both supply and demand factors contributed to this success. The commitment from the top of the government, frequent worker client contacts with substantial messages of FP at domiciliary level backed by self supervised guide, broadening the choice of contraception with clinical and nonclinical methods, introduction of maternal child health community based FP program, coordination between public, private and NGOs and support from the partner agencies contributed to this success. On the other hand, access to media, electricity, microcredit and female literacy which created mobility, empowerment and aspiration of women crystallized the demand for small family norm predicted by demand school (Caldwell 1994).

Again, weak supervision and infrequent worker client contact and less emphasis on FP created a situation of plateau that lasted for a decade from 1994 to 2004. (Neaz 2005). Success since 2004 particularly during recent years is entirely due to the contribution of demand factors. Further, strengthening of supply interventions yet to be taken up to cope with the demand for services.

4. Past present and projected population of Bangladesh

The underlying importance of population issue should not be underestimated since Bangladesh has a very high density, more than thirteen times higher than Myanmar, three to four times higher than India and Pakistan and 100 times higher than Russia. (Neaz 2009).

Figure 4.1 Population size, 1901-2011



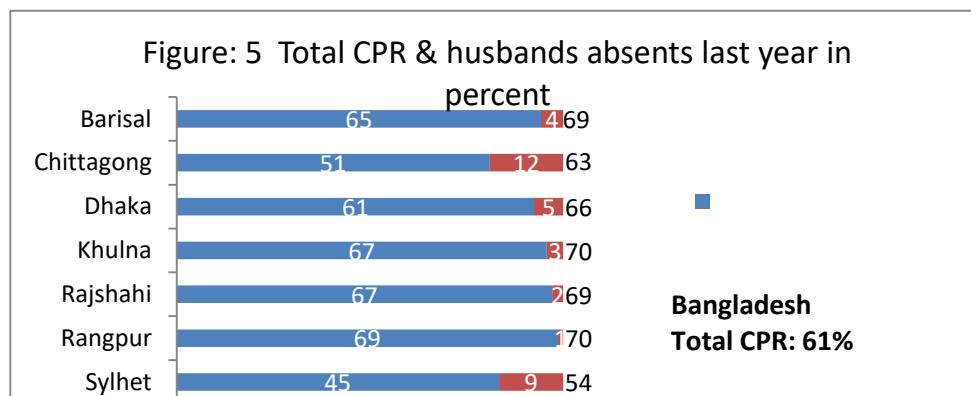
Source: Census Reports,

Figure 4.1 depicts the population size in Bangladesh from 1901 until 2011. During the first half of the last century from 1901 to 1951 the population increased at around 45 percent. This slow increase is due to high birth as well as high death rates. During the second half (1951-2001) population growth was very rapid. During this time the population tripled within 50 years time. Such a high population growth had serious socio-economic and environmental consequences and Bangladesh had to take a hectic population program to wage an effective battle against population explosion. Bangladesh achieved 50 percent fertility decline in the 1970s and 1980s but 1990s witnessed a plateau which lasted for a decade at a TFR of 3.3 children per woman.

4.1 Distribution of Fertility by Divisions and Economic Status

In Bangladesh use of contraceptive has a significant effect on fertility reduction and the target of HPNSDP is to reach Contraceptive Prevalence Rate (CPR) of 72 percent by 2016 in order to reduce unmet need for family planning and unwanted pregnancy and child birth. The CPR reflects a notable rise from 2007 to 2011 presented in BDHS. Since 2000, the annual rate of CPR

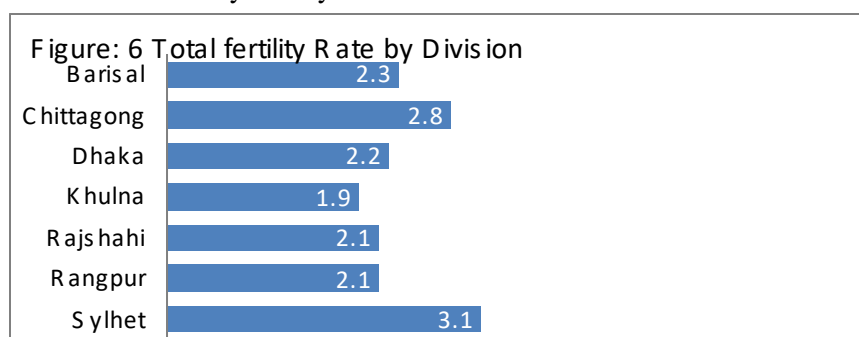
Figure 4.2 Distribution of CPR and FP protection due to absent of husbands by Divisions



Source: BDHS 2011

increase has been less than half of the 1.5 percent annual rate in the 1990s. There is a big variation of CPR in different Divisions of Bangladesh. Khulna, Rangpur and Rajshahi Divisions achieved closer to 70 percent CPR against only 45 and 51 percent in Sylhet and Chittagong Divisions presented in figure 4.2. Husband's absence also contributed to protection from pregnancy which is considerably high in Chittagong (12%) and Sylhet (9%) Divisions (figure 4.2). The variation of Total Fertility Rate (TFR) is presented in figure 4.3. In conformity with CPR which is lowest in Sylhet and Chittagong Divisions TFR accounted for 3.1 and 2.8 against national average of 2.3. As we know quite a good number of expatriates are from these two Divisions sending remittances from abroad which may have higher desire for children reflected in higher TFR in comparison to other Divisions. Khulna Division reflects lowest TFR of only 1.9 which is below replacement level fertility of 2.1.

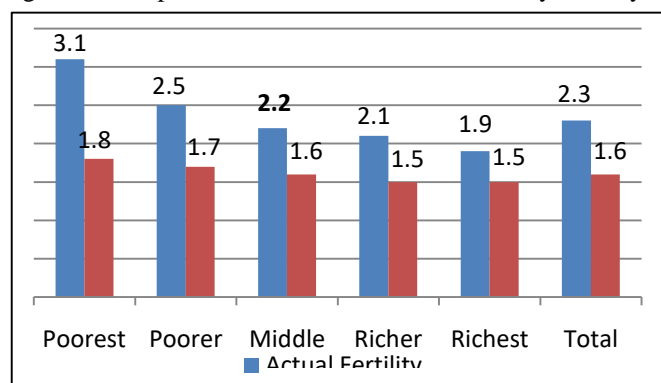
Figure 4.3 Distribution total fertility rate by Divisions



Source: BDHS 2011

The figure 4.4 shows that the poorest quintile has the highest TFR. There is a substantial unwanted birth taking place in Bangladesh which is reflected in fig 4.4. Unwanted birth is highest among the poorest quintile which indicates that poor people do not have sufficient access to information and services of FP to translate their desire in to practices. It may be argued that poor people desire more children which may not be the case for Bangladesh since their actual fertility level is more than one child higher than their wanted fertility shown in figure 4.4. Little higher wanted fertility level among the poor may be justified on the ground of higher infant and under five mortality of the poorer quintile in Bangladesh.

Figure-4.4: Gap between wanted and actual fertility rates by economic Status



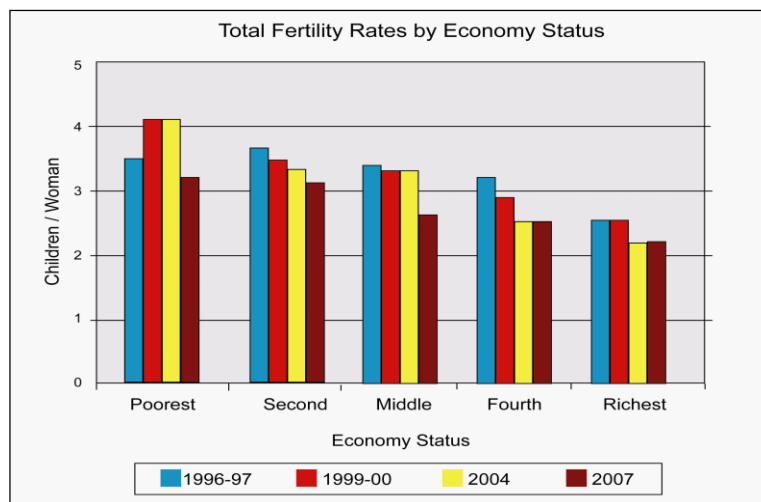
Source: BDHS 2011

Access to information and services seem to be far less for the poor, inhibiting their desire in to practices resulting in undesired births. These undesired births are taking place at the poverty level contributing

more to poverty. Unless undesired births are averted at the poverty level, MDGs goal one may be challenging to achieve and sustain within stipulated time. Figure 4.4 indicates that unwanted birth is low among the richest who can translate their desire in to practice. In total 0.7 births may be considered undesired which is contributing to high fertility in Bangladesh.

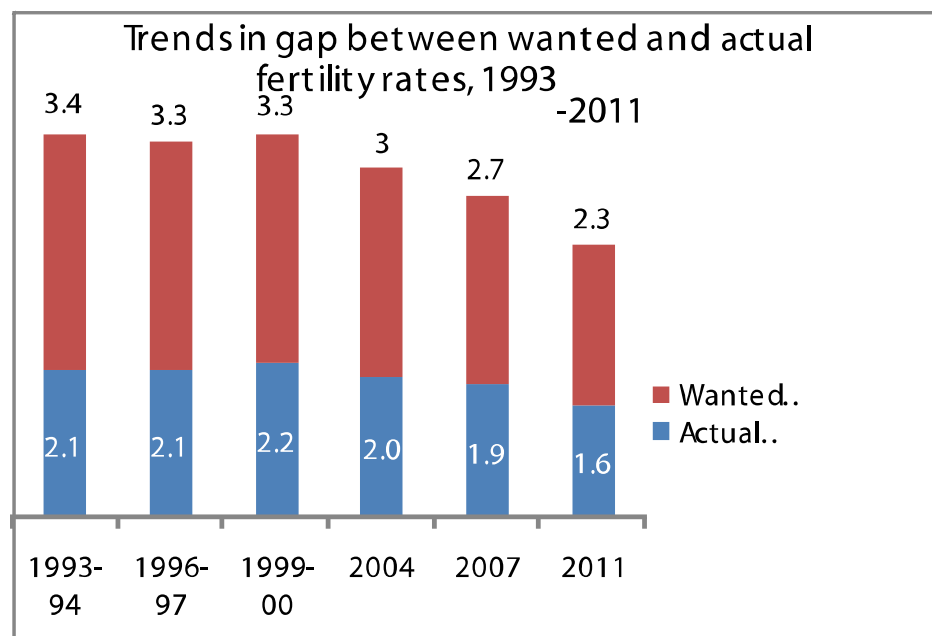
The TFR of the poorest surprisingly jumped from about 3.5 to 4.1 and remained so until 2004 (Fig 4.5). In spite of declining fertility of other quintiles higher TFR of the poorest perhaps balanced and resulted in decade of plateau during 1994-2004. In 2007 fertility of the poorest declined to reach national TFR down to 2.7 despite the plateau in the two richest quintiles. There is a substantial unwanted birth taking place in Bangladesh which is reflected in fig. 4.4 and 4.5. It can be deduced that service delivery of FP has failed to cope with the demand for services and greater success could have been achieved by strengthening supply side interventions. Recent achievements are due to demand factors associated with high socio-economic development..

Figure: 4.5 Total Fertility Rates by Economic status



The demand for services by the poorer quintile was unmet. As a consequence TFR for the same group remained one child higher than wanted in 2007 (Fig 4.4 & 4.5). Whatever fertility reduction has been made by other socio-economic groups has been balanced by the higher fertility of the poorer section resulting in leveling of the TFR in Bangladesh for the decade of 1990s. (Fig 4.5). It is a challenge for Bangladesh to ensure services accessible to the unmet group as prescribed in the ICPD (PoA) to achieve universal access to information and services of RH/FP and PHC by 2015. Figure 4.4 indicates that if information and services are less accessible to the poorer quintile, much higher gaps may be created between wanted family size and actual TFR among the poorer sections.

Figure: 4.6 Trends in gap between wanted and actual fertility



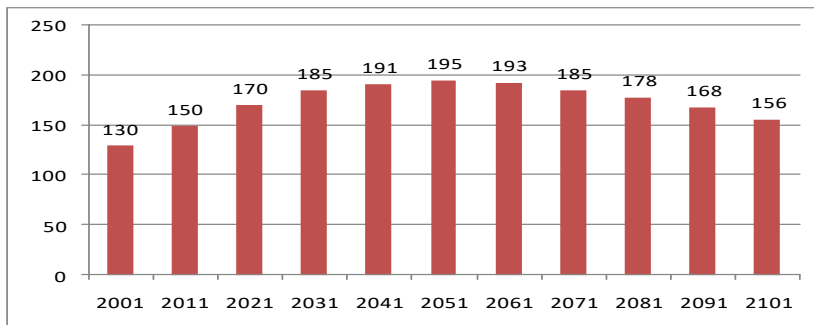
Source: BDHS 2011

The figure 4.6 indicates decreasing trends of wanted fertility rates from 1993 to 2011. With the exception of 1999-2000 when wanted fertility slightly increased and again started to decrease continuously and by reaching from 2.1 to only 1.6 children per woman. With the provision of quality service provision and ensuring access to information and service delivery couple may translate their desire into reality. In Bangladesh small family norm has already been established.

4.2 Projected Population in 2100

The assumption made by the UN agencies and Population Reference Bureau (PRB) that the Plateau may be continued for a longer time. They considered longer period of plateau due to fragile socio-economic conditions and consequently their population projection was very high. With the decline of fertility, these were being revised down to 215 million by PRB in 2008 similar to the projection of BBS-2007. With the dramatic decline in recent years UN has revised the projected figure further. The UN global population projection shows that Bangladesh population peaking below 2000 million in 2050 then fall to 155 million by 2100. The demographic scenario considering trend analysis of declining population growth of some developing countries, future population growth of Bangladesh has been projected in the year 2100 in figure 4.7. This projection is based on declining trend of wanted fertility particularly during recent times. This projection is also based on recent demographic transition of China and some other developing countries. In contrast to the previous projection (Neaz 2009) future population may not exceed 200 million in 2051 which was projected to be picked up about 2015 to 2025 million and will continue to increase till 2070s and will be added by another 100 million more. Figure 4.7 and 4.8 presented that highest population may not exceed 200 million in 2050 and then continue to decline and reach 155 million by the end of this century. Even the lower projections considering recent fertility decline indicates that population stabilization is a long way off, and will probably be closer to 50 million more than current population size in 2051.

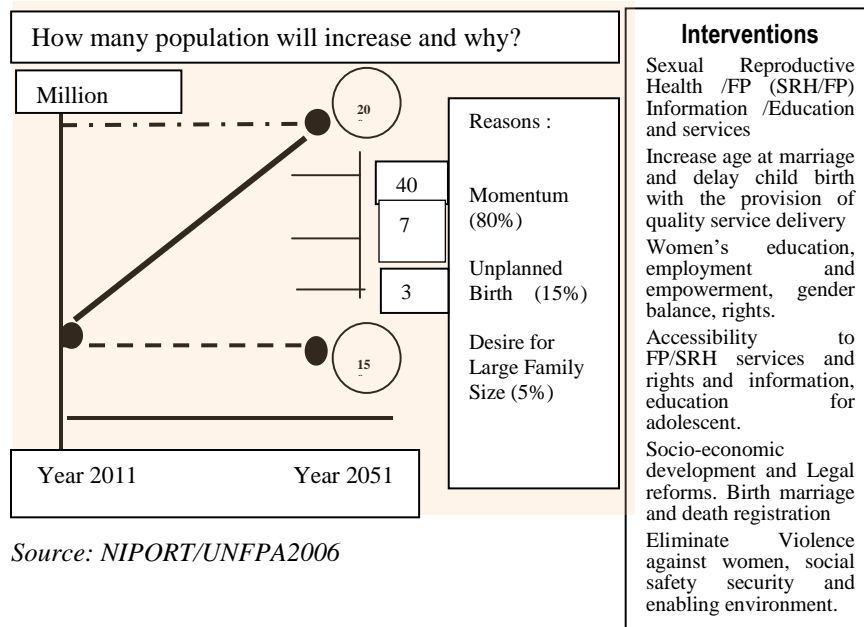
Figure: 4.7. Projected Population of Bangladesh in Million-2001-2101



Source: Neaz 2012 based on recent declining wanted fertility rate

It is a challenge for Bangladesh to achieve sustainable development at least until 2050 due to high population growth. The figure shows that Bangladesh population may be stabilized in 2051 with the population of about 195 million with a condition that current wanted fertility rate which is as low as 1.6 TFR far below replacement level will be achieved as early as possible.

Figure: 4.8. Projected population showing reasons in the year 2051



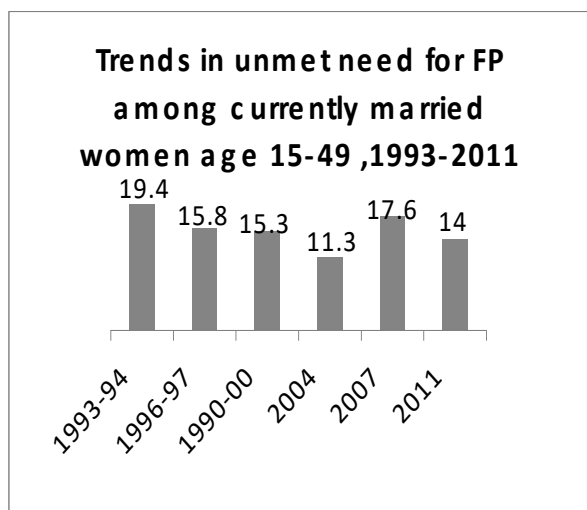
Source: NIPORT/UNFPA2006

This population explosion could be minimized by addressing momentum effect, meeting unmet need and ensuring quality services. It is depicted in figure 4.7 that in future as high as 80% population will increase due to momentum effect in Bangladesh. The momentum effect could be minimized by increasing the age at marriage and delaying the first birth and through women education, employment, empowerment, mobility and aspiration.

The current TFR of 2.3 against wanted TFR of 1.6 indicates that about 0.7 unwanted births per woman is taking place in Bangladesh stated in BDHS 2011. There is an unmet need that could be met by strengthening appropriate service delivery and NRR-1 could be reached by now but TFR should be five points less than NRR-1 to stabilize population growth earlier than expected.

4.3. Meeting Unmet Need for FP

Fig 4.9: Trends in unmet need for FP 1993- 2011



Source: BDHS-2011

In spite of a remarkable success in achieving high CPR, there has been a sizeable unmet contraceptive needs in Bangladesh. Though the unmet need for family planning was on a declining trend since 1993/94, and it reached just over 11 % in 2004, the estimated unmet need has increased to 17.6 % in 2007 and declined to 14 % in 2011 (Fig 4.9). This includes clients who wanted to limit and who wanted to delay child births but are not using any contraception. The total potential demand (current use plus Unmet Contraceptive Need) for family planning is approximately 73.4 % which is quite high in absolute sense.

Universal access to information and services in the field of RH/FP and PHC has been targeted to be achieved by the year 2015 as stated in ICPD. Only 14% people reported to have access to one or more ESP services from the base case of 13% in 1995 against the target of 80% in the year 2003 (Streatfield, 2003). Even before HPSP domiciliary services slowed down due to weak supervision and from 1996-97 to 1999-200 worker client contacts have been reduced from 37% to 21% (Neaz 2005). The client particularly poor people did not turn up to the community clinic as expected. The richer section availed the services provided by private sector, NGOs and static clinics (Streatfield, 2004).

4.4 Teenage Pregnancy

Teenage pregnancy is a major health concern in Bangladesh, mainly in rural areas and urban slums. Teenage mothers (15-19) are expected to suffer from severe complications during delivery, which result in high morbidity and mortality for both, themselves and their children. Bangladesh remains exceptional in having almost highest proportion of girls married during teenage who start childbearing. In comparison, other South Asian countries with similar cultural values with Bangladesh have much lower levels of child marriage and commencement of childbearing.

Figure 4.10: Teenage pregnancy and motherhood

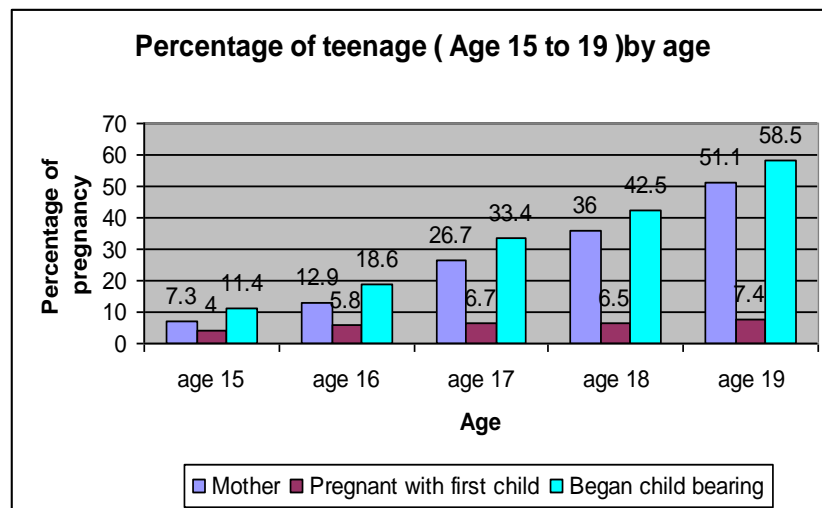
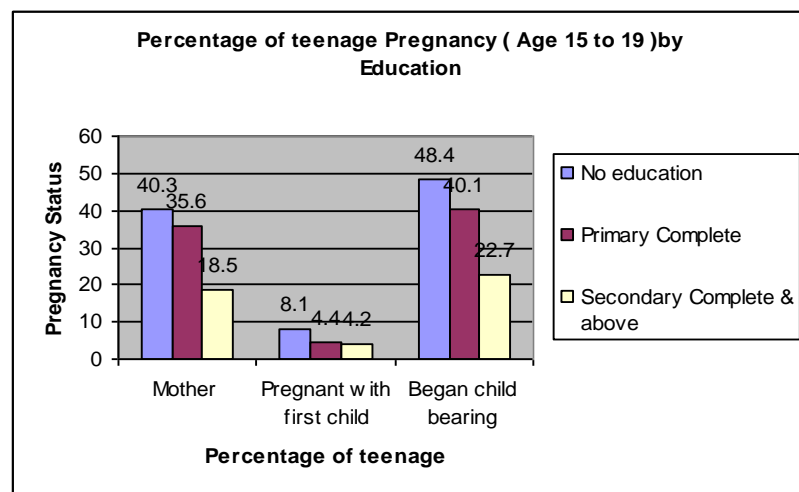


Figure 4.10 shows that at the age of 19, more than 51% are already mothers about 7.4% are currently pregnant and nearly 59% of teenage had begun child bearing. The momentum effect of population growth cannot be minimized unless teenage marriage and child birth reduced to a considerable level prevailing in other South Asian countries.

Source: BDHS 2011

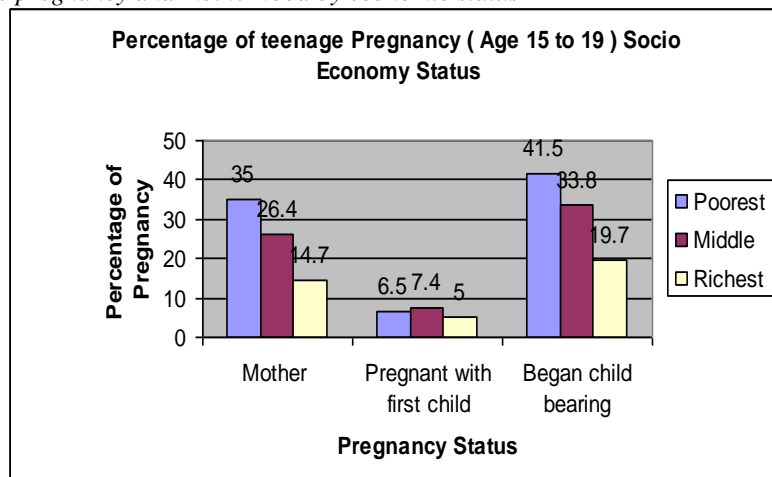
Figure 4, 11: Teenage pregnancy and motherhood by education



Teenage pregnancy is closely associated with the level of education attained. Among teenage mothers, 40% had no education, while 18.5% completed secondary education and above. 48.4% of the teenagers (age 15-19) had begun child bearing with no education, compared with less than half of them (23%) who completed secondary level or higher education. (Figure 4.11)

BDHS 2011

Figure 4.12: Teenage pregnancy and motherhood by economic status



Poverty Status of the population also influences teenage pregnancy among the poorest income group; Figure 4.12 shows that 35% of the teenage become mothers, while the rate is less than 15% among the richest quintile. Child bearing begins earlier in the poorest income quintile. About 42% of the adolescents in the poorest income group begin child bearing compared to less than 20% of the adolescent in the highest income group. It indicates that poorest quintile contribute more than twice in the population growth. As we know in Bangladesh teenage fertility is one of the highest in the world contributed by the poorest. The policies of poverty alleviation and access to education particularly secondary level and above have tremendous impact in reducing adolescent child bearing and ultimately contributing to fertility reduction.

5. Socio-economic consequences of population growth in Bangladesh

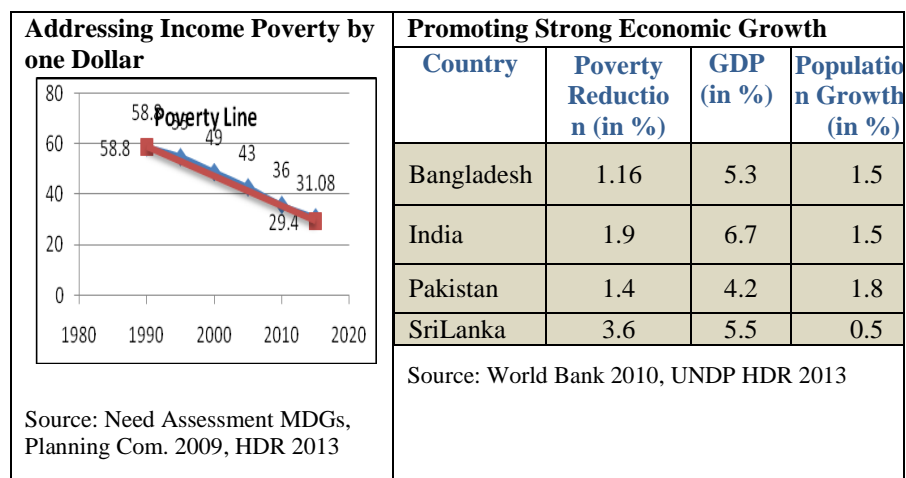
5.1 Poverty, population and sustainable development

It is really a paradox of our time that even in the midst of tremendous technological progress, poverty; hunger and malnutrition still pose a threat to humankind. Today, more than one billion people in the world are estimated to be under the grip of absolute poverty, living on less than one dollar a day (UNDP HDR 2010). In Bangladesh such a figure accounted for about 59 percent or 59 million people in 1990. In 2000, in percentage terms, it came down to about 49 percent, but in terms of number the figure rose to 63 million.

Though Bangladesh has witnessed marked improvements in the socio-economic indicators over the last decade, several challenges still remain unmet. Despite the enormous efforts devoted to poverty alleviation, poverty is widespread in Bangladesh. About 36% of people were poor in 2011 as compared to 83% in 1974 about 73 % in 1981 and nearly 59 % in 1990.

The Human Poverty Index (HPI-1) is a multidimensional measure of poverty for developing countries. It takes into account, social exclusion and lack of economic opportunities and deprivations in survival, livelihood and knowledge. Bangladesh is ranked 93rd among the 108 developing countries, with HPI value of 65.5 (HDR, 2010). Considerable additional effort is therefore required to achieve the Millennium Development Goal of reducing income-poverty by half in 2015.

Figure: 5.1 Trend of Poverty, GDP and Population Growth in Selected Countries (average of 1990-2011)



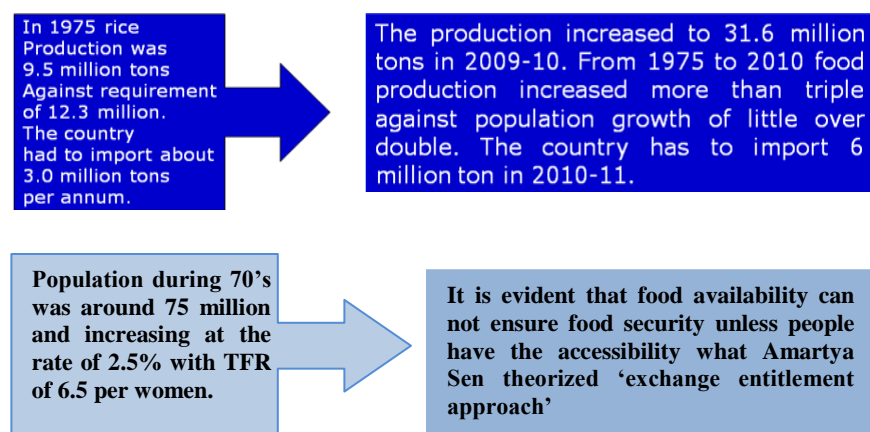
The figure 5.1 indicates that average income poverty has been decreasing from 1990 level of 58.8 percent to 41.3 in 2007. The average annual decrease accounted for about 1.16 % for the same period compared with 1.9 percent for India, 1.4 percent in Pakistan and 3.6 percent in Sri Lanka. Despite improvement of economic growth performance during 1990s, the pace of poverty reduction was very slow due to stagnation of Total Fertility Rate (TFR) during the period from 1994 to 2004. Indeed, during that time, the poverty reduction rate was only one percent against a population growth of more than 1.6 percent. During 1992-2011 on an average GDP growth had been 5.3 percent. But this high growth could not contribute much to poverty reduction due to inequality with overall Gini coefficient rising from 0.259 in 1992 to 0.306 in 2010 which partly offset the positive impact of growth. Income poverty reduction speeded up since 2005 and 2010 (BBS HH Surveys).

The figure 5.1 indicates the trend of poverty reduction. It seems that Bangladesh is on track in reducing income poverty. But higher prices of food and other essentials during 2007-2008 may have adverse effect on poverty. Bangladesh Planning Commission estimates about 8.5% poverty may have increased during this time from the level of 41.2 implying actual poverty level of again 49.5% in that period indicating income poverty may not be an appropriate indicator of poverty calculation. Other indicators like child malnutrition recorded drastic reduction from 68% in 1990 to only 38% in 2011.

Almost universal literacy played pivotal role in achieving poverty and fertility reduction in Sri Lanka. National policies must provide adequate attention to the interaction between growth, equality and poverty in the right proportion to create synergy. Comparative analysis between selected countries is also presented in a tabular form (Fig 5.1) which indicates that achieving high GDP (India) may not ensure expected poverty reduction unless it is equitably distributed as in the case of Sri Lanka and there is no automatic trickle-down process. Population growth is also contributing to poverty and as such poverty equity and GDP triangle must be synergistically designed with population, education and environment.

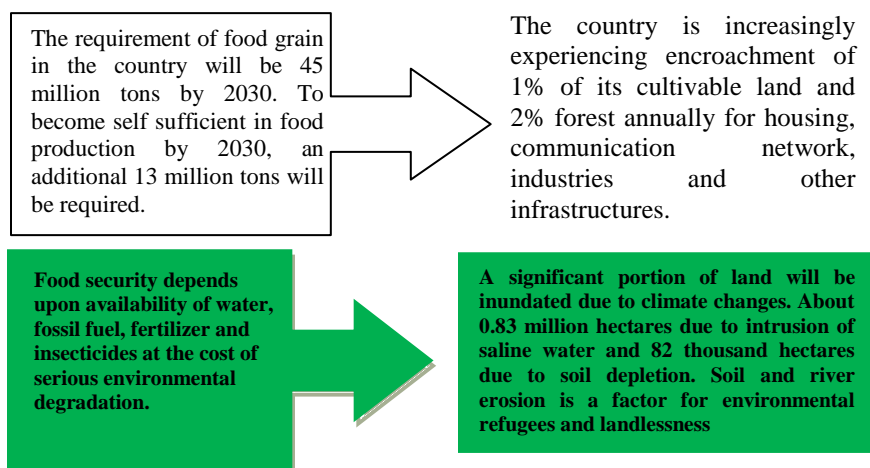
5.2. Population growth and food security

In Bangladesh, high population growth has had serious socio-economic and environmental consequences particularly in achieving food security. Despite considerable success in fertility reduction, projected population growth in the future also poses even greater challenge in achieving food security and sustainable development. The current population size of more than 150 million living in an area of 147,570 km² should be given highest priority to reduce fertility in a shortest possible time period.



Achieving food security for increasing population size is becoming a big challenge for Bangladesh. Rice and wheat production was 9.5 million tons against requirement of 12.3 million in 1975 and the country had to import 2 to 3.0 million tons per annum. The production increased to 31.6 million tons in 2009-10 (USDA 2010) which was heavily dependent on ground water and expansion of irrigation. It is evident that from 1975 to 2010, food production increased more than triple against population growth of little over double. Still the average daily per person calorie intake hardly exceeds 2,000 kcal, compared to desired level of 2,400 kcal. Moreover, food security is a challenging issue since floods and droughts disrupt crop production and the country has to import about 2 million or less to over 5 million tons per annum depending on domestic production and price fluctuations.

In figure 4.7, future population growth of Bangladesh has been projected in the year 2051. According to projected population, the requirement of food grain in the country will be about 45 million tons by 2030. To become self sufficient in food grain production by 2030, an additional 13 million tons will be required. The country is increasingly experiencing encroachment of about 1percent of its cultivable land and 2 percent forest annually for housing, communication network, industries and development of other infrastructures. It is estimated that about 82 thousand hectares of arable land are lost annually due to depletion. (Neaz; SEID 2012) More food production depends upon availability of water, fossil fuel, fertilizer and insecticides at the cost of higher cropping intensity and serious environmental degradation. Moreover, a significant portion of land will be inundated due to climate changes. Once upon a time, Barisal division was known as the granary of Bangladesh, but now, it is not the case. It is estimated that about 0.83 million hectares of land along the coastal belt is not suitable for cultivation due to salinity. (Neaz, 2011). In Bangladesh, rice is overwhelmingly consumed and consequently food security depends upon rice production, its availability, affordable price and access through other means.



It is depicted in table-5.2.1 that unlike other countries rice consumption in Bangladesh has been substantially increased from 165 kg. in 1990 to 205 kg in 2010 in terms of per capita per annum

Table-5.2.1. Rice consumption in selected countries

Country	1960	1990	2010
Bangladesh		165	159
India		88	79
China		110	102
Japan	127	80	62
Taiwan	160	80	51

Source: USDA; PS&D, October, 2010, BBS-2010

Table-5.2.2 Water Consumption by Kg/ capita/ year
Corn/Food Type

Crop/Food	Water Requirement (Liter water /Kg Food)
Rice	1,900-5,000
Wheat	900-2,000
Corn/Maize	1,000-1,800
Potato	500-1,500
Vegetable	300-700

Source: USDA, 2010,

which is not supported by other surveys (BBS 159 kg.) in Bangladesh. The figure for other countries like India, China, Japan and Taiwan shows a drastic reduction of rice consumption. Perhaps the country cannot afford to sustain and continue to produce additional rice to meet increasing needs of people. The country has to take policies to change food habit in favor of substituting rice by other foods. It is shown in table-5.2.2 that in terms of water consumption rice is the most expensive crop which requires several times more water than other crops.

5.3 Universal access to primary education for both sexes

The Government of Bangladesh (GOB) signed the declaration of Millennium Development Goals (MGDs) and firmly committed to achieve ‘Universal Primary Education’ by the year 2015. Accordingly the National Plan of Action (2003-2015) was formulated to ensure quality education to all children of Bangladesh—irrespective of physical, intellectual, social, linguistic and ethnic or any other vulnerable conditions like disabled, working and street children.

5.3.1 Commitment

The government of Bangladesh endorsed the goal and strategies of Education for All (EFA) agreed upon in the EFA World Conference at Jomtien, Thailand in 1990. The same year, the government also ratified the Convention on the Rights of the Child (CRC) which emphasizes an equal opportunity to access primary education as the basic right of every child. This commitment was reaffirmed in the World Education Forum at Dakar in 2000. This commitment was made against the backdrop of there being more than 100 million children having no access to schooling globally, with about four million in Bangladesh alone. The GOB recognized that a simple commitment is not enough and In order to accomplish the EFA goal, the National Plan of Action of GOB (2003-2015) ensures all children—irrespective of their physical, intellectual, social, emotional, linguistic, ethnic, disabled, working and street children or any other vulnerable conditions—have access to a completely free and compulsory primary education of good quality. It also recommends that education systems are flexible and inclusive in order to enroll and retain children from marginalized excluded groups.

5.3.2 Achievements

During the 1990s, Bangladesh achieved remarkable success in primary and secondary level education and successfully eliminated gender disparities. In the primary level, the gross enrollment rate increased from 76% in 1991 to 97% in 2001. The corresponding net enrollment rate rose from 64% to 88% in 2009 (MDGs Need assessment 2009). Better achievement though it may be, several obstacles might hinder the progress or even retard the ongoing success in the near future in accomplishing the stipulated goal. Remarkable disparities persist between the rich and the poor and the disadvantaged and the marginalized groups of people. Education programs in Bangladesh need to be redesigned and prioritized in favor of the poor, the disadvantaged and vulnerable people to minimize the disparities and to achieve the long-cherished goal of universal primary education.

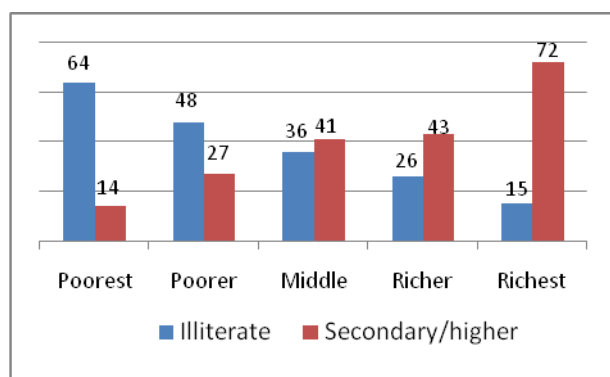
Despite high drop outs it is not unlikely to achieve 100% enrollment in the year 2015. Illiteracy ratio between man and woman has also been reduced dramatically. The ratio of girls to boys at primary, secondary and tertiary levels has been recorded as 0.96, 0.99 and 0.51 respectively. Women literacy has increased from 22% in 1990 to 66% in 2007 and it is expected that with the present level of intervention the country may achieve the stipulated objective of ICPD. Bangladesh should pursue the present level of intervention like Food for Education Program, Female Stipend/ Scholarship Programs and so on.

5.3.3 Policy issues

The following challenges may arise in the future programs:

- Present levels of interventions may not be sufficient for enrolment and continuation of all the children up to the completion of primary level education.
- There is a possibility of stagnation or slower progress than the present pace of success resulting in the failure to achieve the goal. Indicated in BDHS-2007
- Failing to introduce a more cost effective method, Bangladesh may find it difficult to allocate \$ 2.27 billion annually only in education sector to meet the goals by 2015.
- Socio-economic, institutional, ethnic, religious, ecological or environmental barriers may inhibit enrollment and completion of primary level education for all.
- Specific strategies and interventions need to be formulated and tested in order to address the challenges ahead of the education sector in Bangladesh.

Figure: 5.3.1 Level of education by socio-economic status (women)



Strong inequities remain in access to education by socio-economic status. Figure 5.3.1 illustrates this by showing the level of education of women by socio-economic status. It is depicted in the figure that as many as 64% of the poorest people are illiterate against only 15% among the richest. On the other hand, only 14% of the poorest attained secondary level education in contrast with 72% of the richest who received such level of education in 2011.

5.3.4 Vulnerable group

Against the national enrollment rate of 87% only about 52% of the total school aged children are enrolled in school in the vulnerable areas. The vulnerable areas cover difficult geographical locations like Haor (marshy land), areas with river erosion and Monga (localized famine) areas of North Bengal and people living in urban slum areas.

The vulnerable groups also include uprooted destitute, disabled, floating people, street children and child labor. Ethnic minority and linguistic differences also may cover disadvantaged groups and household with too many children. Highest percentage (63%) of HH having only one child is more likely to send the child to school. As the number of children in the household increases the enrollment rate decreases. The program should support small as well as large families to encourage parents to send their children to school to accomplish education for all. Ultimately, education for all will create a synergy in reducing poverty, undesired birth, infant and maternal mortality through empowerment and access to information and services. In the vulnerable areas the majority (65%) of the school going children is attending Government Free Primary School and the rest 35% children are absorbed in different formal and non-formal schools mostly covered by NGOs. (Neaz Save the Children USA-2007)

5.3.5 Improper planning

According to a study by the Bangladesh Bureau of Educational Information and Statistics (BANBEIS) as many as 3,063 educational institutions are badly needed in the remote areas of Bangladesh. While such shortages exist, there is also an issue of poor planning and inappropriate location of schools. For example, the Ministry of Education approved 5,125 institutions including 3,035 non-government high schools and 1,419 madrasas in locations that did not need them. To compound the waste these excess institutions receive monthly pay order (MPO) from the government diverting education funding and resources from areas that are in need. Part of the problem is that influential people established those institutions in their preferred location and forced the Ministry to include under MPO leading to an annual loss of TK 600 crore. (The Daily Star, July-20, 2008). A country like Bangladesh cannot afford to misuse such a huge amount of money at the cost of depriving the underserved, hard to reach poverty stricken people.

Education should not be considered as merely an end in itself, rather it is a means to achieve other development objectives specified in the MDGs. Education has a powerful mutually reinforcing effect on empowerment, access to information and services and awareness about the rights and obligations of a citizen. Without education no one can develop even his minimum potential to contribute to the family, society, and the nation. Uneducated person can not chart and shape his destinies and consequently become dependent under the grip of others. Basic human qualities like self-esteem, dignity, equality, empowerment, liberty and rights can not be protected and nurtured without basic education. Ultimately, an enlightened, equitable, humane society with all potentials for a human development can not be thought of without proper education for the entire nation. Secondary School Assistance Project and Female Secondary School Stipend Program in addition to Non-formal education by NGOs for the drop out and out of school students are trying the drop out and out of school students are trying to meet the challenge. Progress made so far in Bangladesh is in track and although challenging it is possible to achieve MDG goal-2 of universal access to primary education by the year 2015. The country already achieved the target of gender equality in primary and secondary education envisaged under the ICPD and MDGs.

In Bangladesh, the potential for development lies in its population not as merely an exportable unskilled cheap labor but as a skilled and creative force to compete in the global market. Such vast potentials are still being untapped to a great extent in transforming unskilled into skilled manpower.

Very few nations of the world are blessed as Bangladesh is with enormous human resource potentials. The country could be a global power if it can provide world class education to its talented young people. Talented people are not a scarce factor in Bangladesh. Bangladesh is frequently termed as resource poor and poverty prone country. Still the country has tremendous potential if we transform its vast population into human resources. These human resources can give the nation a new generation of entrepreneurs, doctors, engineers, scientists, business leaders, intelligent workers and so on.

Currently, Bangladesh is earning more than 10 billion dollars a year by exporting mostly (55%) unskilled labor forces. The country could have been earning many more billions by exporting skilled manpower which is lacking at the moment even to meet our domestic needs.

5.4. Gender equality, equity and empowerment of women

Concern for women began with the founding of United Nation in the year 1945. Since then the voice of both women and men has been raised in many International Summits, Conventions and Conferences. To end this discrimination and inequality, the first steps have taken in 1979 by adopting the Convention on the Elimination of All Forms of Discrimination against Women where the global community agreed to eliminate gender discrimination.

Next to the 1948 Universal Declaration of Human Rights; The Convention on Elimination of All Forms of Discrimination against Women is the most important international normative instrument which guarantees women's equality. Initiate 1967 in the form of a General Assembly Declaration, it was adopted in 1979 and ratified or signed by 165 countries that eventually come into force in 1981. CEDAW establishes a basic set of principles that are meant to serve as a model for the elimination of gender discrimination at national level. Countries that sign this Convention are accordingly obliged to create or modify policies to eradicate discrimination. The CEDAW is essentially an International Bill of Rights for Women, universal in reach, comprehensive in scope, legally binding in character and has legal and ethical basis. In March 1998, an optional protocol to CEDAW was adopted. This protocol allows women to submit claims about violations of the Convention by their Governments, which are then investigated by the CEDAW Committee.

The Government of Bangladesh ratified CEDAW in November 1984, with several reservations which, it claimed, were in conflict with the countries laws. In March 1997, the Government completed the draft of a combined Third and Fourth Periodic Report to be presented for consideration to the United Nations Committee for the Elimination of All forms of Discrimination against Women. The report submitted in 1997, Bangladesh withdrew two of its reservations. Currently, it maintains reservations to Article 2(a) and 16.1(c), although the Constitution of the country embodies the principle of equality between women and men, and declares that constitutional principles shall take precedence over all other existing laws.

The Government of Bangladesh ratified the CRC in the early 1990s but placed reservations to Article 21 relating to the adoption of children, and Article 14(1) relating to a child right to freedom of thought, conscience and religion. The reason for its reservation on Article 21, as in case of the reservations on Articles of the CEDAW Convention, is religion adoption is not recognized under Muslim law and an

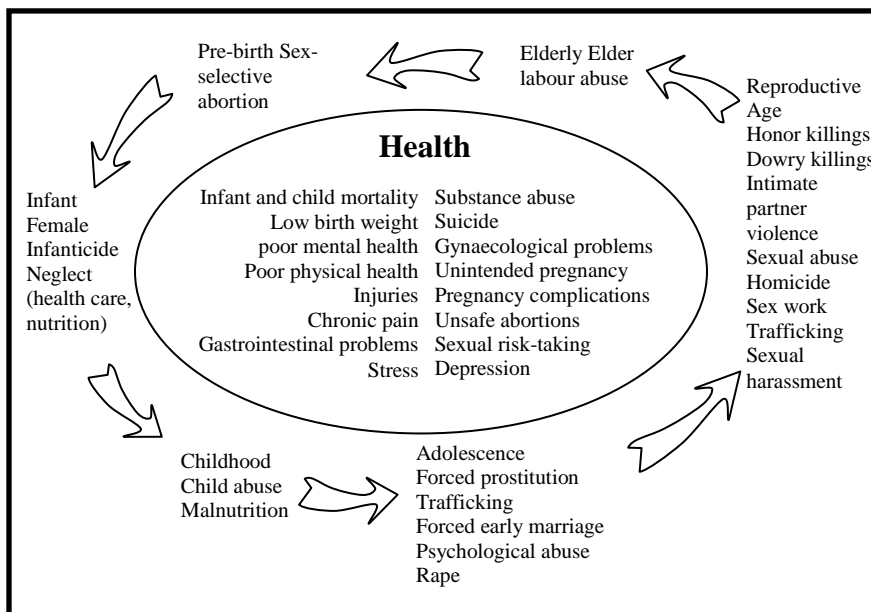
adopted child is barred from inheritance. The reason for reservations on Article 14(1) is that according to statutory law, a child takes the religion of her/his father. Important strategies for making legal and policy changes effective would include engaging in dialogue with the State for policy implementation and enforcement of law; advocacy and the mobilization of public opinion through rallies, media etc.; awareness and capacity-building of state agencies to create demand from within for policy reform and implementation; and research and in-depth analyses of legal systems and specific laws. In Bangladesh CEDAW has helped to create awareness among women, mobilize women, voice women's demand and integrate women in the development process.

Effective strategies in achieving desired legal and policy changes include awareness-raising; dialogue on policy; conscientisation/orientation of Parliamentarians, local level bureaucrats, police, doctors and lawyers. The Government enacted Women and Children Repression Act, 2001, has generally been welcomed as a deterrent to severe violence against women. The Anti-Dowry Act is similarly considered a useful legal tool for reducing VAW. However it has also shown that, along with such laws, peoples attitudes about women's role also need to be recast in order to make them effective. How can laws be effective if the social practice of dowry is rampant?

5.4.1. How Violence against women affects reproductive health

Inequalities between men and women are closely linked to violence that resulted in harmful effect on women's health and well being throughout their life cycle. In Bangladesh, as well as in other parts of the world VAW are increasingly becoming important in addressing the reproductive health and other public health issues. The life cycle of VAW and its effects in different societies are illustrated in the figure 5.4 1. Major issues are described below:

Figure 5.4.1: The life cycle of Violence Against Women and its effects on health



Source: *Sexual on Reproductive Health - Family Care International*, 19

Throughout their life cycle, women face discrimination in nearly every sphere of their lives, which has implications to their health and wellbeing. About 100 million women experience sex selective induced abortion, infanticide, inadequate food, and healthcare. The figure for South Asia accounted for 50 million

in 2002 (MHHDC-2004). Women are victims of sexual coercion; they lack sexual autonomy, access to education and health care, among others. One in every three women is a victim of violence.

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5.4.1 Violence against women in Bangladesh

In Bangladesh such spousal violence accounts for about 55%. It is really surprising to note that spousal violence is highest (54%) among the educated with secondary complete or above depicted in table 5.4.1. It might be associated with the empowerment of women through education and conflict arises when women are empowered to protest. Again violence is associated with poverty which accounted for about 52% for the poorest against only 34% for the richest. It is perplexing to note that higher education is associated with richer section and difficult to justify the rationale behind the data.

Table 5.4.1: Percentage distribution of spousal violence

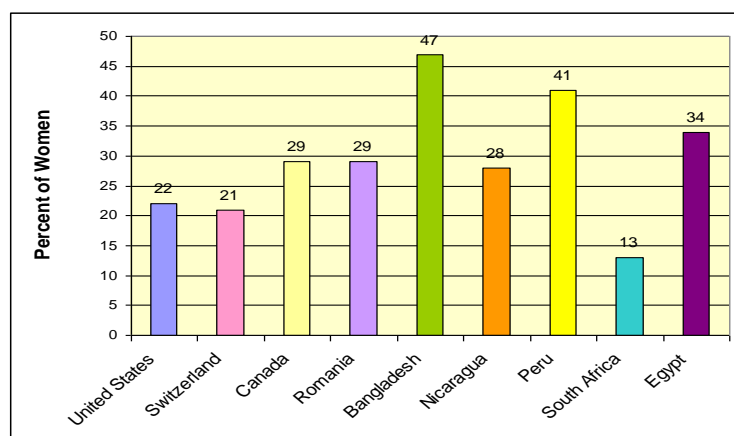
Education	(%)	Socio Economy	(%)	Total	(%)
No education	40	Poorest	52	12 months	45
Primary Complete	48	Middle	41	Life time	55
Secondary Complete & above	54	Richest	34		

BDHS-2007

5.4.2 Violence in a global scale across the Nations

A United Nations Population Fund (UNFPA) report in 2002 reveals that Bangladesh ranks number one in committing violence against women (VAW) with a record of 47 per cent women physically assaulted in different ways by men. (Figure 5.4.2) The report did not mention the number of women suffering from mental violence. This kind of violence remains unreported because of difficulties in detecting mental harassment and people remain unaware of this form of violence.

Figure 5.4.2: Intimate Partner Violence in Selected Countries



Source: Outlook Volume 20, Number 1, September 2002

Figure 5.4.2 shows that violence is not only in less developed countries, it is very common in more developed countries too. Switzerland and USA may be the examples. We may safely conclude that even highest development may not eradicate violence since it is under the fabric of social structure regardless of more developed or less developed nations. The inescapable conclusion is that even higher education or income levels may not reduce the extent of violence which may require new enlightenment and social reconstruction.

5.4.3 Types and forms of Violence

Violence against Women (VAW) takes different forms in terms of the family, community, society, and the state, Wife beating, battering, dowry-related violence, causing miscarriage, slavery, sexual harassment, physical torture, rape, trafficking, acid throwing, abduction, murder, even verbal harassment-are globally accepted as violence against women. But the most common phenomenon in all kinds of violence is gender discrimination. Due to misconception about ‘gender’ and ‘sex’ VAW is made acceptable by the culture of the country. VAW is considered as a ‘private’ and ‘culturally acceptable’ matter. Thus women of Bangladesh are made to believe that they do not deserve the right to live a violence-free life. This kind of wrong perception downgrades the womenfolk of Bangladesh, although the well-thought Constitution of the country guarantees equal right for them ‘in all spheres of the state and of public life’ [Article 28(2)].

5.4.4 Major goals of National Policy

- Ensure women’s security in all spheres of society and family.
- Ensure women empowerment in the politics, administration and economy.
- Establish women’s human rights.
- Develop women as educated and efficient human resources.
- Eliminate existing discrimination against men and women.
- Acknowledge women’s contribution in social and economic spheres;
- Eliminate all forms discrimination against women and girls.
- Establish equality between men and women in administration, politics, education, culture, sports and all other economics activities.
- Devise and import technology congenial to the interest of women and ban use of technology harmful to women.
- Take adequate measures to ensure women’s health and nutrition.
- Take measures for rehabilitating women affected by natural calamities and armed conflict.
- Meet the needs of women especially in difficult circumstances.

Ensure security of widow, divorced, unmarried and childless women.

5.4.5 Social Reconstruction and Cultural Enlightenment

Many social anthropologists use the term “social construction” to refer to the idea that all aspects of human society and relationships, such as gender, are not “given” but are always interpreted through the lens of culture and therefore vary greatly between different times and places. A daughter is brought up to feel weaker, less useful to the family and less valuable to the society. She suffers a tremendous loss of self-esteem which in a vicious circle further reduces her potential to contribute. Gender roles vary from country to country, but almost everywhere, women face disadvantages relatively to men in social, economical and political sphere of life. Where men are viewed as principal decision makers, women often hold a subordinate position in negotiation. Ultimately, cultural enlightenment and reconstruction of society in favor of justice and equality is a prime need to address the issue of Violence against Women. The Needs Assessment Report 2009 proposed on an average about 0.59 billion \$ annual cost for MDG-3 to cover Gender related programs in Bangladesh.

6.0. Making progress in the health indicators

Against the backdrop, Bangladesh has made significant progress in recent times in many of its social indicators and particularly in health sector. Recently published Bangladesh Demographic and Health Survey BDHS 2011 documented further improvement. The maternal and new born care indicators clearly demonstrate significant improvement. These confirm 40% decline in The Maternal Mortality Ratio (MMR) over the last decade and about 14 percent decline in neo natal deaths over the last 4 years. The infant mortality rate (IMR) decreased from 87 per thousand in 1993 to 43 in 2011 which is more than halved during this period. The Under-five mortality decreased from 133 per thousand to only 53 during the same time.

6.1. Maternal health

In Bangladesh Maternal Mortality Ratio (MMR) is quite high, but still lower than India and Nepal and close to Pakistan as presented in table 1. Despite the fact, that it is one of the most important challenges to reduce from the present level of 320 per 100,000 live births to achieve 143 within 2015. About twelve thousand maternal deaths were taking place every year in Bangladesh. The neo-natal mortality rate was 42 and post neo-natal mortality was 24 during 1999-2000.

Proper care during pregnancy and child birth are important for the health of both a mother and her baby. In Bangladesh 70% women are malnourished. 85% deliveries are at home and mostly conducted by the unskilled birth attendants. 70% of the pregnant women have no access to EOC. Unsafe abortions are very common and 14% maternal death occurs due to unsafe abortion.

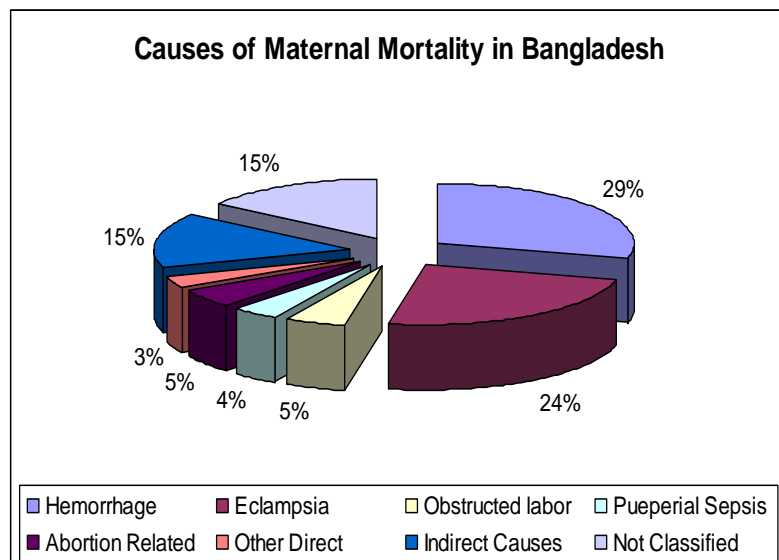
6.1.1 Safe Motherhood in Bangladesh

According to Bangladesh Maternal Mortality Survey (BMMS) conducted in 2001, MMR per 100,000 live births has been accounted for about 320 against 450 in India, 530 in Nepal and 320 in Pakistan. The BMSS 2010 shows MMR figure 194 (table1) in Bangladesh against MDG target of 143 by the year 2015. Still this high MMR directly contributes to the high peri-natal (newborn) mortality rate in the country. The estimated lifetime risk of dying from pregnancy and childbirth related causes in Bangladesh are about 100 times higher than in the developed countries. The tragic consequence of these deaths is that about 75% of the babies born to these women also die within the first week of their lives.

6.1.2 Causes of MMR

In Bangladesh about 14% of deaths of pregnant women are associated with injury and violence, which is on the rise (MOHFW, Oct 2001). Most population based studies show that abortion complications are responsible for the death of nearly 25% of the mothers.

Figure-6.1: Causes of Maternal Mortality in Bangladesh



Source: BDHS 2007

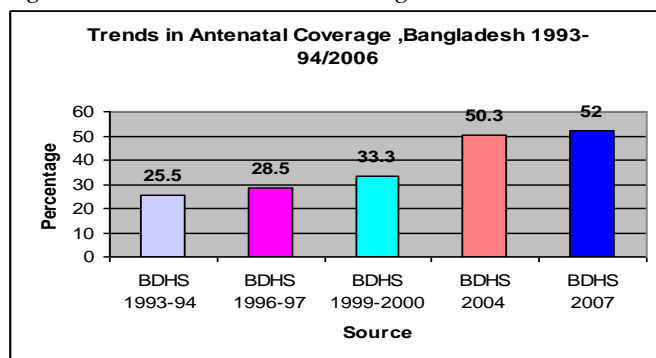
Complications of unsafe abortion, concomitant medical causes, postpartum sepsis and violence/injuries also contributed in MMR. Figure 1 shows the major causes of maternal mortality. Hemorrhage accounts for 29% followed by eclampsia, 24%. Indirect and not classified factors contribute another 30% MMR. While the incidence of maternal mortality is decreasing, that of violence against women is rising.

A study on safe motherhood program in Bangladesh assessed that women's low status in society, the poor quality of maternity care services, lack of trained providers, low uptake of services by women and infrastructure and interdepartmental difficulties all contribute to the high rate of maternal death. (The causes of MMR are postpartum hemorrhage (29%), eclampsia 24%, obstructed labor (5%). Indirect causes accounted for about 15% and unclassified another 15% responsible for MMR in Bangladesh presented in figure 6.1.

6.1.3 Antenatal Care

According to the BDH survey 1999-2000 data, births that occurred in the five year period before the survey, nearly two thirds (63%) of mothers received no antenatal care (ANC) during pregnancy, and among those who did receive it, the median number of visit is only 1.8. For about one-fourth (23%) of births, the women received ANC before the sixth month of gestation and for another 9% of the women did not receive ANC until the sixth or seventh month of pregnancy. Among women who received care, median duration of pregnancy at first visit was 5.4 months.

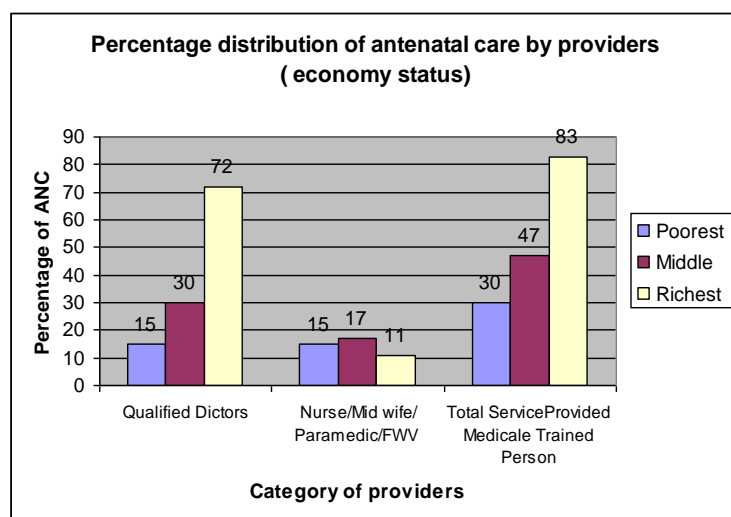
Figure-6.2 Trends in ANC in Bangladesh 1993 -94/to 2006



Trends in antenatal coverage from 1993 to 2006 are shown in figure 6.2. In 1993 aggregate ANC was only 25.5% which rose up to 50.3% in 2004. BDHS 2007 shows little improvement with about 52% an increase of only about less than 2% and 2011 BDHS shows another improvement of 2% only. Although the level of ANC coverage from a medically trained provider is low in Bangladesh it has shown an increasing trend over the period of time.

Source: BDHS 2007

Figure 6.3 Percentage distribution of ANC by providers (economic status)



Source: BDHS-2007

There is a phenomenal variation across the socio-economic status in terms of ANC coverage. As expected the poorest quintile avail only 15% services from qualified doctors against 72% for the richest quintile. About 30% mothers received ANC services from medically trained person against more than 83% mothers in the highest quintile shown in figure 6.3. Considering the poor health coupled with malnutrition poorest quintile with such a low coverage of ANC must have serious consequences on maternal health particularly morbidity and mortality status. A demand side financing approach, called Maternal Health Voucher Scheme (MHVS) has been piloted in 33 upazillas since 2004 (GTZ et al 2008) for poor families which seems promising.

Figure 6.4: Percentage distribution of ANC by providers (level of education)

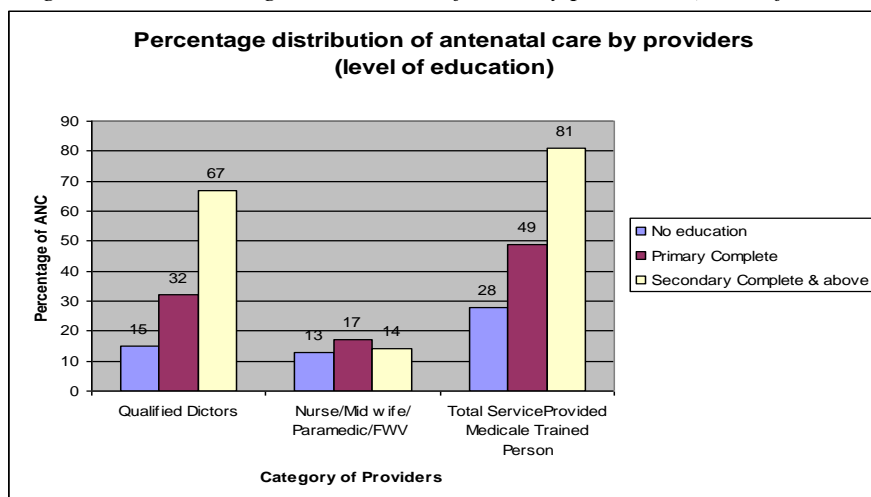
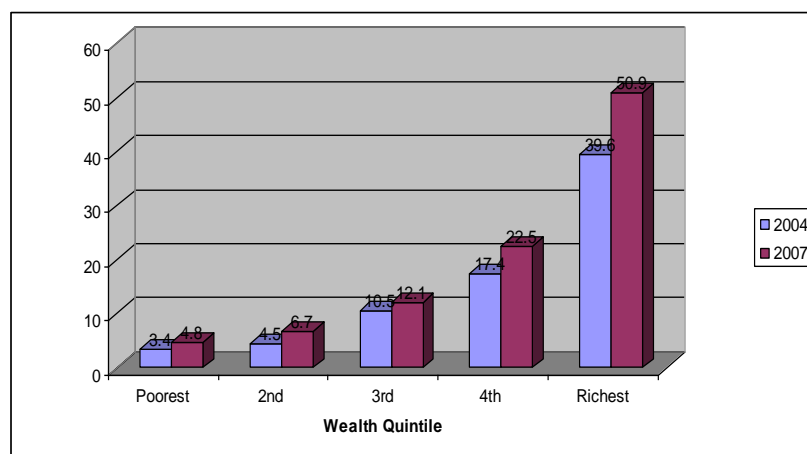


Figure 6.4 depicts the percentage distribution of ANC by providers considering the level of education. More than 67% educated mothers with secondary complete or higher availed ANC services from qualified doctors against only 15% received such services by the poorest quintile. In total 81% secondary or above educated mothers received services from medically

trained person. The figure for the poorest quintile accounted for 28% only shown in table 4. The obvious conclusion could be drawn from such information that poorer people have less accessibility to the subsidized services provided by the GOB. They cannot afford to go to the private facilities and as such their demands are not met. Education may have a big effect on empowerment and accessibility to the health services which can ensure utilization of facilities created either by the GOB or private sector.

Figure 6.5: Birth Assisted by Skilled Attendant by Economic Status



Nationally, about 85% births occurred at home and the rest in a health facility. BDHS 2007 indicates only 18% of all babies are delivered by medically trained providers. Figure 6.5 indicates that in spite of low delivery by the skilled attendants during the period of 2004 and 2007 poor have little access. The BDHS 2011 indicates that about 32% births are handled by skilled attendants.

Source -BDHS-2007

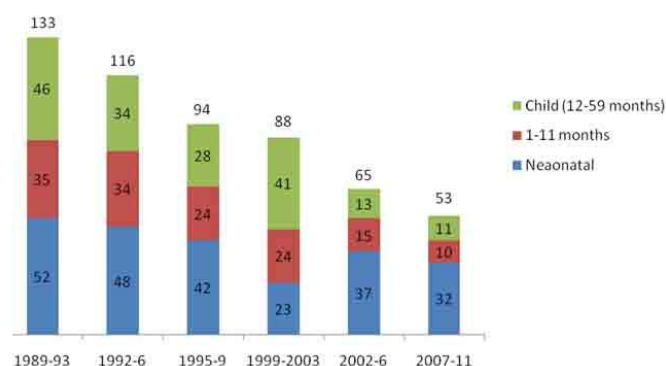
6.1.4 Emergency Obstetric Care

Despite the presence of a well-established service delivery infrastructure in Bangladesh and various measures taken so far, the utilization of essential obstetric care (EmOC) services is still poor as presented in table 5. Women in rural Bangladesh are not fully aware of the complications that they may encounter during pregnancy and childbirth, and even those who are aware do not know where to go for help. They also face certain barriers (culture, geographic and economic) in accessing obstetric care. Although the problem is not exclusively medical, the role of the health system is most crucial to the saving of lives. A large percentage of women with obstetric complications fail to get the care they need in time and die at home or on the way to the hospital. The table shows the overall availability and status of the utilization of various RH services.

6.2 Infant and Under 5 Mortality Rates

Infant mortality remained above 120 deaths per thousand live births in 1980 while the figure decreased to 52 in 2007 which is very encouraging. The leading causes of death among children are diarrhea and Acute Respiratory Infection (ARI), followed by prenatal causes, injury, severe malnutrition and neonatal tetanus. This represents the deaths of 350,000 children each year (WHO, 2008). Bangladesh continues to suffer from high levels of malnutrition in the form of both protein-energy malnutrition and micronutrient deficiencies, of children under five years. A dramatic reduction of malnutrition from 68% in 1990 to around 38% in 2011 is considered to be a milestone in reducing IMR. Apart from that high coverage of immunization and almost universal

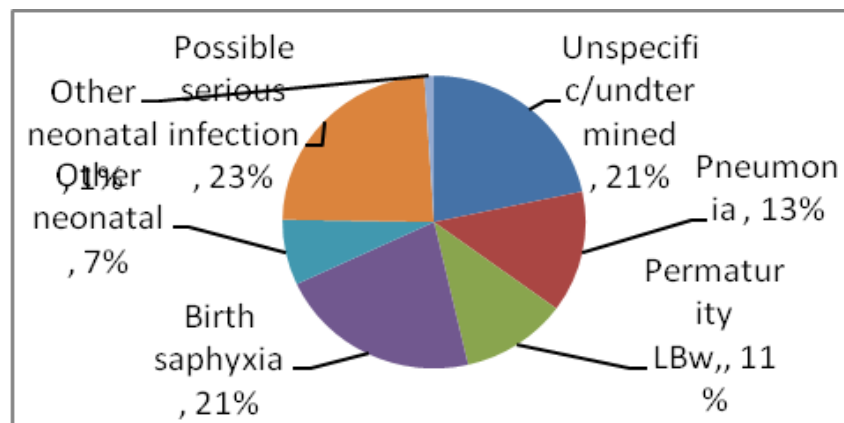
Figure- 6.6: Trends in infant and under 5 mortality



Source: BDHS 2011

Figure 6.6 shows the trends in neonatal, infant, child and under 5 mortality from 1993 to 2011. Over the period of time; under five mortality has been reduced from 133 to only 53 per thousand live births. Figure 6.6 shows that neonatal mortality did not decrease in comparison to reduction of other mortalities. In order to reduce further under five mortality more efforts need to be made on neonatal mortality. Reduction practices of ORT drastically reduced the incidence of diarrhea. Although, ARI is widespread in Bangladesh; extensive use of antibiotics considerably reduced prevalence of infectious diseases. Moreover, media played a role in enhancing awareness and people became health conscious. The services provided by

Figure 6.7: Distribution of Neonatal causes of Death, Bangladesh 2006-2011

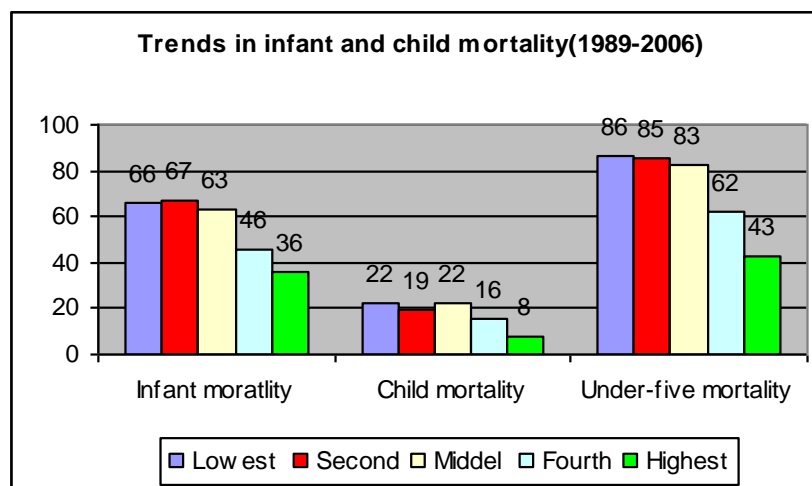


Source: BDHS-2011

Figure 6.7 shows that neonatal mortality accounts for nearly two thirds of under 5 mortality without substantial change over the period of time. Further success in infant mortality largely depends upon neonatal deaths. About 23% neonatal deaths are due to infection followed by ARI (21 %) and birth asphyxia (21%). Low birth weight is another contributing factor for neonatal deaths.

NGOs also created safety net for the poor along with private sector for the richer. To achieve further success programmatic changes that could account for neonatal mortality are urgently needed (6.7). Neonatal mortality currently accounts for about two thirds of infant mortality. Government and NGO programs should be specifically directed towards neonatal mortality and components of IMCI. The IMR breakdown by economic status is presented in Figure 6.6 and 6.8

Figure- 6.8 Distribution of infant, child and under 5 mortality by socio-economic status (1989-2006)



the analysis using BDHS 2007 data shows considerable inequity with IMR being 83% higher among the poorest quintile than the richest. In comparison with data from the BDHS 1996-97, when the poorest had an IMR 72% higher, the inequity has been increased, although there have been substantial improvements among the middle three quarters. Future population growth will be largely contributed by the poorest section and as such fertility has to be reduced among the poorest group and the service delivery of those

groups needs to be improved so that Bangladesh may achieve below 45 or less under five mortality by 2015.

Bangladesh appears to be on track to achieve MDG-4 targets by a considerable margin in 2015, if the current trends in mortality reduction are sustained. The Needs Assessment Report 2009 estimated an average annual cost of about \$ 0.67 billion to cover MDG- 4 (Child Health).

7. Changes in age structure and Disease Pattern

Proportion of broad age structures has been changed particularly since 1989. The proportion of population under age 15 has declined from 43 % in 1989 to 35% in 2011. In contrast, the proportion of age 15-59, considered as economically active population has increased from 51% in 1989 to 56.5% in 2011. The population experts are inclined to term it as demographic dividend provided that this dividend turn into economic dividend by utilizing them which is a big challenge for Bangladesh due to increasing rate of unemployment recorded in 2011. Since life expectancy has been increasing, elderly population of 60+ is expected to rise sharply and it may exceed 40 million or more than one fifth by the 2050 which will be a big burden for the country.

7.1: Hypertension and Diabetes

Similar to other developing countries, Bangladesh is experiencing shift infectious, communicable diseases to chronic, non-communicable diseases (NDCs) like cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, injury and so on. The key to prevention and control of NDCs is having up to date, population level information on the major NDCs as well as the biological intermediate risk factor associated with it. Globally, high blood pressure and elevated glucose and plasma lipid levels are the most prevalent NDC risk factors. In Bangladesh, cardio and cerebrovascular diseases are the leading causes of morbidity and mortality. By 2030, the country will have one of the world's largest population living with diabetes. The changing age structure of population due to fertility decline and a steady increase in life expectancy will continue to beef up the shift towards these two diseases in future. The current health sector program, HPNSDP under The Sixth Five Year Plan 2011-2016, includes expanding access to health services for NDCs as one of the major program strategies.

One in nine women and men age 35 and older has diabetes and one in every four is pre-diabetic. This translates into 5 million people with diabetes and 12 million people with pre-diabetes. These figures are projected to be 8 million and 19 million people respectively in 2025 if current prevalence rates remain (Table 7.1)

Table 7.1: Current and Projected Number of People Living with Hypertension and Diabetes

	2011	2025
Hypertensive	12 million	19 million
Pre-Hypertensive	13 million	20 million
Hypertensive and Pre-Hypertensive	25 million	39 million
Diabetic	5 million	8 million
Pre Diabetic	12 million	19 million
Diabetic and Pre Diabetic	17 million	27 million

Source : BDGHS 2011

Although the rate of hypertension and diabetes is higher in urban areas, the actual number of people with hypertension and diabetes is higher in rural areas reflecting the greater rural population in Bangladesh. The rural urban difference in the number of people with pre-hypertensive and pre-diabetic conditions is even greater (BDHS-2011).

7.2 Prevalence of Malaria & TB:

Prevalence of Malaria per 10,000 populations was 441.5 in 2005. After gradual increase up to 2008, it has started to reverse and come down to 512.6 in 2010. The following table shows the information of incidence and death rates associated with malaria. (Table 7.2).

Table 7.2 Prevalence of TB and death rates from 1995 to 2010

<i>Parameters</i>	<i>Year</i>					
	2005	2006	2007	2008	2009	2010
Total Cases	48,121	48,246	59,857	84,690	63,873	
Prevalence (Per 100,000)	441.5	442.6	549.1	776.9	586.0	512.6
Death Rate (Per 100,000)	4.6	4.6	2.1	1.4	0.4	0.34
Proportion of children under 5 Who slept under an ITN/LLIN the previous night	-	-	81%	81%	81%	90%

7.3: HIV/AIDS and other communicable diseases

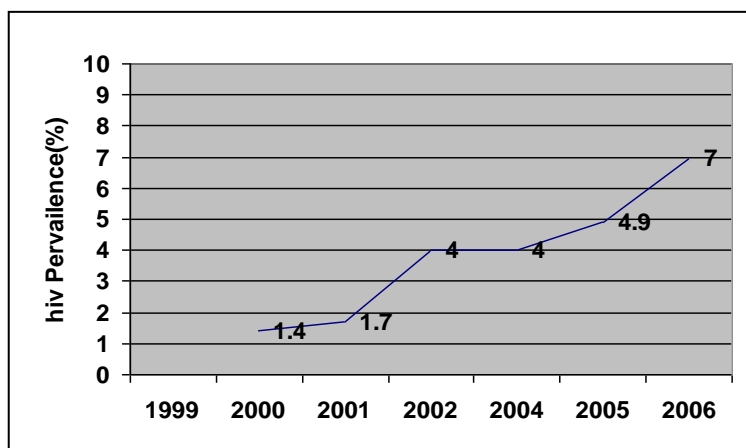
In 2000/2001, the rates of syphilis infection were very high among street-based sex workers (43%) and brothel-based sex workers (34%). The other main vulnerable groups also had relatively high rates of infection: Injecting drug users (IDUs) (13%) and Men Having Sex with Men (MSMs) (11%). However, among truck drivers, dockworkers and rickshaw pullers, the rates were low (4-7%). While syphilis rates remained high, HIV rates remained consistently low in Bangladesh. With the exception of IDUs (2.5%), no group had HIV prevalence higher than 1% in 1998/99. (4th round of national AIDS/STD sentinel surveillance)

However, HIV positive cases have been found throughout the vulnerable population. This is a cause for concern since all neighboring countries experienced similar patterns before reaching epidemic levels. Katmandu/Nepal, Manipur/India and Haiphong/Vietnam saw their prevalence rates increase from 0% to 60% in two years. However, a high level of unprotected sex, including commercial sex, is reported by IDUs in Bangladesh, which is a cause for considerable concern.

Bangladesh ranks 6th amongst the 22 high burden countries with TB (WHO, 2006; Upleker et al, 1998). In 2001, the National Tuberculosis Control Program (NTP) estimated that 300,000 people or 0.25 % of the population became ill with TB, while each year almost 70,000 or 0.05 % of the population died of TB (NTP, 2004). About 75 % of morbidity and mortality due to TB occurs in economically active age group (i.e. 15-45 years) hampering overall economic development of the country (World Bank, 1998; MOHFW, 1998).

The health situation is continuously changing in Bangladesh due to the demographic and epidemiological transition. Emerging and re-emerging diseases like malaria, Kala-azar, tuberculosis, HIV/ AIDS, cardiovascular diseases, renal disorders, mental illness, cancer, smoking and alcoholism, diseases related to metabolic disorder, malnutrition, reproductive health diarrhoea are exerting an adverse impact on public health.

Figure 7.3: HIV prevalence Among Male IDUS in Dhaka 1999-2006



Source: NASP, National HIV Sero-surveillance surveys, 2006.

However, HIV positive cases have been found in all the vulnerable population which is cause for concern since the neighboring countries experienced similar pattern before an epidemic. Prior to dramatic increase in prevalence Katmandu/Nepal, Manipur/in India and Haiphong/in Vietnam where prevalence increased from 0% to 60% in two years. However, a high level of unprotected sex, including buying sex, is reported by IDUs in Bangladesh which is cause for considerable concern. Bangladesh should learn from the experience of Thailand and Uganda and take all preventive measures including BCC campaign and ensure access to information and services to the vulnerable groups particularly adolescent groups about HIV/AIDS and STD/RTI. Considering MDG-6 (HIV/AIDS, Malaria/TB) the Needs Assessment budgeted an amount of \$ 0.48 billion on an average per year.

Most of the successes achieved in health indicators are in the aggregate level. Indeed, there are significant inequities between rich and poor and different geographical locations. Under-Five Mortality Rate (U-5MR) is about 95 percent higher in the poorest quintile than in the richest. Children in the poorest households are more than twice as likely to be moderately malnourished and four times as likely to be severely malnourished as children in the richest households. Mothers from the poorest quintile are almost three times more likely to be wasted than women from the richest quintile. Although MMR decreased still is a challenge to reach 143 per 100,000 delivery to meet MDG by 2015.

7.4: Expenditure in Health Sector

Table 7.3 Regional Comparison of Health expenditure in Bangladesh

Country	Per-capita Health Expenditure in \$	Total Health Exp. as a % of GDP	Public Exp. as % of Total Exp.	Public Exp. As % of GDP
Bangladesh	14	3.3	27	0.9
India	29	3.6	25	0.9
Nepal	17	5.1	30	1.6
Pakistan	19	2.6	32	0.8
Sri Lanka	57	4.2	49	2.1

Source: The Six Five Year Plan of Bangladesh

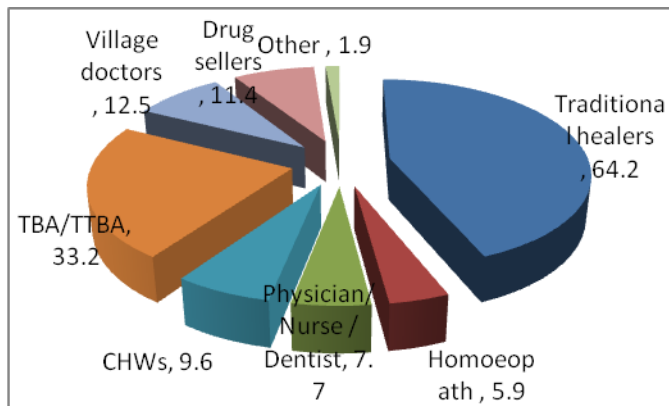
Per-capita health expenditure is lowest in Bangladesh in comparison to other countries in the region. Table 7.3 depicts the regional comparison of health expenditure which indicates lower expenditure almost in every indicators considered in the table which suggests that allocation of budget in the health sector

should be increased. Proper planning should be designed to spend this increased budget in a fruitful manner.

7.5. Characteristics of Healthcare providers

On an average the study documented 146 providers per 10,000 population or almost 15 per 1,000 populations. However, one needs to be cautious in interpreting this figure. This includes all types

Figure 7.4: Density of different types of healthcare providers per 10,000 populations

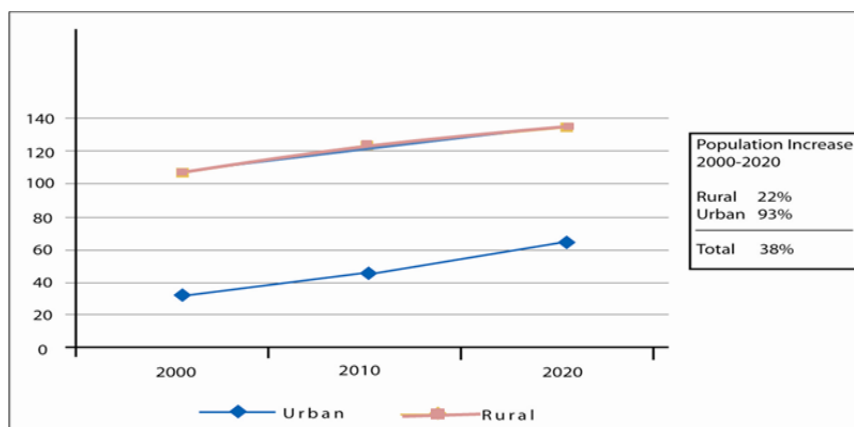


Source: The State of Health in Bangladesh 2007; Bangladesh Health Watch

of health providers as reported by the community people. Qualified modern practitioners including physicians, dentists and nurses have a density of 7.7 per 10,000 populations. The largest group is the Traditional healers who include Kabiraj, totka, herbalist and faith healers and have a density of 64.2 per 10,000 populations. Next in order of numbers are the traditional birth attendants (trained and untrained) who have a density of 33.2 per 10,000 population. The density of paraprofessionals (MA/SACMO, FWVs, lab technicians) is 1.0 per 10,000 population, village doctors and rural medical practitioner who mostly practice allopathic system of medicine have a density of 12.5 per 10,000 population. Sellers of allopathic medicine from drug stores have a density of 11.4 and community health worker who are mostly trained by NGOs and practice allopathic system have a density of 9.6 per 10,000 populations. The figure 8.1 shows a deplorable health conditions since most of the patients are deprived from modern medically qualified persons due to their shortages and as many as 65% patients receive services from unqualified practioners.

8.0. Urbanization: an emerging challenge of migrants:

Since mid 70s the country witnessed a great leap forward from the rural to urban areas not because of employment generated in urban industries or other sectors of the economy where huge number of people migrated to the urban sectors to be absorbed. It is due to population explosion and inability of traditional rural agriculture and economy to absorb them. It is for their survival they became desperate and took refuge in the slums and public places in the cities, mainly in Dhaka and Chittagong. This trend has become a global phenomenon in the less developed countries..

Figure 8.1 Urban Rural Transition Phase

According to Peter Lance (Bangladesh Urban Health Survey, NIPORT 2006) most of the growth in urban population will occur in Asia and Africa. Bangladesh is very much contributing factor to that. It is presently expected that the nation, which was 90 percent rural as recently as the 1970s, will be more urban than rural by the middle of this century. The rapid urbanization at present scale has had profound implications for health, environment and social fabric of the nation.

In urban areas inflow of additional population will contribute to more people living under the grip of deprivation and poverty in the mist of plenty and property. The World Bank (2007) reports that, the rate of urbanization in the national level in Bangladesh is among the fastest in the world. The figure 8.1 projected the population increase from 2000 to 2020 and distributed them in rural and urban areas. The figure indicates that by the year 2020 more than 60 million people will be living

Table 8.1 Growth of urban population in Bangladesh, 1951-2001

Year	Total National Population (million)	Annual Growth rate of national population	Total urban population (million)	Urban increase of urban population (%)	Decadal increase of urban population (%)	Annual Exponential growth rate of urban population (%)
1951	44.17	0.50	1.83	4.34	18.38	1.58
1961	55.22	2.26	2.64	5.19	45.11	3.72
1974	76.37	2.48	6.00	8.87	137.57	6.62
1981	89.91	2.32	13.56	15.54	110.68	10.03
1991	111.45	2.17	22.45	20.15	69.75	5.43
2001	130.10	1.47	28.81	23.40	27.38	3.25

Source: Khan 1998

in urban areas accounting for about 36% of the total population of Bangladesh. During the same time population growth in the urban areas will be about 93% against only 22% in the rural areas. By the middle

of this century more than 60% of the total population of Bangladesh will be dwelling in the cities. (NIPORT, UNFPA-2006). Will it be urbanization in real sense or 'slumization'? The term was used by Barkat A. (Table 8.3)

8.1 Dhaka the Fastest Growing Mega City

Table 8.2: Fastest growing Mega City in the World

City	1995-2005 Growth Rate	2005-2015 Growth Rate
Lagos	5.84	3.39
Dhaka	5.81	3.04
Delhi	4.08	2.67
Karachi	3.56	2.41
Jakarta	3.37	2.12

Source: Urban Health Survey, NIPORT UNFPA-2006

The capital city the proportion of urban population will exceed 32% by 2015. The population growth rate from 1975 to 2005 of five fastest mega cities is presented in table 8.2. The average population growth rate of Dhaka accounts for more than 5.8. The table shows that the population growth of Dhaka city from 2005 to 2015 may be little over 3%. The slowing down of city population during this period could be due to expanding rate of non-farm employment followed by communication and infrastructural development in the rural areas.

Dhaka is the fastest growing metropolis-by 2020, it is expected to be the second largest urban agglomeration on the global stage after Lagos. Given the current trends the population of Bangladesh is expected to become predominantly urban in roughly three decades.

Table 8.3 Slum growth over the last decade

Year	Number of households	Slum population	Total population	% living in slums
1996	220,920	1,104,600	--	
2005	673,874	3,420,521	9,136,182	37.4%

Source: World Bank 2007

8.2 Causes of Urbanization

The major reasons of urbanization include rapid growth rate of population and limited employment opportunities in rural areas, expected higher income and better living in metropolitan cities, losing land and wealth in natural disasters. However, urbanization is not equally spread all over the country; rather the share of urban dwellers is increasingly concentrated in only a few metropolitan areas, especially in Dhaka and Chittagong. In Dhaka city alone from 1986 to 2005 slum population has jumped from 1,104,600 to 3,402,521 Table: 8.3 (World Bank 2007).

8.3 Consequences of Urbanization

This high concentration of population in metropolitan cities poses threats to economic development and service delivery, and therefore affects the achievements of MDGs. The poor air quality produced by industries and automobiles exacerbates acute respiratory infections (ARI), which is a leading cause of child mortality, while water pollution increases the prevalence of diarrhoea. Growing demand for health care and limited access to primary health care in urban areas create pressure on urban health system. Access of slum population to primary and secondary education is also negatively affected in urban areas (World Bank, 2007; Davis, 2007, Bangladesh Urban Health Survey-2006).

8.4 Policies to reduce the extent of Urbanization.

Creation of greater employment opportunities in rural areas through access to micro credits, vocational training, and encouraging small and medium entrepreneurs to invest outside metropolitan areas, better disaster management capacities can help in reducing the rate of rapid urbanization. Success in achieving MDG-1 may contribute to reduce the extent of urbanization in Bangladesh.

Cyclones in the coastal areas, floods and tornadoes are the most recurring natural disasters in Bangladesh, causing the impoverishment of the victims as well as outbreak of communicable diseases, malnutrition and injuries. Many species are on the verge of extinction. The government of Bangladesh has taken some legal steps: the Environment Conservation Act of 1995, the Environment Conservation rule of 1997 and Environment Laws in Bangladesh (1999) are positive legal steps.

Flooding has become a normal part of the ecology of Bangladesh. The flood event of 1998 covered two-thirds of the country, over 1,000 people died and 30 million were made homeless. The proportion of children suffering from malnutrition doubled after the flood. Fifteen months after the flood, 40 % of the children with poor nutritional status at the time of the flood had still not regained even the poor level of nutrition they had prior to the flood. With limited access to formal insurance, low incomes and meager assets, poor households have to deal with climate-related shocks under highly constrained conditions (HDR, 2007/08). It is predicted that by the year 2030, an additional 14% of the country will become extremely vulnerable to floods, and currently vulnerable areas will experience higher levels of flooding (World Bank, 2006. Fig 2.8).

Dengue fever is already in evidence at higher levels of elevation than has previously been the case, especially in Latin America and parts of East Asia. Climate change could further expand the reach of the disease (HDR, 2007/08). The Needs Assessment by the Planning Commission, 2009 (GOB) estimated an amount of \$ 0.26 billion on an average per year for the cost of MDG-7. (Environment)

8. 5. Changes in age structure and its consequences

Proportion of broad age structures has been changed particularly since 1989. The proportion of population under age 15 has declined from 43 % in 1989 to 35% in 2011. In contrast, the proportion of age 15-59, considered as economically active population has increased from 51% in 1989 to 56.5% in 2011. The population experts are inclined to term it as demographic dividend provided that this dividend turn into economic dividend by utilizing them which is a big challenge for Bangladesh due to increasing rate of unemployment recorded in 2011. Since life expectancy has been increasing, elderly population of 60+ is expected to rise sharply and it may exceed 40 million or more than one fifth by the 2050 which will be a big burden for the country.

Very few nations of the world are blessed as Bangladesh is with enormous human resource potentials. The country could be a global power if it can provide world class education to its talented young people. Talented people are not a scarce factor in Bangladesh. Bangladesh is frequently termed as resource poor

and poverty prone country. Still the country has tremendous potential if we transform its vast population into human resources. These human resources can give the nation a new generation of entrepreneurs, doctors, engineers, scientists, business leaders, intelligent workers and so on.

9. Population Growth and Environmental Degradation

Environmental degradation increasingly poses a pressing development concern for Bangladesh. Economic progress, accompanied with rapid urbanization and industrialization, had left its toll on Bangladesh's own ecosystem. This was evident from hydrological imbalance natural calamities, loss of bio-diversity, deforestation, destruction of wetlands and inland fisheries, arsenic contamination in the ground water, soil nutrient depletion and inland salinity intrusion in the South West region, and creeping desertification in the Northern region. Bangladesh is also one of the most natural disaster prone areas that suffer from ravages of floods, cyclones, storm surges and drought. In urban areas, air pollution, sound pollution and waste load from industries, hospitals, and municipalities are a matter of great concern.

One major threat for the country that has recently emerged is the predicted climate change and sea level rise due to global warming. Climate change scenarios such as a sea level rise, increased air and sea surface temperatures, enhanced monsoon precipitation and run-off, reduced dry season precipitation, heat waves and increase in the intensity of tropical cyclones and storm surges, floods, and prolonged droughts have all been experienced in the recent past, which have significantly affected the country's development processes. According to Intergovernmental Panel on Climate Change (IPCC, Verghese, 19999) Bangladesh will be among the worst victims due to climate change. To top at all, the high density of population and poverty will make the problem worse.

9.1. Population Environment and sustainable Development

Human beings require more than just food in order to be happy. They have other basic needs like clothing, shelter, healthcare, education, basic necessities and above all hopes and aspirations. Even if we suppose that an average person would be content with the standard of living of West European middle class, how much infrastructural development would be needed for that? How many schools, hospitals, institutions and markets would have to be built? How many cars would run in the street? How many industries would be needed and above all how much environmental and ecological imbalance would be created? (Ahmad N 1987) So, this is an impossible dream. The quality of life can be improved only if the population size does not exceed a reasonable limit. Environmentally, it implies that population is a limiting factor for the sustainable development of the country. It is quite understandable that there are too many people for too few resources, and the present population growth is not sustainable for Bangladesh. Vigorous efforts and measures are needed to control the population growth and to bring it down to a sustainable level. The limits of population growth must be in accordance with the carrying capacity of natural resources. The interaction between carrying capacity and natural resources and hydro morphology of Bangladesh under changing circumstances has been depicted in the following section.

9.2. Deforestation

The most obvious environment impacts are the disappearance of forests, soil erosion or desertification. The less obvious environmental impacts include the rise in carbon dioxide in the atmosphere, the global decline of fish catches, and the pollution of land and water bodies with industrial wastes. Each year, 5-7 million hectares of agricultural lands are lost due to accelerating land degradation and rapid urbanization, particularly in the developing countries. One sixth of the world's land area (about 2 billion hectares) is now degraded because of over-cultivation (resulting from increasing cropping intensity) and unhealthy farming practices (over-use of chemical fertilizers and pesticides. In addition, about 20 million hectares of tropical forests are lost annually. The amount of forest – land has decreased from 1.9 billion hectare to

1.7 billion hectare in the tropical regions of the world. It has declined by 1 percent in the world (by 2 percent in Bangladesh) during 1990s.

9.3. Impact of hydrology and climate change on agriculture

The GMB river system drains a total area of about 1.72 million km² in India, China, Nepal, Bhutan and Bangladesh. A lower riparian located at the lowermost reaches of the three large rivers, Bangladesh itself makes up only 7-8% of the watershed (Ahmed A, 2007). The annual renewable surface water is estimated to be 1,160 million km³. About 93% of the surface water of the river systems comes from outside the country (Musa A 2007). This gives rise to an element of uncertainty in the supply of water available from surface water system. The agricultural activities in Bangladesh suffer from various problems like floods, the shortage of upper stream water, the ground water crisis and the saline water intrusion.

9.4. Problem with ground water crisis

Non-availability of surface water during lean period makes agriculture dependent on groundwater resources and approximately 73% of the total water withdrawal comes from groundwater (Rahman A 2003). The use of ground water has increased gradually mostly for the HYV Boro rice farming in dry season. The importance of HYV Boro rice has increased because it is produced in risk free situation under controlled condition. Out of 7.6 million ha potential for irrigation in Bangladesh, 6.9 Million ha of agricultural land would come under irrigation by the year 2018, mostly by full deployment of mechanized irrigation (Rahman A 2003). A higher pressure on groundwater is coming as a severe problem for the country.

9.5. Human interventions on the river system

Human interventions started during ancient time when Aryans started to settle down about 3500 BC and moved towards the South-East part of the river Ganges by cutting the thick forest of the two sides of the river. Slowly, they started to cultivate crops. The crop cultivations are found to generate two to three times' higher runoff than those under pasture catchments (Richards, 1982). Moreover, cultivation of crop yields more sediment in the river bed. It was found that a woodland basin of the Mississippi catchment yields three times as against corn cropland yields ten times the sediment of pastureland (Verghese, 1999). Surface water irrigation also changes the flow regime and thus the cultivation of crop changes both flow and sediment regime of a river system. To meet the growing demand of ever expanding population, cropping intensity and extension of cultivated areas created soil erosion. Besides, withdrawal of surface water for irrigation has increased substantially over the last century, particularly in the densely populated areas of India and Bangladesh.

About 451 million people are directly or indirectly dependent on the Ganges River. During the decade of 1980s population had been growing at the rate of 1.99 against declining per capita agricultural output in the same decade (Verghese, 1999). Over the period of time, growing population size increased the demand for food which has intensified human interventions in the form of deforestation, intensive use of land, construction of dams, barrages, embankments, etc. Moreover, introduction of High Yielding Varieties (HYV) required more water, chemical fertilizer, insecticides which required the use of fossil fuel. All these interventions in an unplanned manner without looking into natural laws have impacted on the environment and hydro-morphologic regime of the river system. Human interventions have had negative impact on the upper and lower river basin of India and Bangladesh too (Richards, 1982).

9.6. Upper stream flow and surface water crisis

The surface water sources are categorized as rainfall, upper stream flow and in-stream storage and storage in other water bodies. The rainfall accounts for 24% and the upper stream flows contribute 74% of the total water resources in Bangladesh (BUET 2004). Average annual rainfall of the country is approximately 2,360 mm and only about 20% of rainfall occurs in the dry season (October-May) which did not differ much during 1990s ((Ahmed A, 2007). Possible impact of climate change like less rainfall in the dry season will increase water stress in the areas that already experience water shortages in the recent years, particularly in the winter months. The flow of discharge of water during peak and lean season of GMB is presented in table-9.1.

Table -9.1 Peak & Lean flow in the major rivers in Bangladesh

River	Ganges	Bramaputra	Meghna
Station	Hardinge Bridge	Bahadurabad	Bhairab Bazar
Peak flow (cubic meter /second)	76,000	102,534	19,800
Lean flow (cubic meter /second)	526	2,860	-
Lean flow as % of peak	0.7	2.79	-

Source: Ahmed and Roy, 2007

There are 57 cross-boundary rivers of which 54 are shared with India and the remaining three with Myanmar. Bangladesh, the lower riparian country of the Ganges-Brahmaputra-Meghna basin, faces the paradoxical situation of too much and too little water in different seasons. It is depicted in table-I that the water flow in lean period is only 0.7 % of peak period in the Ganges River and 2.76% in the Brahmaputra. Lowest decrease in lean period flow of the River Ganges is due to human intervention like construction of Hardinge Bridge, Farakka Barrage and many other structures and embankments. During the last fifty years, particularly following construction of Farakka Barage in 1971, the discharge of dry season from the upper stream has been reduced by 15%. The increase in sinuosity of the Ganges River downstream of the Farakka Barrage to the Hardinge Bridge is most likely to be the result of sediment, trapped in the upstream of the Barrage (Alam, M 2000). India also suffered from disastrous flood in 1998 due to deposition of sediment in the upstream of the Farakka Barrage.

There is net erosion along the Ganges, both in Bangladesh and India. Bangladesh is the worst suffer- the net loss of flood plain from 1980 to 1999 has been 12,650 ha while India lost about 4,850 ha during the same period (Chowdhury N, 2009). The variation of water flow in lean and peak period has made the river beds up through deposits of sediments, and thereby lowering their water conveyance capacity.

9.7. Impact of Hydro-morphology on Human Ecology

Hydro-morphology, environment, river system and agriculture have had tremendous impact on the human ecology. Most of the ancient human civilizations were established beside the bank of a river. The river system contributed to navigation, fisheries, plant and wild life, biodiversity, environment and primary source of domestic, agriculture and industrial water. Human interventions adversely affected hydro-morphological regime of the river system. Frequency and intensity of natural disaster in the form of flood, cyclone, tsunami, draught (Verghese, 1999, BUET, 2004) erosion and saline water intrusion (Kudrass.H, Ahmed A, 2007). displaced many people. The number of environmental refugees is going to be higher

than political refugees. Arsenic was detected in ground water in 59 out of 64 districts of Bangladesh (BUET, 2004). . Deposition of sediment, excessive salinity and sea level rise threatened the biggest mangrove forest *Sunderban*. Total area of *Sundarban* is 10,200 km² of which 6,000 km² is in Bangladesh and the rest 4,200 km² is in India (Ahmad. N, 2012).

Bangladesh, a low-riparian country, has 57 trans-boundary rivers, of which 54 are shared with India and 3 with Myanmar. A significant quantity of water flow is withdrawn and diverted upstream by neighboring countries for irrigation and other purposes resulting in reduced flow of water in the rivers. The Farakka Barrage on the river Ganges is a notable example. Desertification prevails in some areas of Bangladesh due to withdrawal of water from the Ganges through the Farakka Barrage.

Impact of major human interventions like construction of Farakka Barrage has significant changes in the hydrology of the Ganges system in Bangladesh. As soon as diversions began at Farakka annual peak discharge of the Ganges has increased 13%, and minimum water level decreased by about 18% during dry season (WARPO, 1999). In the worst effected river the Gorai an off take of the Ganges, the discharge dropped by 57%, 77% and 72% during November, April and March period followed by annual peak discharge of 62% and 75% variation. As a consequence the siltation of the Gorai River has increased significantly and the river virtually dries up in the dry season (Alauddin M,2000, WARPO, 1999). Hydrological imbalance, particularly inadequate supply of water during the dry season has caused significant socio-economic impacts through disrupting agriculture, fisheries, forestry, navigation and enhancing salinity intrusion [28] and soil erosion (BWDB, 2008). During heavy rainfall and higher upper stream flow, the country is flooded often and the floods are prolonged because of upper river bed. Moreover, the riverbank erosion rate has gradually been increased which has created a net annual loss of 8,700 ha (Akanda, 2010). A huge population of about 728,439 was displaced due to erosion (Richards, 1982).

9.8. Extraction of Energy and Climate Change

Energy is vital for growth and development. Revolution in the production was possible due to extraction of energy. Power could be considered an important factor of production. Primary energy like Oil, Coal and Gas consumption in particular has been increased substantially.

9.9. Excessive emission of Carbon dioxide by burning Coal and Oil:

Since the industrial revolution in Europe in 18th century, production in the manufacturing sector has increased at the staggering rate. Many industries use coal and oil, and emit poisonous smoke. This pollutes air and water. Some of the smokes return to land in the form of black gas-rain. Carbon dioxide in the air has increased from 280 per 100,000 before industrial revolution to 327 in 1972 to 370 in 2000.

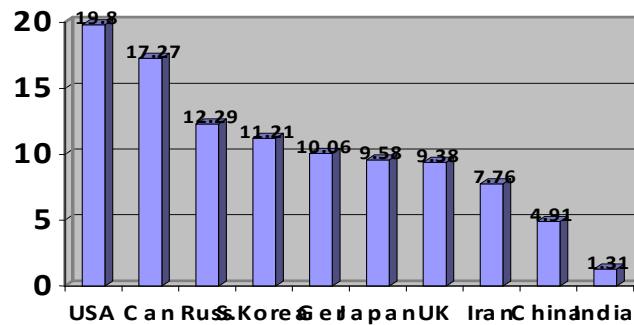
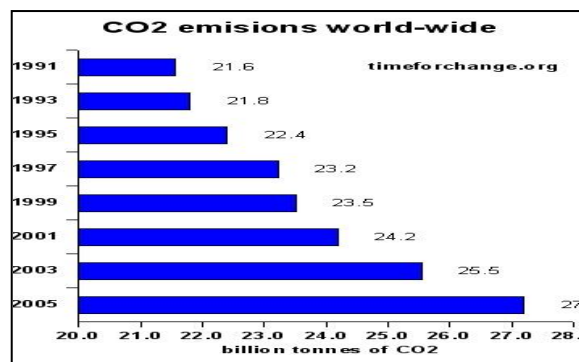
Figure: 9.1 Per Capita Emission of CO₂ in million metric tons per year in 2008

Figure: 9.2 Global emissions



Source: Environmental International Agency (EIA 2011)

As said, the major cause of global warming is the emission of green house gases like carbon dioxide, methane, nitrous oxide etc. into the atmosphere. The major source of carbon dioxide is the power plants. These power plants emit large amounts of carbon dioxide produced from burning of fossil fuels for the purpose of electricity generation. About twenty percent of carbon dioxide emitted in the atmosphere comes from burning of gasoline in the engines of the vehicles. This is true for most of the developed countries. Buildings, both commercial and residential represent a larger source of global warming pollution than cars and trucks.

9.10. Global Warming

The average temperature in a global scale has augmented more than 1 degree Fahrenheit since 1900 and the speed of warming has been almost three folds the century long average since 1970. This increase in earth's average temperature is called Global warming. More or less all specialists studying the climate record of the earth have the same opinion now that human actions, mainly the discharge of green house gases from smokestacks, vehicles, and burning forests, are perhaps the leading power driving the fashion. A rise in earth's temperatures can in turn root to other alterations in the ecology, including an increasing sea level and modifying the quantity and pattern of rainfall.

The marine life is also very sensitive to the increase in temperatures. It is expected that many species will die off or become extinct due to the increase in the temperatures of the water. The global warming is expected to cause irreversible changes in the ecosystem and the behavior of animals.

9.11. Climate Change and state of Vulnerability of Bangladesh

Climate change has occupied the centre stage of all deliberations on environmental issues in today's world. Continued increase of global warming affected our seasonal pattern and endangered seasonal diversity. As a result, intensity of climate change related disasters such as excessive rain and flooding, cyclone, tornado, tidal surge etc. has increased. Sidre and Aila are the best examples of such intensity.

According to the Intergovernmental Panel on Climate Change (IPCC), the principal cause of climate change is the increase in global average temperatures. The vulnerability due to climate change depends on several factors such as geographical location and socio-economic condition. The type and magnitude of vulnerability vary in different regions of the world. Poor economic condition of the people of Bangladesh and reliance on the natural resources has aggravated this vulnerability.

The following changes have been observed in climate trends, variability and extreme events

- In Bangladesh, average temperature has registered an increasing trend of about 1°C in May and 0.5°C in November during the period from 1985 to 1998.
- The annual mean rainfall exhibits increasing trends in Bangladesh..
- Serious and recurring floods have taken place in 2002, 2003, and 2004.
- Frequency and intensity of cyclones originating from the Bay of Bengal have been increased.
- Increased salinity in the soil has damaged 0.83 Million hectare of cultivable land. Saline water from the Bay of Bengal is reported to have penetrated 100 km or more inland along tributary channels during the dry season.

Bangladesh is one of the signatories of United Nations Framework Convention on Climate Change (UNFCCC), and Kyoto Protocol. Bangladesh signed and ratified these Conventions in 1992 and 1994 respectively. Bangladesh prepared and submitted National Adaptation Program of Action (NAPA) in 2005 as a step towards implementing the decisions adopted by the Conference of the Parties to UNFCCC. Bangladesh presented NAPA in the sidelines of the eleventh conference of parties held in Montreal, Canada, during November-December 2005.

UNFCCC has established the Least Developed Countries (LDC) Fund and Special Climatic Change Fund (SCCF) to address climate change risk management issues for the least developed countries. A coastal a forestation project titled Community-Based Adaptation to Climate Change is being implemented by the Department of Forest with the financial assistance from LDC fund. United Nations Framework Convention on Climate Change (UNFCCC) has also established Adaptation Fund.

With a view to addressing the adverse impact of climate change, a Multi Donor Trust Fund (MDTF) has been established following the international conference titled "U.K. Bangladesh Climate Change, Bangladesh Facing the Challenge" held in London on 10 September 2008. Formation of the MDTF which is recommended to prevent massive environment related disasters and losses, is progressing. With the financial assistance from GEF-TJNTDP, a Climate Cell has been created in the Department of Environment to take up coordinated strategy at the local and national levels about climate change related activities under comprehensive disaster management program.

The Government is aware of the fact that Bangladesh is at the risk of being the worst victim of worldwide climate change. As a result, a Climate Change Strategy and Action Plan (BCCSAP) 2009 have been prepared, a Climate Change Trust Fund Policy has been formulated and a Climate Trust Fund has been established. In order to implement the BCCSAP, Focal Points in different ministries have been identified. Each of the key Ministries has already set up separate Climate Change Cell in order to streamline and coordinate climate change activities in their respective sectors. Ministry of Environment and Forest has also set up a Climate Change Unit also in order to streamline and coordinate overall climate change

activities. In FY 2009-10, Tk 7 billion have been allocated to finance 134 programs in forty-four broad programs under six thematic areas.

9.12. Programs under the Sixth Five Year Plan

Degraded environment implies that there are fewer resources available not only for the present but also for future generations, creating adverse impact on both production and consumption activities of the people. In this context, the Ministry of Environment and Forests (MOEF) has been working for the conservation of environment and undertaking various activities to prevent environmental degradation.

The MOEF is formulating and implementing policies and programs that ensure a balance between the existing livelihood requirement of the people and sound environmental resource management that can ensure sustainability. Programs undertaken by the DoE include raising awareness on environment, implementation of the international conventions and protocols signed by the government, environmental management and its monitoring and overseeing the implementation of existing environmental laws of the country.

One specific program being implemented is the Clean Development Mechanism (CDM), which is among the three mechanisms adopted under the Kyoto Protocol toward abatement of GHG emissions. As provided in CDM, industrial establishments belonging to the developed world will be able to accumulate their Certified Emission Reduction (CER) credit under their respective heads of account through investment in developing countries in lieu of reduction of GHG emissions from their industries located within their respective own countries.

With a view to developing management of waste of the city of Dhaka under the auspices of CDM, 700 MT of decomposable waste is being collected from kitchen markets of various locations to prepare compost fertilizers. Such a program will save cost of waste collection and transportation and will simultaneously ensure the availability of environment-friendly organic fertilizers produced from the above collected kitchen market wastes.

Besides completing a large number of projects during the previous plans, DoE is engaged in implementing a number of programs to improve as well as to protect the environment. A brief listing of these programs is:

- Control of Air Pollution
- Controlling Industrial Pollution
- Conservation of Ecosystem
- Partnership Program for Environment Protection
- Conservation of Biological Diversities
- Protection of the Ozone Layer
- Measures toward Management of Wastes
- National Bio-Safety Framework
- Control of Noise Pollution
- Saving the River
- Generating electricity from waste
- Declaring Ecologically Critical Areas
- Reduction in the Production and Use of Black Polythene
- Poverty-Environment-Climate-Disaster Nexus Initiative in National Planning Process.

10. Conclusion

Most of the successes achieved in health indicators are in the aggregate level. Indeed, there are significant inequities between rich and poor and different geographical locations. Under-Five Mortality Rate is about 95 percent higher in the poorest quintile than in the richest. Children in the poorest households are more than twice as likely to be moderately malnourished and four times as likely to be severely malnourished as children in the richest households. Mothers from the poorest quintile are almost three times more likely to be wasted than women from the richest quintile. Although MMR decreased still is a challenge to reach 143 per 100,000 deliveries to meet MDG by 2015. Low parity, low income group, low performing and vulnerable areas and adolescents should be addressed to meet unmet need groups. Bangladesh must pursue and attain the first goal of ICPD by ensuring universal access to information and service delivery of RH/FP and primary health care. The World Bank (2010) suggests that “Progress in improving equity depends on shifting resources towards areas with the greatest needs, through a revision of norms for per capita allocations---to attend to the needs of the poor.” The guiding principle of GoB policies was to serve the ‘poor, women and children’.

Both ‘Demand’ and ‘Supply’ variables play a role in the process of fertility reduction and because of this same degree of rigor should be accorded to research and practice on the sociology of ‘Demand’ and ‘Supply’. The formidable task however is to blend demand and supply aspects in right proportions as a means of transition from a ‘natural fertility’ to one of ‘wanted fertility’ in order to achieve desired fertility. Perfect blending of demand and supply factors in right proportions will be helpful in ensuring the best use of resources and time for population management in Bangladesh. It is evident that food availability cannot ensure food security unless people have the accessibility what Amartya Sen theorized ‘exchange entitlement approach’. Population growth is also contributing to poverty and as such poverty equity and GDP triangle must be synergistically designed with population, education and environment. Ultimately, cultural enlightenment and reconstruction of society in favor of justice and equality is a prime need to address the issue of health equity, gender balance and violence against women

It is evident that food availability cannot ensure food security unless people have the accessibility what Amartya Sen theorized ‘exchange entitlement approach’. Population growth is also contributing to poverty and as such poverty equity and GDP triangle must be synergistically designed with population, education and environment. Ultimately, cultural enlightenment and reconstruction of society in favor of justice and equality is a prime need to address the issue of health equity, gender balance and violence against women

High population density, unplanned urbanization, deforestation, excessive use of chemical fertilizer and pesticide, over cultivation of land, over catching of fish, carbon dioxide emission from brick field and other industries have created environmental degradation in Bangladesh. As a result soil, air and water are becoming increasingly polluted. Arsenic contamination in the water, hydrological imbalances causing floods and shortages of water supply in the rivers during the lean period, poor sanitation and industrial waste are becoming a threat to the environment. Many species are on the verge of extinction. The government of Bangladesh has taken some legal steps: the Environment Conservation Act, the Environment Conservation rule and Environment Laws are positive legal steps.

The current strategic vision embraces an approach that highlights the need for a progressive realization of rights in the shortest possible time. For this, poverty reduction (with special focus on the removal of hunger and chronic poverty) and acceleration of the pace of social development (with particular emphasis on empowering the poor and achieving gender equality) have been made the overarching strategic goals. Adopting a comprehensive approach and taking into account evolving national realities. There is a need for positive dialogue and greater understanding among individuals, families, communities and governments about the complex and sensitive issues of gender. It is also useful to undertake a strategy to

empower women ensuring their equal access to health care, education, employment, resources, rewards, opportunities and the process of decision making.

Very few nations of the world are blessed as Bangladesh is with enormous human resource potentials. The country could be a global power if it can provide education and skills to its talented young people. Talented people are not a scarce factor in Bangladesh. Bangladesh is frequently termed as resource poor and poverty prone country. Still the country has tremendous potential if we transform its vast population into human resources. These human resources can give the nation a new generation of entrepreneurs, doctors, engineers, scientists, business leaders, intelligent workers and so on. Due to unequal opportunities and appropriate policies and programs the expected potentials could not be achieved. The demographic dividend will not come automatically unless it is turn into economic dividend by utilizing them which is a big challenge for Bangladesh due to illiteracy, ignorance and increasing rate of unemployment. Most of our expatriates are unskilled, less literate and semiskilled. Proper Population management should take into consideration how institutions and facilities could be developed to train them so that they contribute to the nation and also themselves.

Today, the greatest desire of mankind should be the creation of a civilization in which utmost respect is paid to the human beings themselves. There is a need for new enlightenment, conceived and nurtured by every individual and nation to chart and shape our destinies. New approach needs to be developed with the idea that good programs and interventions do not consist merely of giving directions, decisions and orders, but of creating understanding of and learning from each other. It does not consist merely of imparting knowledge, but of helping people gain a clear view of the meaning of knowledge and its implications. The strategic vision should embrace an approach that highlights the need for a progressive realization of rights in the shortest possible time. Poverty reduction and acceleration of the pace of social development should be made the overarching strategic goals under the future plan in Bangladesh New guiding philosophy, mission, vision and goals need to be set as a means to self-fulfillment as well as happiness in the social and private life on the basis of global conscientious and national needs.

11. Recommendations

11.1. Population Management

- Develop appropriate information and service delivery mechanism to ensure RH/FP services and information universally accessible.
- Segmentation of clients for different types of service delivery with built-in bias in favor of target groups with informs choices.
- Blend demand and supply factors by understanding sociology of demand and supply as well and formulate policies, programs and allocating resources.
- Strengthen service delivery to address unwanted birth and pregnancies.
- Ensure frequent worker client contact with unmet need groups to translate their desire in to practice.
- Empower people to move from passive receiver of services from domiciliary level to an active seeker at static clinics, private/community/NGO outlets, SMC and other shops.
- Ensure community awareness against early marriage teenage pregnancies and child birth.

- Undertake right based approaches to empower low parity, lower age, and low income groups through education , employment and decision making power.
- Reduce population growth and undesired birth at the poverty level and develop them as human resources.
- Address disadvantaged, vulnerable groups and reduce landlessness through pro-poor policies.
- Research and knowledge management on population dynamics an climate change to ensure that Bangladesh is networked into latest global thinking on population dynamics climate change, mitigation /adaptation.
- Diversify cropping pattern replacing water intensive rice farming by potato, wheat and pulses in order to save scarce resources.
- Create social awareness to change food habit substituting excessive rice consumption by Potato, Vegetable and Pulses.
- Ensure food security, health and social protection for the poorest, most vulnerable people and environmental refugees from climate change.
- Strengthen institutions to enhance the capacity of government ministries, civil society and the private sector to meet the challenge of population and development.
- Promote need based research to collect data and foster evidence based knowledge
- Formulate policies and strategies with evidence based knowledge in order to implement the programs
- Device the strategy of involving private sector, NGOs and other civil societies so that they can actively participate and contribute to the programs.

11.2. Hydro morphology and Environment

- Stop intervention in the form of manipulating the natural laws beyond certain limit.
- Form regional level cooperation among the co-basin countries in order to foster long term solution on the water sector in a sustainable manner.
- Design meaningful planning to increase the flow of water from upper stream during lean period to minimize the shortage.
- Formulate policy to preserve and protect hydro morphology of the river system and water bodies.
- Think twice, before constructing a barrage, embankment, bridge, culvert or other water control structure hindering natural flow of water in the long run.
- Take every effort to store water during peak period for the consumption of lean period in a planned way.
- Initiate water sharing agreement of all the 54 rivers with co-basin countries abiding international laws and compensation for mitigation, adaptation and damage.

11.3. *Infrastructure*

- Develop, promote and introduce eco-friendly technology in order to protect and conserve nature and environment.
- Conserve National Resources, use of Renewable energy: Solar, Air, Hydro Biofuel etc.
- Diversify cropping pattern replacing water intensive rice farming by potato, wheat and pulses in order to save scarce resources.
- Create social awareness to change food habit substituting excessive rice consumption by Potato, Vegetable and pulses.
- Ensure food security, health and social protection for the poorest, most vulnerable people and environmental refugees from climate change.
- Strengthen disaster management to further improve the country's already proven disaster management capabilities to deal with natural calamities.
- Ensure that existing assets (coastal/river embankments) are well-maintained and urgently needed infrastructure is put in place to deal with climate change.

11.4. *Research and Technology*

- Research and knowledge management on climate change to ensure that Bangladesh is networked into latest global thinking on climate science, mitigation /adaptation.
- Develop low carbon technology options and implement them as the country's economy grows over the coming decades and the demand for energy increases.
- Strengthen institutions to enhance the capacity of government ministries, civil society and the private sector to meet the challenge of climate change.
- Restore ecosystem through participatory approach.
- Adapt community based approach in the climate change affected coastal areas
- Promote need based research to collect data and foster evidence based knowledge
- Formulate policies and strategies with evidence based knowledge in order to implement.

11.5. *Political Economy*

- Ensure and sustain GDP growth over 7 to 8 percent per annum.
- Ensure more equitable distribution of growth benefiting more to the poor and controlling prices of food and other essentials.
- Ensure more employment opportunities for the poor and particularly women.
- Ensure funding support to meet ICPD and MDGs cost.
- Develop planning to spend budget within stipulated time and design proper evaluation and monitoring mechanism.

- Ensure good governance, transparency and accountability at all levels.
- Provide supply of goods and commodities under the complex procurement mechanism prevailing now.
- Ensure sustainability by reducing donor dependence and develop local level capacity to ensure supply of commodities

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Record of Notes**Inception Workshop on Integrating population issues into development plans**

Venue: NEC Conference Room, Sher-E-Bangla Nagar, Dhaka-1207

Date: March 23, 2013

INTRODUCTION

The inception workshop on "Integrating Population Issues into Development Plans" of the 'Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans' 'Project' was held on March 23, 2013. The workshop was organized by the General Economics Division of Planning Commission, Government of the People's Republic of Bangladesh in collaboration with UNFPA Bangladesh at the NEC Conference Room, Shere Bangla Nagar, Dhaka-1207. The Hon'ble Minister for Ministry of Planning Air Vice Marshal (Retd.) A. K. Khandker, MP graced the occasion as Chief Guest and Mr. Masud Ahmed, Member, SEI Division, Planning Commission, Mr. Abdul Mannan Hawlader, Member, Industries and Power Division, Mr. Bhuiyan Shfiqul Islam, Secretary, Planning Division, Ministry of Planning and UNFPA Representative in Bangladesh Mr. Arthur Erken were the special guests of the workshop. Professor Shamsul Alam, Member, General Economics Division, Planning Commission chaired the workshop. Dr. Rafiqul Huda Chowdhury, Honorary coordinator and Advisor, East West University was present as a discussant. Mr. Md. Zabiullah delivered the welcome address and Mr. Nurul Hoque Mazumder gave the vote of thanks to the occasion.

2. Objectives of the workshop

The overall objective of the workshop was to exchange knowledge and views among various stakeholders in Bangladesh in integrating population issues into development plans of Bangladesh government. The workshop provided a forum for different relevant stakeholders to examine the increasingly important role of population dynamics in the context of sustainable development of Bangladesh.

The main objective of the workshop was to discuss how, in Bangladesh, the current population dynamics are affecting human development particularly in light of the post Millennium Development Goals (MDGs) and the Government of Bangladesh's Sixth Five Year Plan. This policy dialogue with the key stakeholders was helpful to identify the depth and dimension, strength and weakness of the past and current population policies and program strategies. The dialogue enabled the participants to see the current situation critically, identify the gaps in the existing policies and the problems in the implementation of the plan/program.

In a nutshell, the understanding of the participants on various issues of population dynamics and its link to the development of Bangladesh in the context of current challenges was enhanced.

3. Participants

The workshop was attended by around 78 participants including representative from different relevant government agencies, Planning Commission officials, civil society people and academicians. In addition, representatives of the United Nations Fund for Population (UNFPA) and the World Health Organization also attended. A list of participants is attached in annex-1.

4. Opening and business session

The session started with a one minute standing silence of the participants to express deep condolence for the demise of the Honorable President Zillur Rahman followed by a special prayer. A Keynote Paper on '**Population, Dynamics and Development Challenges in Bangladesh**' was presented by Prof. Dr. Ahmed Neaz, Adviser, MPH Programme, American International University Bangladesh. Professor Niaz Ahmed's analytical presentation was based on the theoretical foundations of main stream research on the determinants of population dynamics. Mr. Neaz reminded that population and development issues were inextricably mingled and had profound reinforcing effect with each other. Saying this he referred to the International Conference on Population and Development, ICPD, (Cairo 1994) and the World Summit for Social Development in Copenhagen and the Fourth World Conference on Women (FWCW) in 1995 -

which were the cornerstone on the way to formulate the historic UN Millennium Development Declaration and the Millennium Development Goals (MDGs) in 2000. He acclaimed that Bangladesh had made substantial progress and achievements by providing various actions and measures to implement different aspects of the 1CPD (PoA) and MDGs.

With this background Mr. Neaz presented most of the key issues of population dynamics and relevant development challenges of Bangladesh. His presentation focused on the following issues:

- Chronological depiction of Policies and Programs of Bangladesh in order to accomplish well defined goals and objectives.
- Achievements in the Population Sector
- Achievements in other Development Sector
- Past Present and Projected Population of Bangladesh
- Distribution of Fertility by Divisions and Economic Status
- Meeting Unmet Need for Family Planning
- Teenage Pregnancy
- Socio-Economic Consequences of Population Growth in Bangladesh
- Poverty, Population and Sustainable development
- Population growth and food security
- Universal Access to Primary Education .for Both Sexes
- Gender Equality, Equity and Empowerment of Women
- Violence in Bangladesh • Violence in a global scale across the Nations
- Making Progress in the Health Indicators
- Maternal health • Safe Motherhood in Bangladesh
- Causes of MMR
- Antenatal Care
- Emergency Obstetric Care
- Infant and Under 5 Mortality Rates
- Changes in age structure and its consequences.
- Urbanization: an emerging challenge

Recommendations of the inception dialogue

- Develop appropriate information and service delivery mechanism to ensure RH/FP services and information universally accessible.
- Segmentation of clients for different types of service delivery with built-in bias in favor of target groups with informs choices.
- Blend demand and supply factors by understanding sociology of demand and supply as well and formulate policies, programs and allocating resources.
- Strengthen service delivery to address unwanted birth and pregnancies through frequent worker client contact
- Empower people to move from passive receiver of services from domiciliary level to an active seeker at static clinics, private/community/NGO outlets, SMC and other shops.

- Ensure community awareness against early marriage teenage pregnancies and child birth.
- Undertake right based approaches to empower through education, employment and decision making power.
- Reduce population growth and undesired birth at the poverty level and develop them as human resources.
- Promote need based research; formulate policies and strategies with evidence based knowledge
- Devise the strategy of involving private sector, NGOs and other civil societies so that they can actively participate and contribute to the programs.
- Ensure and sustain GDP growth over 7 to 8 percent per annum and ensure more equitable distribution benefiting the poor
- Ensure sustainability by reducing donor dependence and develop local level capacity to ensure supply of commodities.

5. Closing Remarks by the Chair

Dr. Shamsul Alam, Member, General Economics Division (GED), Bangladesh Planning Commission mentioned that the information used in the paper such as per capita food consumption, per capita per day calorie consumption, poverty headcount ratio based on HIES 2010 and Gini coefficient of Bangladesh should all be aligned with the information of national documents such as 6h Five Year Plan, National Sustainable Development Strategy (NSDS), Perspective Plan of Bangladesh etc. With respect to rice consumption, he requested to use the figure of Bangladesh Bureau of Statistics (BBS) i.e. 159 kg per capita per annum otherwise the future projection of rice requirement would be flawed for Bangladesh. He requested Dr. Neaz to update the information and based on the discussion and rewrite the paper and submit the same to the General Economics Division of the Planning Commission to include this in the workshop proceeding. The workshop was officially called off by thanking all the participants from the Chair.

Annex-1**General Economics Division (GED)****“Inception Workshop on Integrating Population Issues into Development Plan”****Date – 23 March , Saturday 2013****Attendance Sheet**

Sl	Name	Designation	Organization/Department
1	Md. Shamimul Haque	Senior Assistant Chief	Planning Division
2	Md. Abdul Latif Dakua	Research Officer	Planning Commission
3	Md. Hasanur Rahman	Division Chief	Planning Commission
4	Ms. Shamima Akhter	Division Chief	Planning Commission
5	Md.Eakub Ali	Joint Chief	Planning Commission
6	AKM Abdullah Khan	Deputy Chief	Planning Commission
7	Ms. Sabira Yesmin	Deputy Chief	GED
8	Mohammed Mizanur Rahman	Deputy Chief	Planning Commission
9	Ms. Nujhat Farhin	Assistant Chief	GED
10	Ms. Kohinoor Akter	Assistant Chief	GED
11	SM. Faisal Alam	Deputy Secretary	Planning Division
12	Md. Mokhlesur Rahman	Deputy Chief	GED
13	Md. Mosharaf Hossain	Deputy Chief	Planning Commission
14	Mr. Syed Ali bin Hassan	Assistant Chief	GED, PC
15	Susanta Kumar Sarker	Ps to Minister	Ministry of Planning
16	Md. Abdulla-Al-Shahin	Public Relation Officer	Ministry of Planning
17	Md. Azadul Islam	APS to Minister	Ministry of Planning
18	Md .Monirul Islam	Senior Assistant Chief	GED, Planning Commission
19	Md. Salahuddin Ahmed	Senior Assistant Chief	GED
20	Ms. Umme Salma	Assistant Chief	GED
21	Ms. Mahbuba Hasin	Assistant Chief	GED
22	SM. Ashraful Islam	Additional Secretary	MOPME
23	Md. Mohsin	Senior Assistant Chief	Ministry of Finance
24	Md. Taibur Rahman	Senior Assistant Chief	GED
25	Ms. Shefali Begum	Senior Assistant Chief	Planning Division
26	Md. Mizanul Haq	Senior Assistant Chief	GED
27	Md. Zakiur Rahman	Tec, Officer	UNFPA
28	Md. Liakot	Administrative Officer	Planning Commission
29	Md. Anawarul Alam	Ps to member	GED
30	Md. Saiful Islam	Programme Officer	UNFPA
31	Md. Mahboob-E-Alam	National Programme Officer	UNFPA

32	Dr. Ahmed Neaz	Professor	AIUB
33	Mohammed Bellal Hossain	Associate Professor	Population Sciences Department, Dhaka University
34	Shelina Afroza Phd	Director General	NIPORT, M/O Health
35	Md. Rafiqul Huda Chowdhury	Professor	East West University
36	A.K.M Nurun Nabi	Professor	Population Sciences Department, Dhaka University
37	Arthur Erken	Representative	UNFPA
38	Md. Moinul Hossain Rony	Project Officer	UNFPA
39	M.A. Mannan Howlader	Member	SEID, Planning Commission
40	Md. Humayun Kabir	Program Manager	DG-FP
41	Ms. Shereen Akther	Project Officer	UNESCO
42	Dr. Faruque Ahmed Bhuyan	DPM	DGHS
43	Sheikh Md. Monzurul Huq	Professor & Chairman	Dept. of Geography and Environment, JU
44	Md. Mohsin Ali Khandoker	Joint Chief	Planning Commission
45	Ms. Sheepa Hafiza	Director	BRAC
46	Ms. Sadia Sharmeen Huq	Assistant Chief	GED
47	Dr. AEMd. Muhiuddin Osmani	Deputy Chief	MOHFW
48	Ms. Saleha Binte Siraj	Senior Assistant Secretary	ERD
49	Md. Tahidul Alam	Economist	UNFPA
50	Mst. Susmita Islam	Assistant Chief	ERD
51	Md. Forhad Hossain	Administrative Officer	Planning Division
52	Md. Nazrul Islam	Deputy Chief	Programming Division
53	Md.Zahedul Islam	Assistant Chief	SEID, Planning Commission
54	Monjur Md. Shahrier	Ps to Secretary	Planning Division
55	Md. Alamgir Hossain	Deputy Chief	M/o Women & Children Affairs
56	Ms. Nazia Afrin Chowdhury	Senior Assistant Chief	GED
57	Md. Mumitir Rahman	Deputy Director	IMED

2. Transition to Demographic Dividend: Deciding Future Development Strategies in Bangladesh

AKM Zafar Ullah Khan²

Fertility transition and population momentum

Bangladesh has experienced a large growth of population in the past, but due to the success of family planning and other multi-sectoral programs, the level of total fertility rate (TFR) has declined rapidly. Bangladesh had a population of approximately 76 million in 1975 when the TFR was 6.3 children per woman. By 2011, Bangladesh's population had increased to approximately 150 million, and the TFR had fallen to 2.3. Despite the impressive success, Bangladesh's population will add another 40 million over the next two decades. In 2051, the population size of Bangladesh will be 220 million.

Bangladesh has been passing through a critical phase of fertility transition, and is on target towards reaching replacement level fertility by the year 2015. Even if the population attains replacement level fertility by 2015, the population will grow at a fast pace until the population size is stabilized, due to heavy young age composition during the process of fertility transition. Hence the absolute number increases even after attaining replacement level of fertility. This process is known as population momentum.

Once the process of population momentum is initiated, the population will keep on increasing very rapidly during the next several decades until it is eventually stabilized. The population momentum is phased off after the young age population becomes stable. The overall economic growth will be severely affected due to the population momentum, and without integrated policy measures, it would be difficult to face the emerging challenges.

Demographic dividend

Bangladesh is approaching towards the last stage of demographic transition. A direct consequence of demographic transition is the effect on the age composition of the population. The population growth momentum is already underway owing to a large base of young age population. Important impact of population momentum will be observed on the number of women in reproductive age and on the size of elderly person. The population policies and programs have not suggested any specific strategies in order to face these challenges.

As fertility rates fall during the demographic transition, so countries act wisely before and during the transition, a special window opens up for faster economic growth and human development, which is generally known as "demographic dividend". More specifically, the demographic dividend can be defined as the potential economic benefit offered by changes in the age structure of the population, during the demographic transition, when there is an increase in working-age population and an associated decline in the dependent age population. Demographic dividend does not last forever, and does not even exist for a long period. This is a limited window of opportunity. In time, the age distribution changes again, as the large adult population moves into the older, less-productive age brackets. As ageing occurs, the

² This paper was presented at the policy dialogue on Transition to Demographic Dividend: Deciding Future Development Strategies in Bangladesh held on 30 June 2013 at NEC conference organized by GED, Planning commission under the UNFPA funded project titled 'Strengthening Capacity of the General Economics Division (GED) to integrate Population issues and Gender concerns into Development Plans. Views expressed are author's alone.

demographic dividend will disappear. Dependency ratio rises again with the need to care for the elderly rather than the need to take care of the young.

Demographic dividend helps a country through three growth instruments:

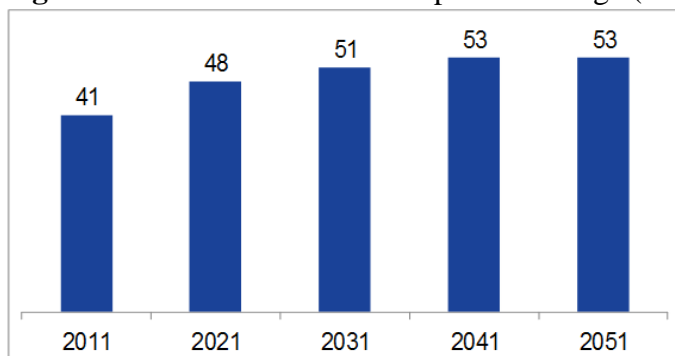
- **Labor supply.** Demographic transition passes through a phase when it adds to the labor force in two ways. One, the number of people in the working-age gets bigger, and two, women are more likely to enter the labor market as fertility level declines. Labor supply increases as generations of children born during periods of high fertility enter the workforce.
- **Savings.** Working-age adults earn more and save more money than the young. There is an age-structure impact on total economic growth due to increasing proportion of working-age group in total population, increasing the ratio of producers to consumers. Demographic transition amplifies the flow of revenues which in turn can boost country's ability for investment and growth.
- **Human capital.** At the household level, increasing life expectancy makes parents invest more in their children's human capital. Incomes go toward prolonged education for children to improve life prospects. As a consequence, the labor force becomes more productive and gets higher wages. At the national level, with shrinking of young population, pressure on the education system is reduced, which can help countries to invest more in improving the quality of education and in higher levels. The country has a strong human resource base attracting foreign investment.

Addressing dynamics of population momentum

Bangladesh has already been under the process of population momentum, with an overwhelming increase in the population size, and a consequent effect on the age composition of population and on the geographic distribution of population.

Women in reproductive age: In the process of population momentum, the number of women in reproductive age will continue to increase and as a result the number of births will be higher than expected after attaining the replacement level fertility. As shown in Table 1, current female population of reproductive age (41 million) will add another 12 million by 2040, suggesting a growing number of births in future. It is noteworthy that the growth of females in reproductive age is relatively very high during 2011-2031. Policymakers have to pay serious attention to the policies related to family planning, antenatal care, delivery and postnatal care, etc. for a rapidly growing female population in reproductive age.

Figure 1 Number of women in reproductive age (million), 2011-2051¹



¹ Mabud, M. A. 2009. Bangladesh Population: Prospects, Problems and Remedies (Projection for 100 years, 2001-2101). Dhaka: Organization for Population and Poverty Alleviation (OPPA) and South Asian Institute of Advanced Studies (SAIAS).

Ageing: Another problem that will have increasingly important role during the next decades is attributable to the process of ageing of population as the population will tend to stabilize. Population ageing is a major by-product of the demographic transition as well as population stabilization. During the period 2011-2051, the size of elderly population will increase nearly five times.

Table 1 Number of elderly population aged 65 years or over, 2011-2051¹

Year	Population (in million)	Percent of total population
2011	6	4
2021	8	5
2031	14	7
2041	20	10
2051	27	12

Without a very specific set of policy strategies concerning socio-economic and health services for such an increased number of elderly people, there will be serious imbalances in the society. The problems will be more intense because a much larger number of families live under the poverty line or do not have adequate housing, healthcare and nutrition, and majority of the elderly population are in the rural areas where poverty is a serious problem.

Urban population: Bangladesh is predominantly a rural country. Urbanization in Bangladesh has occurred at a high speed since 1951, as the country has become seven times urbanized in the last sixty years, as the proportion of urban population increased from 4 percent in 1951 to 28 percent in 2010. By the year 2050, half of the country's population is expected to live in urban areas. This shift from rural to urban areas will have significant impact on food production, resource allocation, existing social services and infrastructure.

Conclusion

Bangladesh is going through the demographic transition, and is experiencing an once-in-a-lifetime demographic dividend as the working-age population bulges and the dependency ratio declines. The working-age population of Bangladesh will increase rapidly as compared to the young and elderly populations in the next three-four decades, offering a window of economic benefits through changes in the age structure of population. Until now, the impact of population momentum on the working-age population, female population of reproductive age and elderly population as well as rapidly growing urban population has not been addressed adequately in the policies and programs of Bangladesh.

Adjustments in policies will be required in order to take account of the change in age structure. Momentum effect can be thwarted in the long run by pursuing both population influencing and responsive policies through different ministries. Hence, the policies and programs should aim to develop coordination and synergy among them. Policies to capitalize on demographic window of opportunity should cover the following:

- Rapid growth of the working-age population can be a blessing if employment opportunities increase with sufficient speed. Without an appropriate and timely policy for the potential labor force, the country will not be able to utilize this opportunity to transform the demographic transition into an economic transition.
- It is necessary to devise plans for the healthcare and quality education of the children as an investment and the future health care and pension income needs of the bulging elderly population as a security.

- Greater attention is required to protect women's reproductive health and to reduce unwanted pregnancies towards benefiting maternal health and family welfare.
- Focusing on low-income and underserved populations, with strong public sector programs, is critical for economic growth.

Most developing countries have a short window of opportunity to enact policies and promote investments that raise the human capital of young people while positioning them for greater economic productivity when they enter their working years. Failure of leadership to manage demographic change will pose complex challenges to economic growth and increase the risk of social and political turbulence. Absence of long-term planning and political instability are the key challenges to reap demographic dividend in Bangladesh. If the country fails to take advantage of the demographic dividend, it will face renewed pressures in a position that is weaker than ever.

Record of Notes

Transition to Demographic Dividend: Deciding Future Development Strategies

Date: June 30, 2013

INTRODUCTION

The Policy dialogue on Transition to Demographic Dividend: Deciding Future Development Strategies under the Project titled 'Strengthening Capacity of the General Economics Division (GED) to Integrate Population Issues into Development Plans' was held on June 30, 2013. The policy dialogue was organized by GED of the Planning Commission, Government of the People's Republic of Bangladesh in collaboration with United Nations Population Fund (UNFPA) at the National Economic Council (NEC) Conference Room, Sher-e-Bangla Nagar, Dhaka-1207. Professor Shamsul Alam, Member, (GED), Planning Commission graced the occasion as Chief Guest. Mr. Md. Abdul Mannan Howlader, Member Socio Economic Infrastructure Division, Planning Commission and Deputy Representative UNFPA in Bangladesh Ms. Yuki Suehiro were the special guests at the policy dialogue. Mr. Md. Zobih Ullah, Division Chief, GED. Planning Commission chaired the policy dialogue and Mr. Nurul Hoque Mazumder, Project Director and Joint Chief delivered welcome address. Ms. Nazia Afrin Chowdhury, Senior Assistant Chief offered the vote of thanks.

2. Objectives of the policy dialogue

The overall objective of the policy dialogue was to exchange knowledge and views among various stakeholders in Bangladesh in integrating agreed population issues into development plans of Bangladesh Government. The policy dialogue provided a forum for different relevant stakeholders to examine the increasingly important role of population dynamics in the context of development challenges of Bangladesh. The principal objective of the policy dialogue was to discuss, how, in Bangladesh, the current population dynamics are affecting human development particularly in light of the attainment of Millennium Development Goals (MDGs) and the growth objectives of the country's Sixth Five Year Plan. This policy dialogue with the key stakeholders was helpful to identify the depths and dimensions, strengths and weaknesses of the past and current policies and program strategies of the government. The dialogue enabled the participants to look into the current trend of population momentum. They critically identified the gaps in existing policies and the problems in implementation of the population programmes.

Hence, the understanding of the participants on various issues of population dynamics and its link to the development of Bangladesh in the context of current challenges was enhanced in the Policy Dialogue.

3. Participants

The workshop was attended by around 50 participants including representatives from different relevant government agencies, Planning Commission, civil society organizations, educational institutions and UNFPA. List of participants is attached in Annex-2.

4. Business Session:

The session was opened with a welcome address from Mr. Nurul Haque Mazumder, Project Director and Joint Chief, GED. He informed that the project focused on building the capacity of government personnel, particularly the in-house capacity of GED officials to integrate population issues and gender concerns into national development planning and policy formulation. Keynote Paper on 'Transition to Demographic Dividend Deciding Future Development Strategies' was presented by Mr. AKM Zafar Ullah Khan, Ex Secretary and Advisor, Population Council. His presentation focused on the following issues:

Demographic Transition:

- Both birth and death rates are yet high despite population growth is low
- Both birth and death rates are declining
- Population growth slows down replacement level fertility
- *Stages of Demographic Transition:*
 - o Pre-industrial stage
 - o Transitional stage
 - o Industrial stage
 - o Postindustrial stage

Pre-industrial stage

- First half of the 20th century
- Developed countries fertility transition
- Second half of the 20th century
- Developing countries fertility transition
 - A) East Asian countries
 - B) Latin American countries
 - C) South Asian countries
 - D) African countries
- Fertility transition in developing countries:
 - Fertility transitions in developing countries started in 1970s due to
 - A) Modernization
 - B) Cultural change
 - C) Policy emphasis on family planning
- East Asian countries passed through demographic transition quickly due to fast
 - 1. Social change
 - 2. Economic advancement
- Bangladesh is in the stage 3 of fertility transition

Effects of Demographic Transition:

- Population Momentum- Larger proportion of girls continues to enter into the childbearing age groups until the age structure stabilizes
- Changes in the age structure of the population
- Working age population will increase rapidly as compared to the young age and elderly populations

What is demographic dividend.

As fertility rates fall during the demographic transition countries act wisely before and during the transition, a special window opens up for faster economic growth and human development.

Demographic dividend does not last forever:

- Limited window of opportunity
- In time, the age distribution changes again,- as the large adult population moves into the older, less-productive age brackets
- As aging occurs, the demographic dividend will disappear
- Dependency ratio rises again
 - With the need to care for the elderly
 - Rather than the need to take care of the young

Demographic dividend occurs:

- A falling birth rate changes the age distribution
- Fewer investments needed to meet the needs of the young
- Ratio of productive workers to child dependents improves
- Facilitates faster economic growth

How demographic dividend helps:

- Labor supply
 - Generations of children born during periods of high fertility entering the workforce
 - Rapid growth of employment
- Savings
 - Working-age adults earning more and saving more money than the young
 - High rates of saving and investment for creating more productive jobs
- Human capital
 - Incomes going toward prolonged education for children to improve life prospects
 - Strong human resource base attracting foreign investment

Bangladesh perspective: Mr. Khan described some demographic indicators from the year 2001 to 2051. He said that Growth rate was 1.8 in 2001 whereas it would be 0.5 in the year 2051. Total Fertility Rate was 3.2 in the year 2001 whereas it would be 2.1 in 2021. Again annual births was 3.4 in 2001 and 3.1 in the year 2051 and annual deaths were 1.1 in 2001 whereas 2.0 in the year 2051. Then he also described age structure in the year 2001 to 2051. He mentioned that age group between 0 to 14% was 39 in the year 2001 whereas it would be 20 in the year 2051. Again, age group between 15 to 64% was 57 in the year 2001 whereas it would be 68 in the year 2051. Moreover, age group 65 and above% was 4 in the year 2001 whereas it would be 12 in the year 2051. He also mentioned that life expectancy was 62 years in the

year 2001 whereas it would be 77 years in 2051 and reproductive age of women was 32 millions in 2001 whereas it would be 53 millions in 2051. He then described total and urban population of Bangladesh in 2001 to 2051. In 2001 total population was 130 million whereas urban population was 23% and in 2051 it would be 221 million whereas urban population was 49% (source: Mabud 2009).

Population and development challenges:

- Population living on less than US\$2 a day: 77%
- GNP per capita: US\$780
- Literacy rate: 57%
- Secondary School Enrollment Ratio: Male 40%, Female 45%
- Reaching replacement level fertility
- Early age at marriage
- High maternal and neonatal mortality
- Livelihood opportunities for the young

Policies to capitalize demographic dividend :

Better health:

- Focusing especially on low-income populations, with strong public sector programs
- Protecting women's reproductive health
- Good medical care for infants

Reducing unwanted pregnancies:

- Reducing unwanted pregnancies benefits maternal health and family welfare
- Hastens the changes in age structure that advance development

Human Capital:

- Improving human resource capabilities and creating jobs, to absorb the large numbers of teenagers coming of age
- Rapid growth of the labor force can be a blessing if
 - Employment opportunities would increase with sufficient speed
 - Growth in labor productivity maintained

Challenges to reap demographic dividend:

- Factors that may upset demographic dividend
 - Absence of long-term planning +
 - Political instability
 - High rates of unemployment and stagnant labor productivity

Dialogue Recommendations as emerged after thorough discussion

- Population related data should be improved
- More focused should be on creation employment and education
- Women participation in development should be ensured
- Good governance should be ensured
- Direct focus on utilization of young age population
- Produce skilled labor force and quality human resources
- Need to develop area based economic zone to expedite economic activities

17. Closing Remarks from the chair

At the last Dr. Shamsul Alam, Member, General Economics Division Planning Commission thanked all for their valuable comments and participation and requested the keynote presenter to incorporate the suggestions/ Recommendations made by the participants to the keynote paper.

Annex-2
General Economics Division (GED)
Policy dialogue on Transition to Demographic Dividend-Deciding Future Development Strategies
Date - 30 June, Sunday 2013
Venue : NEC Conference Room, Sher-e-Bangla nagar, Dhaka
Attendance Sheet

Sl	Name	Designation	Organization/Department
1	Mohammad Bellal Hossain	Associate Professor	Department of Population Science Dhaka University
2	Md. Rabiul Haque	Associate professor	Department of Population Science Dhaka University
3	Ms. Shelina Afroza PhD	DG.NIPORT	M/o Health
4	Md. Zakiur Rahman	Tech. Officer	UNFPA
5	Sohel Ahmed Siddiki	Protocol Officer	Planning Division
6	Ms. Irin Akhter	Research Officer	DG-FP
7	Mr. Samar Kumar Ghosh	Joint Chief	GED
8	Md. Anwarul Alam	Deputy Chief	GED
9	Mr. Nurul Hoque Mazumder	Joint Chief	GED
10	Ms. Nazia Afrin Chowdhury	Senior Assistant Chief	GED
11	Ms. Sabira Yesmin	Deputy Chief	GED
12	Ms. Nujhat Farhin	Assistant Chief	GED
13	Dr. Tapash Kumar Biswas	Director (Research)	PKSF
14	Ms. Sadia Sharmeen Huq	Assistant Chief	GED
15	Dr. Anjan Kumar Dev Roy	Ps to Member	GED
16	Md.Eakub Ali	Joint Chief	GED
17	Yuki Suehiro	Deputy Representative	UNFPA
18	Md. Saiful Islam	Programme Officer	UNFPA
19	Md. Mahboob-E-Alam	NPO-PPR	UNFPA
20	Md. Abdul Mannan Howlader	Member	SEID, PC
21	Md. Abul Kalam	Ps to Member	SEID, PC
22	Md. Rezaul Karim	Joint Chief	GED
23	Md. Mohasin Ali Khondoker	Joint Chief	Planning Commission
25	Md. Moinul Islam Titas	Deputy Chief	GED
26	Md. Monirul Islam	Senior Assistant Chief	GED
27	Md. Abdus Salam	Assistant Accounts Officer	Planning Commission
28	Ms. Saleha Binta Siraj	Senior Assistant Secretary	ERD
29	Md. Forhad Hossain	Administrative Officer	Planning Commission
30	Md. Mokhlesur Rahman	Deputy Chief	GED
31	Md. Naymul Islam	Administrative Officer	Planning Commission
32	A.K.M Abdullah Khan	Deputy Chief	GED

33	Md.Mokbul Hossain	Research Officer	GED
34	Mr. A. K.M. Zafarullah Khan	Advisor	Population Council
35	Md. Zobih-Ullah	Division Chief	GED
36	Ms. Dilruba Yasmin	Joint Chief	SEID,PC
37	Md. Khandaker Nuruzzaman	Chief	Programming Division, PC
38	Md. Selim	Po to Member	GED, PC
39	Prof. Hannane Begum	Director	Bangladesh Bank
40	Ms. Shaheena Khatun	Deputy Secretary	Planning Division
41	Ms. Shefali Begum	Senior Assistant Secretary	Planning Division
42	SK. Md. Abdul Ahad	Joint Chief	Planning Commission
43	Ms. Abida Sultana	Assistant Chief	GED
44	Mst. Susmita Islam	Assistant Chief	ERD
45	Md. Manik Uddin	Personal Officer	GED
46	O.N.Siddiqua Khanam	Joint Secretary	Planning Division
47	SM Faisal Alam	Deputy Secretary	Planning Division
48	Ms. Baby Parveen	Senior Assistant Secretary	Planning Division
49	Pronita Majumder	Administrative Officer	GED
50	Md. Delwar Hossain	Finance & Admin Officer	UNFPA

3. Assessment Report

On

**The Capacity Building of General Economics Division (GED), Planning
Commission on Mainstreaming Population, Development and
Gender Concerns into National Plans and Policies**

Prepared by
AKM Zafar Ullah Khan
Former Secretary, Ministry of Health and Family Welfare (MOHFW)
Currently Advisor, Population Council

Chapter-1: Introduction and Scope of Work³

1.1 Origin

This study is a short-term assignment of the UNFPA, Dhaka, Bangladesh, under the UN Development Assistance Framework 2012-2016 to support Government of Bangladesh in identifying specific interventions for integrating Population Development in the national planning process and capacity building of General Economics Division of the Planning Commission. This has been accomplished with a rapid appraisal process.

1.2 Objective

The overall objective of the work is to explore a Systematic assessment on the capacity of GED with regard to integrating , positioning and mainstreaming population and development linkages and gender concerns into national plans/policies while formulating national development plans.

Specific objectives are to:

- Provide a detailed system structure analysis of GED and Planning Commission how emerging development issues, research and policies are processed;
- What are the bureaucratic and systematic depth and width of GED to deepen the understanding and positioning of population issue with national development plans;
- In the hierarchy and programme structure of Planning Commission and Ministry of Planning, how different wings and divisions interact around population planning;
- Technical capacity of GED around frontline and emerging population challenges for Bangladesh and in Asia;
- Mapping of Relationship and engagement of GED with UN agencies and other donors;
- Assess the level of knowledge and understanding of GED officials towards key population issues and their potential roles with a view to enhancing their capacity to promote population and development, and gender-related issues.

1.3 Methodology

Methodology of the assessment consist mainly two types of study design,

- a. descriptive and
- b. systematic review

Situation analysis and structural analysis of GED has based on systematic review of previous reports, organogram of GED, job descriptions of GED officials, web-site browsing of Planning Commission and Planning Division and so on. Information on current activities of GED, as a part of situation analysis, is collected by conversation with relevant officials of GED. The list of concerned reading materials reviewed during the assessment process for situation analysis is:

- Technical Assistance Project Proposal (TPP) of the project
- Evaluation of 7th Country Programme, UNFPA, 2011
- Situation Analysis Report for the Formulation of 8th Country Programme, UNFPA, 2010
- MDGs Bangladesh Progress Report, 2012
- Bangladesh Population Policy, 2012

³ This paper is prepared for General Economics Division, Planning Commission. Views expressed in this paper are author's alone. GED of the planning commission as such may/ may not accept the suggestions/ recommendations produced in this paper.

- Bangladesh Health Policy, 2011
- UNDAF Action Plan, 2011
- 6th Five Year Plan
- SAARC Development Goals Bangladesh Country Report, 2011
- Step Towards Change, National Strategy for Accelerated Poverty Reduction II, 2009
- Bangladesh Demographic and Health Survey, 2011
- Bangladesh Perspective Plan (2010-2021): Making Vision 2021 a Reality
- Other relevant reports and articles
- Relevant Website browsing

For deep assessment of the knowledge level and understanding of GED officials regarding Population issues, descriptive study design has been used where a qualitative survey has planned. The qualitative survey include in depth interview with some key informant from GED. Purpose of the interview is to identify individual capacity of GED officials including their skill, knowledge and activities regarding population issues. The interview also illustrates lacks, gaps and problems faced by the officials while developing strategy papers or plans. Samples for the interview have been selected through Purposive sampling technique. Before the interview, an in-depth guideline has been designed and shared with GED and UNFPA. An in-house workshop/ consultative meeting has also been arranged with GED officials with the purpose to brief them current demographic situation of Bangladesh, to know their general understanding about population and demography, to identify the techniques and process of their activities and to get their feedback about the in-depth guideline. As a part of data collection technique, a group discussion has been designed using the in-depth questionnaire as a guideline. All the officials from five wings of GED, from Chief to Assistant Chief, were participants of the discussion. In-depth interview of some selected individuals from GED has taken further for detail information. A content analysis has been done with all the data collected from in-depth interview and in-house workshop. And finally, a Report has been prepared by using the result of systematic review and descriptive study.

Chapter-2: Population Dynamics and Development Planning

2.1 Population Dynamics of Bangladesh

The development process of Bangladesh depends on its population. In spite of being one of the densely populated countries in the world with limited resources, the population dynamics of Bangladesh creates ample opportunities in the coming years if effectively utilized. The current population is about 150 million with the growth rate of 1.3 indicates that the population will continue to increase and will be stabilized at around 200 million by the year 2050 (Census 2011). About 60 percent of the total population belongs to the working age which is the driving force of development in the country. Over the past few decades Bangladesh showed remarkable improvement in health and sanitation, education, urbanization, employment, technology, out-migration and Economics stability. Consequently, there are many challenges nowadays arising while mainstreaming the population issues with the development process that needs to be addressed by the government, policy makers, donors, NGOs, and private organizations with highest priority.

Bangladesh is a land of huge potentials because of its population size and age structure. It has a bulk of young population of working age that will continue to increase in next few decades, which can be turned into an asset if appropriate and effective policies and programs are adopted. At present TFR has been reduced to 2.3 in 2012 from its level of 6.5 in 1975. During the same period contraceptive prevalence rate has been increased from 8 percent to 61 percent (BDHS 2012).

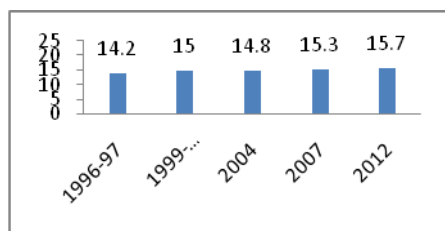
Current demographic situation in Bangladesh

Demographic Indicator	
Current Population (million)	150
Urban Population (%)	28
Neonatal Mortality Rate (per thousand)	32
Infant Mortality Rate (per thousand)	43
Maternal Mortality Ratio	1.9
Total Fertility Rate (TFR)	2.3
Contraceptive Prevalence Rate (%)	61

Source: BDHS 2013, BBS 2012

Increasing the age at marriage of women, an important factor for the socio-Economics development at individual and national levels is a major concern for the government of Bangladesh. In spite of government's initiatives including policies, programs, and laws, the median age at marriage of women did not remarkably increase during the past few decades and is very low at 15.7 years (BDHS 2012).

Trends of Median age at Marriage



Source: BDHS 2012.

area of concern for the government as about 21 percent of the total population is adolescents (MICS, 2009).

At present about 5 percent of total population are at the age of 65 years or more which will be increasing in the future and will affect the dependency ratio. This increased number of elderly population will not only create enhanced demand for health care but also affect the country's economy as the expenditure of providing health and other services will increase. There is no specific health policy for the elderly

population in the country and the financial aid provided by the government is inadequate considering the goods and services in the market.

At present 28 percent of total population are living in urban areas, which is increasing everyday creating an increased demand for daily amenities (BDHS 2012). Consequently, the volume of urban slum increased in recent years where dwellers lack adequate access to basic needs such as electricity, water and sanitation, education, health care, employment and transportation.

Projection of Age structure %

Age Group	2001	2011	2021	2031	2041	2051
0-14	39	31	26	24	21	20
15-64	57	65	69	69	69	68
65+	4	4	5	7	10	12

Source: Mabud, 2009

Women's empowerment has been defined to encompass women having a sense of self-worth, access to opportunities and resources, choices and the ability to exercise them, control over their own lives, and influence over the direction of social change (United Nations Population Information Network, 1995). The Bangladesh Demographic and Health Survey 2012 revealed that less than half of the married women can make all the four decisions: i) decision making about major household affairs, ii) to use their own earnings, iii) to go outside alone, and iv) decision about child care. According to the United Nations, Bangladesh ranks 112 out of 187 countries on the Gender Inequality Index (UNDP 2011). The 2011 Global Gender Gap Index developed by the World Economic Forum, ranks Bangladesh 69 out of 135 countries in terms of gender equality (Hausmann et al., 2011).

Bangladesh becomes one of the most vulnerable countries of the world which will be seriously affected by climate change and global warming. Already the country has huge displaced population due to increased adverse natural events such as storms, tidal surge, river bank erosion, barren lands and salinity. In the coming years these natural hazards will increase leaving more and more people prone to climate refugees. Therefore, it is high time to think about this upcoming issue with highest priority that will require effective coordination between government, donors and policy makers.

The dynamics of population in Bangladesh exhibits ample opportunities as well as challenges that require effective and innovative attentions by the government, policy makers, development partners, and private entities. Over the period, the government of Bangladesh has formulated and implemented different policies and programs to foster development processes with mixed outcomes. In the coming years the country is expected to experience various socio-demographic, technological, Economics, and climatic challenges which will affect the lives of people and development activities.

2.2 Bangladesh Development Planning and General Economics Division

Being the Planning authority of the government, Planning Commission is formulating national development plans since independence. Among the six division of Planning Commission, General Economics Division (GED) has a leading role to formulate macro level development plans and to coordinate other divisions of Planning Commission. In the context of country's demography, it is the responsibility of the GED to formulate as well as help to implement innovative and pragmatic national plans and/or policies critical for the development process. In recognition of the long term development challenge, the government adopted the Vision 2021 and that was elaborated into a full blown Perspective Plan (2010-2021) for the country. The Vision 2021 will be attained through two medium term development plans i.e. 6th and 7th Five Year Plans. GED with a leading role developed the 6th Five Year Plan, implementation of which allows Bangladesh to accelerate growth and reduce poverty. GED is now on the track to formulate 7th Five Year Plan based on the lessons of past experience and country's immediate need. An assessment on the capacity of GED depicts that, there is some knowledge gap among the officials of GED regarding population dynamics and its cross-cutting issues for development. Most of

the officials of GED come from BCS Economics cadre. BCS Economics cadre personnel did not get many scope and opportunity for capacity development training during their job period. They get the refresher training which keeps them far away to adjust the fast moving social system. For action oriented development plan, regular update of data and information is a prerequisite. Unfortunately, there are no established tools and techniques in GED to collect and regular update of population and development related data, which further reduced the standard of GED's activities. Besides, logistics and equipment shortage is also a barrier for better output from GED and hinders the development process of the entire country. However, GED officials are inspired for best utilization of the existing resource and manpower and in spite of all these limitations they formulated successful yearly development plans, five-year-plans and perspective plans during the time. However, economic planning may turn to be a futile exercise if not appropriately matched by population planning and their utilization. Hence, Initiatives from government and development partners can improve the capacity of GED for better utilization. For which capacity of the Commission on important population issues should be strengthened.

2.3 Population and development and UNFPA

Bangladesh is in fact eighth biggest country of the world in terms of population of around 150 million.

Bangladesh is committed to many global development agenda which relates to population and development. Right from the perspective of population health , population control , sanitation ,children and women's care it has many dimensions like human resource development, population migration etc. It has proactive role in achieving MDG goals and Universal Health Care etc. Bangladesh having perspective plan for 10 years (2010-2021) with a vision to accelerate more Economics growth to reach at the level of Middle income country by 2021. Within this perspective plan period, two 5 year development plan, known as 6th and 7th Five year plan, will be implemented. Now, the country is running with the 6th five year plan period.

Global community and Development partners having the similar motive to improve Economics and demographic condition of Bangladesh has scope to collaborate with government to strengthen the capacity of GED and planning commission regarding population and development issues. United Nation Population Fund (UNFPA), an UN agency, articulating their participation, in population development and gender issues in Bangladesh has motivated to develop the capacity of GED to mainstream the population and development issues and gender concern into country's development policies and plans. United Nations Development Assistance Framework (UNDAF) 2012-2016 signed with the Government of Bangladesh reaffirmed the relationship between the UN System and Government, underscoring the commitment to work together. Action plan developed under the said frame work facilitates the closer partnership and utilization of resources in a better way. Based on the Bangladesh's achievement in MDG and it's priorities of 6th five year plan and the rests left for the 7th plan UNDAF provides a much comprehensive look through its 7 pillars of development. Other then the UN system LCG (Local Consultative Group) of development partners is a partner in the process. Under this budgetary framework, resource mobilization mechanism and monitoring and evaluation process are also outlined in a participatory manner. Assigning an UN agency to lead one or two pillar in conformity with MDG and 6th Five Year national plan has taken as strategic action. UNFPA is leading and convening the pillar 7 (Gender equity and Women's Advancement). UNFPA also cross cuts with other 5 pillars in terms of its action and resources. UNDAF targeted about US\$ 1.9 billion assistance for such actions of which UNFPA is having around US\$ 68.00 million. The following table-4 will reflects the core involvement of UNFPA in the process:

Table-1: United Nations Development Assistance Framework (UNDAF) 2012-2016 and United Nation Population Fund (UNFPA) resources for Bangladesh

UNDAF Pillar	MDG Goals	GOB 6 th Five Year Plan Reference	UNDAF resources (US\$ Million)
Pillar-7: Gender Equality and Empowerment (UNFPA will lead this pillar. But UNFPA will also have the role in Pillar-1, Pillar-2, Pillar-3, Pillar-5 and Pillar-6)	G-1: Eradicate extreme poverty and hunger	Gender Equality and Empowerment	US\$ 5.50
	G-2: Achieve universal primary education		US\$ 4.50
	G-3: Promote gender equality and empower women		US\$ 41.50
	G-4: Reduce child mortality		00
	G-5: Improve maternal health		US\$ 1.50
	G-6: Combat HIV/AIDS & others		US\$ 3.00
	G-7: Ensure environmental sustainability		US\$ 12.00
	Total		US\$ 68.00

Within this Country Assistance framework UNFPA got about US\$ 68.00 which is not very adequate for the interventions. But, since there are other cross –cutting sectoral allocations which, in turn related with the population development, will have the scope to meet the demand. So, the success is really dependant on proper planning, implementation and on-going monitoring of activities and finally on the outcome. Planning commission, as well as UNFPA, is more focused to build a sustainable capacity of General Economics Division of Planning Commission to act accordingly with the project support of development partners including UNFPA.

2.4 Project Brief

The General Economics Division of Planning Commission, with technical and financial assistance of UNFPA, is trying to develop a sustainable process to strengthen its capacity on integrated population and development issues and gender concern through a project titled “Strengthening Capacity of General Economics Division (GED) to integrate population issues into development plans”. It is an on-going project started from July 2012 and end up by 31 December 2016. The Socio-Economics Infrastructure Division (SEID) and Population and Family Planning Sector of Planning Commission are also concerned for the project. Government of Bangladesh and UNFPA, as development partner, jointly financing the project to run properly. The project is designed to integrate different population variables and gender issues at macro planning framework and to develop capacity of the Policy Makers, Planning Officials/Development Administrators in different Ministries/Divisions and Planning Commission. The project will closely mandate with the research activities and data analysis, contacted out by BBS and other relevant research organizations. The project will also explore linkages with the project on MDGs relating to population and health issues implemented by GED with support from UNDP. This short assessment is a part of the project process to identify the laps and gaps of current activities and Knowledge of GED Officials, based on which farther programs for capacity building can be designed.

Chapter -3: Bangladesh Planning System and Process

3.1 Establishment of Planning Commission

Planning Commission is the central socio-Economics planning agency of the government of Bangladesh. It has originated as East Pakistan Planning Board, east branch of the Planning commission in Pakistan, during Pakistan period in 1953. After liberation, in 31 January 1972 the East Pakistan Planning Board has re-established as Planning Commission in Bangladesh with an aim to reconstruct the economy of post-independence Bangladesh. At that time there was no planning division as it exist today, and a wing of the commission looked after its administrative as well as external resources mobilization and monitoring of development projects. Later on, the planning Division, the External Resources Division [now the Economics Relations Division (ERD)], and the Project Implementation Bureau (now IMED) were created in 1975.

3.2 Organizational Management and Role

Since the Planning Commission is entrusted with the task of planning socio-Economics development of the country it is having the following three roles:

- **Advisory role:** Advising the government in matters of development goals and objectives, priorities, strategies and policy measures.
- **Executive role:** Preparation of plan, processing of development projects for approval, preparation of Annual Development Programme (ADP)
- **Coordination role:** Co-ordination of whole range of planning activities.

Planning commission mainly works through (1) **National Economics Council (NEC)** and (2) **Executive committee of National Economics Council (ECNEC)**. Composition of these councils is described below:

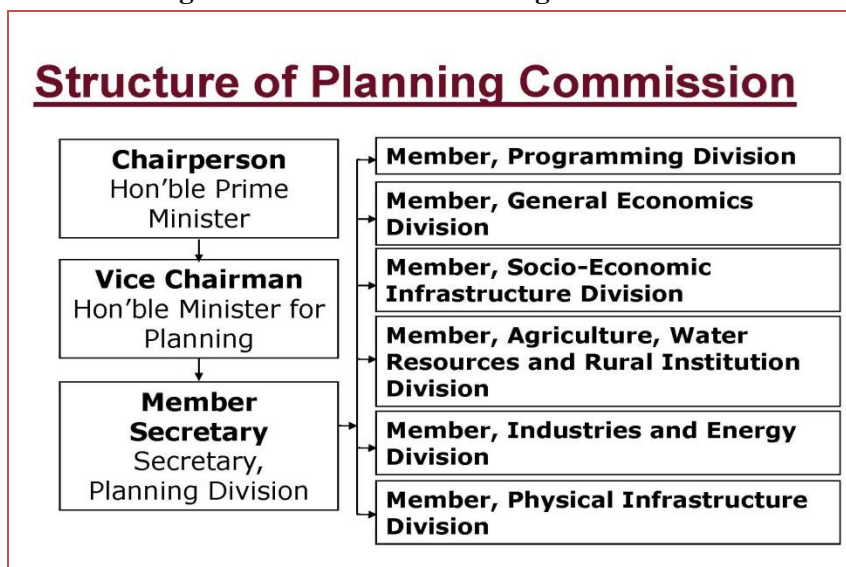
Table-2: Composition of NEC and ECNEC

National Economics Council (NEC)		Executive committee of National Economics Council (ECNEC)	
Composition	Functions	Composition	Functions
Chairperson: Hon'ble Prime Minister	1.Provides overall guidance for perspective plan, Five Year Plans, PRS, ADP & Economics Policies 2.Finalizes & approves plans, programmes & policies 3.Reviews implementation progress of development programmes/projects 4.Takes any decision as and when necessary for socio-Economics development 5.Appoint committees as required to assist NEC.	Chairperson: Hon'ble Prime Minister	1.Approves projects (costing over Tk. 25 crore)
Member: All Members of the Council of Ministers		Member: Honble Ministers for/of --(1) Finance, (2) Planning, (3) Agriculture, (4) Labour and Employment, (5) Water Resources, (6) Commerce, (7) Communications, (8) Shipping, (9) Ministers / State Ministers of relevant Ministries	2.Reviews projects' implementation 3.Considers Public Private Partnership (PPP) proposals 4.Monitors Economics situation & Economics activities 5.Policy review 6.Consider measures & impact relating to aid of the development partners

3.3 Structure of Planning Commission

With the prime minister as the Chairperson, of both NEC and ECNEC Planning commission is delivering its responsibility in a highest degree. Now there are six divisions in Planning Commission that are sub-divided into thirty-one wings. **The divisions are: (i) Programming Division; (ii) General Economics Division (GED); (iii) Agriculture, Water Resources and Rural Institutions Division; (iv) Socio-Economics Infrastructure Division; (v) Physical Infrastructure Division; and (vi) Industry and Energy Division.** Two of these divisions, General Economics Division and Programming Division, deal with general macro issues of the economy. While, the other four divisions deal with planning and policy issues of different sectors (17 sectors) of the economy. Table below reflects the structure of Planning Commission:

Figure-1: Structure of Planning Commission



3.4 Main functions of Planning commission and Human Resources

Main functions of the Planning commission are (a) Policy Planning, (b) Perspective Plan and Five year Plan preparation, (c) Poverty Reduction Strategy, (d) Appraisal of Projects, (e) Evaluation of plans & their impact on the Economics development and (f) Preparation of ADP. The output-oriented function of the Planning Commission is the preparation and evaluation of the country's Perspective Plan (15-20 years), medium-term Plan (Five-Year Plan), Annual Development Programme (ADP), and Poverty Reduction Strategy (PRS) etc.

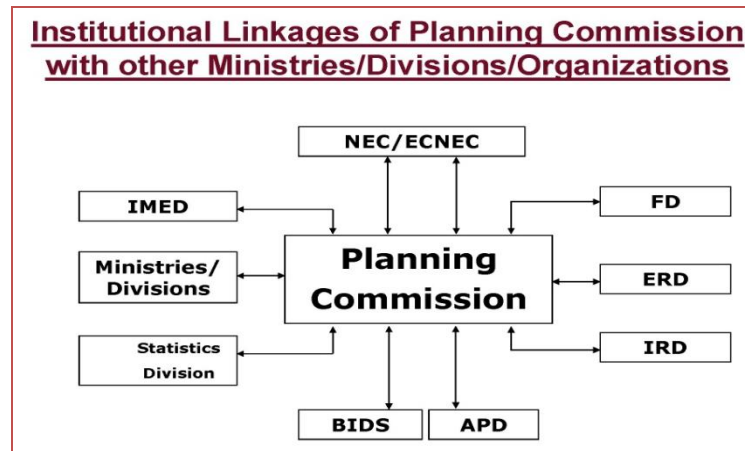
Each of the divisions is functioning with six tier structure of officials, the Member, Division Chief, Joint Chief, Deputy Chief, Senior Assistant Chief, and Assistant Chief. The working units within the Division are-wings headed by Joint chief; Branches headed by Deputy Chief; and desks headed by Senior Assistant Chief/Assistant Chief.

3.5 Mapping of Functional Relationship with Ministries /Divisions and Organizations

The commission is required to maintain a close liaison with all ministries/divisions and agencies of the government. Indeed, it has institutional linkage with Bangladesh Bureau of statistics (BBS), Finance Division, Economics Relations Division (ERD), Internal Resources Division (IRD), Implementation, Monitoring and Evaluation Division (IMED), the Bangladesh Institute of Development Studies (BIDS), and the Planning and Development Academy. It has relationship with the development partners and UN

agencies for resource mobilization. For the purpose of planning, monitoring and evaluation as well to ensure peoples participation it is having mandate and scope of coordinating with Academics, NGOs,PVOs ,CVOs and private sector. Table-2 below reflects the mechanism of institutional linkages.

Figure-2: Institutional linkage of Planning Commission



The BBS meets comprehensive data requirements of the Planning Commission. The Finance Division and the Internal Resources Division advise the Planning Commission on matters of resource availability and formulation of fiscal and monetary policy. The IMED monitors the implementation of ADP and suggests corrective measures. The ERD mobilizes foreign assistance and lines up project aids for implementation of ADP. The BIDS gives back-up research support to the Planning Commission whenever necessary. The Planning Academy supports the Commission by providing training inputs for its officials.

3.6 Structure, functions and achievements of GED

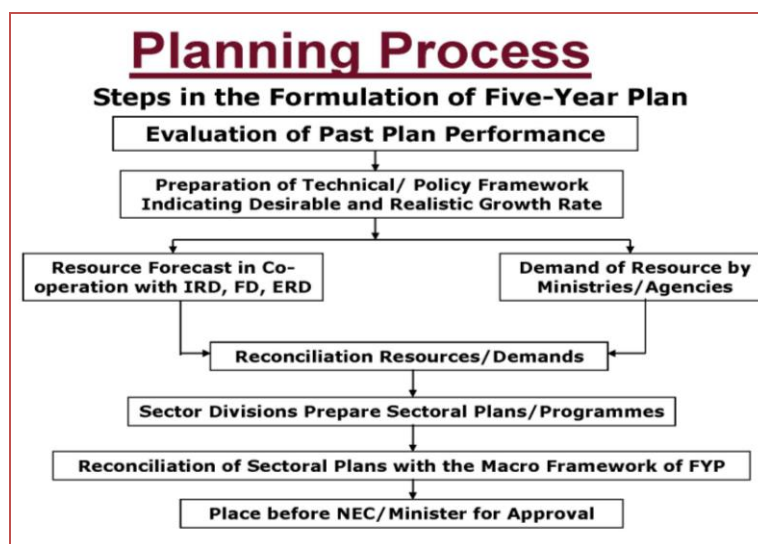
The General Economics Division of Planning Commission itself subdivided by five working wings namely i) **Multi-sectoral issues wings**-which is responsible for coordination among the other wings of the planning Commission or Planning Division, ii) **International trade and Economics wings** - responsible for monetary management, external debt and international trade, iii) **Fiscal and monetary Policy wings** - deals with monetary management and banking, iv) **Poverty analysis and monitoring wings** - responsible for poverty related planning, implementation and monitoring, and v) **Macro and perspective planning wings** -deals with macro Economics policies, national income, employment and labor market and perspective plans. Specific job a description for each of the wings is summarizes in a table at annex section (Anx. C). The General Economics Division alike other divisions provides secretariat assistance to the Planning Commission and to the the National Economics Council (NEC) and the Executive Committee of the National Economics Council (ECNEC) in all matters relating to plan\strategy paper preparation and formulation of Economics policies. Major functions of this division are:

- i) Preparation of national, medium and long term guidelines and plans\strategy papers in accordance with social, Economics and political objectives as laid down by the Government;
- ii) Preparation of technical frameworks for medium term plans\ strategy papers;
- iii) Formulation of alternative strategies and policies for mobilization of domestic resources to achieve plan objectives;
- iv) Evaluation of existing plans and policies;
- v) Review of Macro-Economics situation and assist to determine Macro-Economics policies;

Each of the wings of GED scrutinizes the situations and needs assessment regarding their respective working areas and compiled them to a report. In spite of being individual responsibility, all the five wings coordinate among themselves and share their reports to generate national plans. The GED itself is responsible for preparing national medium and long-term plans/strategies, by coordinating and combining the reports collected from all the wings. The Division Chief is responsible for such activities and with suggestions from the Member of GED, Division Chief finalizes the national plans /strategies.

During the time GED has formulated five Five-Year Plans and a Two year plan and a three year Poverty Reduction Strategy Paper (PRSP). From financial year 2008-2009 GED has also formulated another Three Year period PRSP-II revised programme. GED prepared the perspective plan of Bangladesh 2011-2021 covering two Five Year Plan period i.e. 6th FY Plan and 7th FY plan. Currently GED's 6th Five Year Plan for the period of FY 2011-FY 2015 is under implementation by the government of Bangladesh. GED Process of formulation of medium term plans/strategy papers is presented in the figure.

Figure-3: Plan formulation process by GED



Recently, GED prepared the ‘MDGs Bangladesh Progress Report 2012’ with the financial and technical cooperation of UNDP as part of the annual assessment of Bangladesh’s progress towards achieving the MDGs. Besides during the last five years, GED in cooperation with the Government and development partners has formulated many national plans and published some other reports. GED has also undertaken initiatives to prepare ‘Bangladesh Delta Plan 2100’ taking lessons from the “Netherlands Delta Plan” with the financial and technical cooperation of the Dutch Government. A list of GED’s completed and ongoing projects during the last five years along with the publications and formulated plans has placed in the annex section (Anx. D)

Chapter-4: Assessment of Findings and Suggestions

4.1 GED perspective

In keeping pace with the population size, and also increasing Economics and development activities General Economics division of Planning Commission gradually widen the development programmes of the country. Overlooking the achievements and failure of the previous plans and programmes, it is the prime time to revise the development plans consistent with the demand of the country. Since population domain the concern for development of Bangladesh, all planning and strategies for development needs to be Population centered. Moreover, demographic dividend creates a window of opportunity for Economics development of the country. Like other developed nations, Bangladesh could achieve sustainable Economics development if current population and huge youth group can be utilized properly. There is an urgency to scrutinize the relevancy of population issues with development and incorporate it to the upcoming development plans and programmes.

General Economics Division (GED), being one of the six divisions of Planning Commission, has been planning and executing for the government of Bangladesh regarding its Economics issues from the beginning. With the change of time, GED's area of concern is widening and now it is responsible for long term plans like perspective plans; medium term plan like five year plans and short term plans like annual development plan. As an important planning body, GED holds a wide range of scope to contribute for the sustainable development of Bangladesh.

Without proper knowledge about the demographic scenario and projections about population, development plans will remain incomplete. An assessment over GED depicts that there exists some institutional lackings and knowledge gaps within the division. Now it is urgently needed to upgrade the depth of knowledge and capacity of GED regarding population issues. The lacks and gaps identified by the assessment process are:

- a. **Understanding about the population issues:** Most of the officials of GED, having the background of BCS (Economics) Cadre, have basic knowledge and idea about population development issues. Professionals of GED realizes that the national population policy aims at improving the overall standard of living of the people of Bangladesh through improved reproductive health status and reduction of population growth rate. But the knowledge about the immerging issues like demographic transition, demographic dividend etc. may need to be more focused. Understanding about the MDG goals and relationship of UNFPA (along with MDG-3 and MDG-5 leading scope) and other UN and development agencies need to be understood with more clarity. Focusing on UNFPA country assistance framework 2012 -2016 will definitely widen the scope for better utilization of resources. Understandings about cross-cutting and multi-sectoral issues of population development are inadequate and needs to be focused.
- b. **GED's prime role:** Prime role of GED is to prepare macro plans and to coordinate sectoral plans to see that whether these are in conformity with the country's macro plans or not. But it means that, understanding the multi-sectoral development issues became some sort of casual. Understanding the Intra-sectoral issues and agenda are also important for GED officials. GED formulate plan in broad and macro perspective, the sector/ministry is independently responsible to implement it, there is no direct involvement of GED on the implementation process. As a result, there exists a gap of knowledge about the implementation process and achievements of goals formulated in the annual and medium term plans. Therefore, Capacity building of the GED and it's re-organization as well as re-orientation is necessary. GED could get some scope to monitor implementation process as well.

- C. Resource utilization perspective:** National Population policy envisages to ensure population development linkages and participation of different ministries in implementing population related activities. Under the existing system, different sectors may implement similar program, so duplication or multiplication of programs may lead to miss-use of resources. Best use of limited resources is dependent on integrating programmers of relevant ministries/ sectors. For the purpose of proper planning GED has a role to coordinate the programs and crosscutting issues into development plans.
- d. GED Limitation for sustainable programme:** this is reflected in the absence of a dedicated program unit for Population and Development under GED. It appeared as a real time needs to address the issues in a sustainable manner. SEID is usually responsible for working with population and development issues in sectoral perspective. Therefore, presently GED does not get scope to work in overall macro economic development perspective. Consequently, a dedicated wing, branch, or even a section to deal with population and development could not be established. Even there exists an absence of any methodology to deal with population and development issues within GED. Mainstreaming the issues need to build capacity of the GED. Integrated approach on population development intra and inter Planning Commission is a requirement to address in a focused and sustained manner.
- e. Widening the Scope:** Scope of understanding the Population Development Programme, now-a-days, widened to approach many issues without limiting it to the population control and health. With the development of new problems and issues new vision and techniques are also emerging to address these issues. Networking with Human resource development programme, Youth development programme, Vocational and technical training, overseas employment generation etc. may come under the population development purview. It is mentioned in the Population policy objective to develop human resources with the required skills through higher education and training of officials of various levels associated with the health and population activities. To undertake, on an urgent basis, necessary steps to ensure that trained and skilled health and family welfare workers attend up to 50 percent of birth by the year 2005, and up to 100 percent by the year 2015 was attempted –but will not be achieved.
- f. Monitoring of the Population development agenda:** There is absence of continuous monitoring of population development indicators at GED level. Also lack of sustained coordination with stakeholders, other govt. institution, research centers and NGO's /PVOs for data and network sharing. Knowledge sharing at national and international level is also a requirement. There is absence of standard methodology and system for collecting secondary data, sample study, information generation and use of these in the planning process. MDG and other international and national commitments and achievement need to be monitored on a regular basis.
- g. GED Capacity Development:** Continued and sustainable capacity development of GED is a necessity. Often, GED makes policy by using macro-level knowledge but for proper planning, they also need micro-level knowledge on population cohorts. GED officers should know what the real situation at the root level is. Presently, GED looks into some target from govt. or development partners and formulate plan on the basis of it. Capacity building of GED in formulating and reviewing population development plan is very important. A three years capacity development plan will be helpful for GED for formulating population development programme and integrating it into national plan. National and international level training, workshop, professional development training for the

proposed new programme unit is required. GED must perceive clearly the extent of skilled human resources needed to achieve sustainable development and to accelerate growth rate to be transformed to be a developed country status by 2050.

4.2 Population Development perspectives

Bangladesh has so far implemented five Five-Year Plans and a Two year plan and a three year Poverty Reduction Strategy Paper (PRSP). From financial year 2008-2009 Bangladesh had also implemented another Three Year period PRSP-II programme. Bangladesh has adopted 6th Five Year Plan for the period of FY 2011-FY 2015. Implementation of 6th Five Year Plan is ongoing. As an outcome of these development activities Bangladesh has made commendable progress in terms of reduction of poverty and income inequality. A notable progress in poverty reduction was a significant decline in the incidence of extreme poverty between 2005 and 2010. The percentage of population under lower poverty line declined from 25 percent in 2005 to 17.6 percent in 2010. Bangladesh's micro-credit model, not only succeeds to reduce the poverty, but also became global model. Bangladesh has already achieved three targets of Millennium Development Goals (MDGs) such as (1) removing gender disparity in primary and secondary education; (2) ensuring almost universal access to primary education; and (3) ensuring access to safe drinking water.

The government has adopted a fundamental strategy of seeking collaboration from NGOs and private sector specially by providing support to the activities of the NGOs. Bangladesh developed a Road Map for accelerated poverty reduction and sustainable development. With this policy vision Bangladesh is accelerating its manifold efforts in different sectors of the economy. With this perspective Bangladesh needs to Dynamic Planning and Monitoring process in place.

In the light of the above policy perspective from the focus group discussions further emphasis was made to the assessments are mentioned below:

- Population development activities need to be integrated into policy level through GED.
- Population development should include, among others, the increased participation of women.
- Population development should include, among others, children rights on Education and health with emphasis on nutrition. Children protection and primary health care is an issue.
- Universal Health Care is to be achieved.
- Prevention of early marriage need to be addressed.
- Compulsory Birth Registration should be emphasized in policies.
- Necessary measures are to be taken for addressing the increasing number of Old age people.
- Strengthening family planning activities in urban slums including development of slum peoples' health should be given priority.
- Actions needed to be taken to reduce excessive pressure of urbanization.
- Health insurance and innovative health care financing measures are needed.
- Different positive and negative aspects of both internal and external migration should be given priority in formulating national plans.
- Human Resource Development through Education system including Technical and Vocational Education and Training is a priority.
- Encourage and generate self –employment of the huge youth population.
- Population Management is the most important issue at national and international level. Development of health work force for Population and development should be required.
- Setting up of a National level Commission for Skill development headed by Honorable Prime Minister may be examined.

4.3 Challenges:

During the assessment process, some challenges faced by the GED people were identified, which are considered as hindrance for mainstreaming population and development issues in the national plans or policies. These are:

- Absence of a dedicated programme unit for Population and Development under GED. It appeared as a real time needs to address the issues in a sustainable manner.
- Scope of understanding the Population and Development Programme, now-a-days widened to approach many issues without limiting it to the population control and health.
- Absence of continuous monitoring of population development indicators.
- Lack of sustained coordination with stakeholders for data and network sharing.
- Absence of standard methodology and system for collecting secondary data, sample study, information generation and use in the planning process.
- Understandings about cross-cutting and multi-sectoral issues of population development are inadequate.
- Integrated approach on population development intra and inter PC is a requirement to address in a focused and sustained manner
- Best possible utilization of both GOB and DPs resources through a focused institutional planning arrangement is required.
- Weak linkage with Development Partners including UNFPA.
- Continued and sustainable capacity development of GED is a necessity.
- National and international level training, workshop, professional development training for GED's proposed new programme unit is required.
- A three years capacity development plan will be helpful for GED for mainstreaming the population and development issues into national plans.
- MDG and other international and national commitments and achievement need to be monitored.
- Best possible resource mobilization and utilization monitoring process along with climate change funds need to be in place.

Chapter-5: Recommendations on the issue of Mainstreaming Population Development

Suggestions and recommendations came out from the assessment are mainly focused on (1) establishment of sustainable frame work under GED, (2) integration of population development programme with GED in an exposed manner , (3) establish better scope for utilization of resources. The recommendations are as follows:

5.1 Immediate measures

- 5.1.1 **New Branch at GED:** Within the GED structure a new Branch need to be established under the leadership of a Deputy Chief/ Population Economist with adequate staffing to feed Multi Sectoral Issues (MSI) Wing of GED to entrust the job of population development mainstreaming. Accordingly, a smart team for the **Population Development Branch** with four officers and 8 staff is suggested in annex-B-1. The new team will provide leadership on population development planning, demographic change analysis and forecasting, monitoring and policy guidance. Besides, it will collect and analyze population and development related data regularly through developing tools; monitor the key population indicators regularly and coordinate related stakeholders, Development partners, and NGOs on population aspects. The detail of twelve member staffing along with their job descriptions are placed at annex-B-2.
- 5.1.2 **Alternative of New Branch / GED staffing:** New Branch establishment in Multi-Sectoral Issues (MSI) wing of GED may need time to be in place. GED may decide to readjust one or two of its wings or officials to serve the purpose. Multi-sectoral wing can be readjusted to serve the population and development related task. Adjustment may be seen with reference to table-A of Annexure-1. Proposed adjustment is placed below:

Table-3: Proposed Adjustment of staffing of Multi-sectoral Issues wing (MSI) of GED (Only adjstible posts are mentioned)

Sl	Designation	Current MSI Positions		MSI after adjustment		Adjustable Positions			From Wings/Remarks
		Sanct	Avail.	Sanct	Avail.	Sanct	Avail.	Transfer	
1	Deputy Chief	1	1	1	1	1	1	nil	Later creation
2	Sr.Asst. Chief	1	1	1	1	1	1	nil	Later from MPPW
3	Asst. Chief	2	2	2+1	2+1	1	2	1	FMP wing extra
4	Personal Off	2	1	2	1+1	2	2	1	ITE wing
5	Typist /Asst	1	1	2	1+1*	2	0	1	Outsourcing from FMP sanctioned
6	MLSS	3	3	3+1	3+1	3	4	1	ITE wing extra
	Total	10	9	11	13*				*4 added position

Note: *One typist –cum computer operator may be temporarily outsourced.

- 5.1.3 **Planning Policy Support Unit (PPSU):** To support capacity building ,programme design and attach focus on the Population Development Agenda a PPSU may be set with direct technical assistance of UNFPA or any development partner to undertake the activities in light of the present need. After 3 years, GOB will have breathing space to have its own set up proposed. PPSU may be organized with one Senior Specialist , one MIS Specialist , one computer operator , , one Driver and one MLSS. These expert supports may be for 3 years term.
- 5.1.4 **Training (National and International):** Training at national level and international level will have to be targeted to build a sustainable human resource to handle the programme effectively.

Short and long term courses, advanced course and diploma programmes for GED staff and stakeholders officials are suggested for this. GED officials could classify according to their job responsibility or job duration and training duration and module may differ for particular group. Training programmes may be organized by GED itself or other training academy, institutions or university departments may involve for the purpose. BCS Economics Academy could also perform the duty to train officers. Besides, Government and/or development partners can make opportunity for the upper and mid-level officers at GED to participate international training/workshop/seminar to share and up-date their knowledge level.

- 5.1.5 **Module development:** A standard training module can be developed and share with new officials to keep knowledge level consistency with old and new officials of GED. The module of training should focus on the upcoming population and development related issues; like management of the youth bulge, elderly population management, employment generation, community, social and political involvement to increase age at marriage, decentralization and migration of all type with its pull-push factor, health management of urban slums, and the inter-connectivity of all the issues and their effect on country's development. The module can also be shared with other training institutions like BARD , BPATC , Planning Academy etc. to sustain population and development knowledge among Planning Commission and other government officials.
- 5.1.6 **Monitoring System Development:** A good programme implementation is dependent on good monitoring system. Monitoring indicators development, tools development and creation and maintenance of data depository will be function of new Wing of GED. Stakeholders' consultation and network, in-house exercise and outsourcing could be effective methodology in this regard. A software for data tracking, updating information and network sharing intra and inter planning commission is required.

5.2 Mid-term and long-term measures

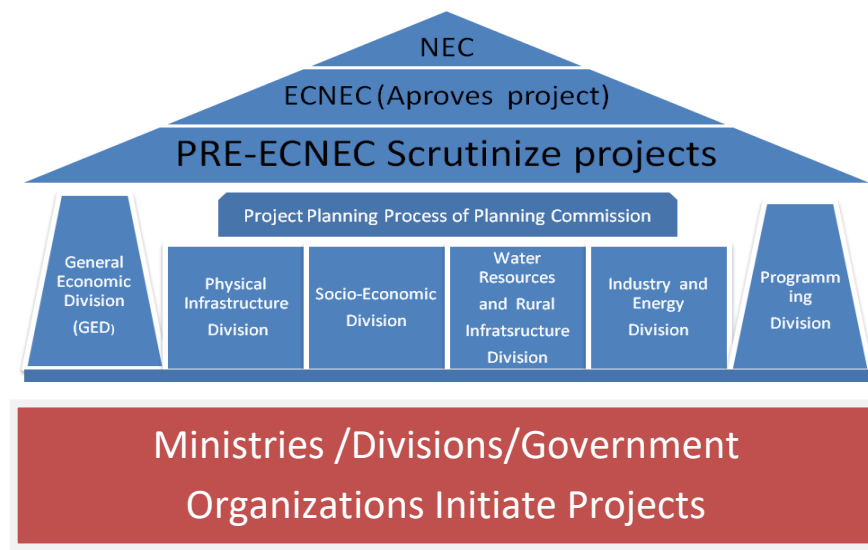
- 5.2.1 **Programme Development:** Systematic and integrated programme development will be a key to success for all. National level discussions, action programme and Annual Work plan development, exploring multi-organization links, focal point development, project formulation and annual review system will establish an integrated Population Development Programme.
- 5.2.2 **Sensitization on Population Development:** Sensitization of policy and functional level persons /officials is very important for the programme. National and International Conference, Workshop and Seminar participation and exposure of the key personnel of stakeholding departments will achieve the result.
- 5.2.3 **GED Staff, Logistics and Equipment Development:** GED's GOB staff recruitment, deployment, orientation, Computer, software and accessories and other logistics mobilization is required and recommended accordingly. Technological development and availability is also required to facilitate GED to be congruent with international development activities.

5.3 Framework of role of GED on Population Development

Most important thing in the Bangladesh's planning process is finding scope for inclusiveness of Population Development and Gender issues. Although PC sectors and the entire governmental system is concern about the agenda of population development and gender issues, but it is necessary for GED to

integrate those into different aspects of planning (Perspective Plan, 5 Year Plan, Long and Medium term plan, Annual Development Plan etc.). The following Framework will reflect the process.

Figure-4: Framework for relationship of divisions of Planning Commission



- 5.3.1 **ADP and 5 Year planning stages:** General Economics Division (GED) and Programming Division of Planning Commission are acting as two main pillar of planning process. They are having critical role in preparation of 5 year Plan, Annual Development Plan and any other plan. Allocation of resources in the ADP is made by programming division. Inter-project adjustments of resources are also made by programming division. GED has to look after Economics Modeling, Macro and Micro Economics implications of all the development projects. GED has to have closer look into input-output relations, possible impacts, potentials and risk factor in the project approval and planning. So, population development mainstreaming has to be integral consideration during the time of project and plan processing. Following table will demonstrate the present arrangement ADP and 5 Year Plan process.

Table-4: Short and medium term plan formulation step by GED

ADP formulation steps	5 year plan formulation step
1. The Inter-ministerial “Resource Committee” at the Finance Division estimates the resources availability for the ADP.	1. Evaluation of Past Plan Performance.
	2. Preparation of Technical/ Policy Framework Indicating Desirable and Realistic Growth Rate.
2. Programming Division of Planning Commission prepares the sector/project wise ADP allocation in consultation with the Sector Divisions, GED of the Planning Commission, sponsoring Ministries and agencies.	3. Resource Forecast in association with IRD, FD, ERD
	4. Demand of Resource by Ministries/Agencies.

3. Programming Division place the draft ADP at the Planning Commission Meeting for finalization	5. Reconciliation Resources/Demands
4. Planning Division Submits the final ADP to NEC for formal Approval	6. Sector Divisions Prepare Sectoral Plans/Prog
	7. Reconciliation of Sectoral Plans with the Macro Framework of FYP
	8. Place before NEC/Minister for Approval

5.3.2 Level of coordination by GED: While preparing long-term plan GED have lot of interactions with sectors of Planning Commission, Ministries, government agencies and other stakeholders. As far as ADP is concern GED have to look into optimum utilization of resources and the growth model .GED have to play vital advisory and important role in Pre-ECNEC, ECNEC and NEC meetings. For the purpose of meeting conditionality's of the desired or planned output GED have the scope to intervene at macro, micro and implementation level.

Particularly GED, from now on, will ensure the mainstreaming of the population and gender development through its different level of coordination mechanism. The new GED organizational set up (proposed in recommendations part) expected to be fully equipped and capable of ensuring it.

5.4 Capacity Development Plan

In-line with the scope of work, assessment findings and recommendations a three year capacity development plan is drawn and placed below. The basic objective behind it draws a comprehensive approach for integration of population development issues under national planning system. Exposures to stakeholders and development partners are also taken into consideration. The main features of the Capacity Development Plan are as below:

- Addressing the issues relating to focusing policy level people and build ownership.
- A comprehensive programme development for population issues and resource planning in Bangladesh.
- Establish a monitoring network for planners and development partners.
- Enhanced GED capacity relating to population dynamics and changes.

[illegible]

5.5 Training Topics

The above table depicts a detail capacity building program for GED, of which National and International training is a major concern. GED needs to develop the capacity of its existing officers through an action oriented training program and also needs to develop a process or system or methodology to sustain the capacity. Although different curricular or module of the training could be designed for basic and advance level training by the trainer or training institutions, the following table summarizes some important population and development issues that could be included in the training program.

Table-6: Identified training topics for capacity building of GED

Topic	Sub-topic
1. Basic Population and development issues	<ul style="list-style-type: none"> • Dynamics of Population • Population Projection • Population Pyramid, Age structure and its impact • Health (Child, Adolescents, Maternal for special concern) • Migration (Internal and External) • Climate change and natural disaster
2. Cross-cutting issues	<ul style="list-style-type: none"> • Education and gender concern • Job specific and vocational training • Human capital development • Urbanization and population • Population growth and poverty • Population Management (Age specific) • Sustainable environmental development
3. Integrated Population Planning	<ul style="list-style-type: none"> • Health needs assessment • Education needs assessment • Water and Sanitation • Housing needs • Planning for land • Planning for food security • Planning for employment • Planning for natural environment • Energy needs assessment • Planning for fiscal resource mobilization, utilization and management
4. Monitoring and Evaluation	<ul style="list-style-type: none"> • Identify important population and development indicators • Building data and information network • Develop standard tools and techniques for data collection • Develop tools and techniques for data management and storage • Computer applications and software relating data collection and management

5.6 Conclusion

Being a densely populated country with limited resources, Bangladesh made remarkable success to reach most of the MDG goals within time. It is time for the country to sustain the achieved development and visualize future strategy of development. The dynamics of population creates an ample opportunity if it

could be managed properly or it may turn into a curse if future planning for development did not properly matched with it. For the best use of our population it is urgently necessary to relate population structure with development issues, which is a prime role of Planning Commission.

Planning Commission, as a governing body, formulate development plans. General Economics Division (GED) leads the policy level activities of Planning Commission and possesses a connecting role among Government, sectoral ministries and development partners regarding development issues. Infact, GED is the think-tank for development and economic policy issues. To be congruent with its prime activities, it is necessary to develop the capacity of GED as a whole.

The assessment, aiming to find out the gaps of GED, identifies some major challenges and requirements which needs to fulfill immediately. Policy makers need to know about population development issues and related statistics such as basic amenities of under-privileged population, Child health and nutrition, primary education, vocational education and training, adolescent and early marriage, migration and urbanization, gender equity, climate change and its effect on population. They also know and realize the linkage among and between the population issues with Economics development. To prepare them for policy formulation keeping pace with time, GED officials need some basic training regarding population and its cross-cutting issues.

The assessment also finds a gap on programme monitoring and flow of information. Therefore, a structured MIS system needs to develop in GED. With structured and defined monitoring tools and techniques, it is required to develop information technology, logistics, internal coordination, and external networking. Regular communication with development partners as well as public and private research organizations is also a requirement.

Overall, a short term capacity development plan has designed with a view to the urgent need of GED. However, some other short-term, medium-term or long-term capacity development plan needs to design for GED as a whole and a basic module could be developed to sustain the capacity development process.

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Annex A: Human resource (GED), Unit Basis

	Unit-1: Multi-sectoral issues		Unit-2: International trade and Economics		Unit-3: Fiscal and monetary Policy		Unit-4: Poverty analysis and monitoring		Unit-5: Macro and perspective planning	
Position	Sanctioned Post	Available Post	Sanctioned Post	Available Post	Sanctioned Post	Available Post	Sanctioned Post	Available Post	Sanctioned Post	Available Post
Joint-chief	1	1	1	1	1	0	1	1	1	1
Deputy-chief	1	1	1	1	1	1	1	1	1	1
Senior Assistant Chief	1	1	1	1	2	0	3	1	4	1
Assistant Chief	2	2	2	2	1	2 (1 extra)	1	3 (2 EXtra)	1	3 (2 Extra)
Scientific Officer	0	0	0	0	1	1	0	0	1	1
Admin officer	1	1	1	0	1	0	1	0	1	0
Personal Officer	2	1	2	2	2	1	2	1	2	1
Typist cum assistant	1	1	1	0	2	0	3	0	3	0
MLSS	3	3	3	4 (1 Extra)	4	1	5	2	4	3

B-2. Job Descriptions for the proposed Additional Posts under General Economics Division, Planning Commission**1.Name of the Position:** Deputy Chief (Population Specialist)**Reports to:** Joint Chief (Multi-Sectoral Issues)**Supervises:** 1. Senior Assistant Chief (Population Economist)

2. Assistant Chief (Population programme)

3. Assistant Chief (MIS Specialist/Assistant Programmer)

Job requirement: He/She should be qualified in population issues, preferably having Advanced Degree on Demography, Population Science, and Population Economics or of similar discipline. Person should have knowledge about population development issues of Bangladesh, Asian countries and world. Analytical skill and leadership quality is required. Knowledge about the international and national stakeholders including development partners on related issues will be required. The person should provide leadership to build depository of the updated status on population issues, policies and interventions.

Job descriptions:

1. To provide leadership on the population development plans, monitoring and policy guidance under the scope of Five year plan and other planning strategically aspects.

2. To provide support to Senior level GED and Planning official by analyzing the population development planning aspects.
3. To coordinate with related stakeholders in GOB, Development Partners, and NGO's, PVO's and UN organization on population aspects.
4. To have continuous monitoring of the key indicators related to Population development and population policy implementation by the Government.
5. To develop monitoring tools, collect and analyse data from different sources and develop a depository of population development status.
6. To look into updated status of MDG and other commitments of Bangladesh regarding population, health, control and others.
7. Any other matters referred by the superiors.

2.Name of the Position: Senior Assistant Chief (Population Economist)

Reports to: Deputy Chief /Population Specialist

Supervises: Assistant Chief (Population programme)

Assistant Chief (MIS Specialist/Assistant Programmer)

Job requirement: He/She should be qualified in population issues, preferably having Degree on Demography, Population Science, and Population Economics or of similar discipline. Person should have knowledge about population development issues of Bangladesh, Asian countries and world. Analytical skill and leadership quality is required. Knowledge about the international and national stakeholders including development partners on related issues will be required. The person should work to build depository of the updated status on population issues, policies and interventions.

Job descriptions:

1. To provide support on the population development plans, monitoring and policy guidance under the scope of Five year plan and other planning strategic aspects.
2. To provide support to Senior level GED and Planning official by analyzing the population development planning aspects.
3. To maintain data and information formats of related stakeholders in GOB, Development Partners, and NGO's, PVO's and UN organization on population aspects.
4. To have continuous monitoring of the key indicators related to Population development and population policy implementation by the Government.
5. To develop monitoring tools, collect and analyse data from different sources and develop a depository of population development status.
6. To collect information on the updated status of MDG and other commitments of Bangladesh regarding population, health, control and others.
7. Any other matters referred by the superiors.

3.Name of the Position: Assistant Chief (Population programme)

Reports to: Senior Assistant Chief (Population Economist)

Supervises: Data Analyst/Computer Operator

Job requirement: He/She should have Degree on Demography, Population Science, and Population Economics or of similar discipline. Person should have knowledge about population development issues of Bangladesh and other countries. Analytical skill is required. Knowledge about the international and national stakeholders including development partners on related issues will be preferable. The person should work to build depository of the updated status on population issues, policies and interventions.

Job descriptions:

1. To provide support on the population development plans, monitoring and policy guidance under the scope of Five year plan and other planning strategic aspects.
2. To provide support to Senior level GED and Planning official by analyzing the population development planning aspects.
3. To maintain data and information formats of related stakeholders in GOB, Development Partners, and NGO's, PVO's and UN organization on population aspects.
4. To have continuous monitoring of the key indicators related to Population development and population policy implementation by the Government.
5. To develop monitoring tools, collect and analyse data from different sources and develop a depository of population development status.
6. To collect information on the updated status of MDG and other commitments of Bangladesh regarding population, health, control and others.
7. To maintain the status report on Population health, development and control related projects under different Ministry's of GOB.
8. Any other matters referred by the superiors.

4. Name of the Position: Assistant Chief (MIS Specialist/Assistant Programmer)**Reports to:** Senior Assistant Chief (Population Economist)**Supervises:** Data Analyst/Computer Operator

Job requirement: He/She should have Degree on Computer Science, MIS, Demography, Population Science, and Population Economics or of similar discipline. Person should have knowledge and demonstrated skill on computer programming, applications and MIS development etc. The person should work to build depository of the updated status on population issues, policies and interventions.

Job descriptions:

1. To provide support on the population development plans, monitoring and policy guidance under the scope of Five year plan and other planning strategic aspects.
2. To provide support to Senior level GED and Planning official by analyzing the population development planning aspects.
3. To collect and maintain data and information formats of related stakeholders in GOB, Development Partners, and NGO's, PVO's and UN organization on population aspects.
4. To have continuous monitoring of the key indicators related to Population development and population policy implementation by the Government.
5. To develop monitoring tools, collect and analyse data from different sources and develop a depository of population development status.
6. To collect information on the updated status of MDG and other commitments of Bangladesh regarding population, health, control and others.
7. To maintain the status report on Population health, development and control related projects under different Ministry's of GOB.
8. Any other matters referred by the superiors.

5.Name of the Position: Assistant Chief (Population programme)

Reports to: Senior Assistant Chief (Population Economist)

Supervises: 1.Data Analyst/Computer Operator

Assistant Chief (MIS Specialist/Assistant Programmer)

Job requirement: He/She should have Degree on Demography, Population Science, and Population Economics or of similar discipline. Person should have knowledge about population development issues of Bangladesh and other countries. Analytical skill is required. Knowledge about the international and national stakeholders including development partners on related issues will be preferable. The person should work to build depository of the updated status on population issues, policies and interventions.

Job descriptions:

1. To provide support on the population development plans, monitoring and policy guidance under the scope of Five year plan and other planning strategic aspects.
2. To provide support to Senior level GED and Planning official by analyzing the population development planning aspects.
3. To maintain data and information formats of related stakeholders in GOB, Development Partners, and NGO's, PVO's and UN organization on population aspects.
4. To have continuous monitoring of the key indicators related to Population development and population policy implementation by the Government.
5. To develop monitoring tools, collect and analyse data from different sources and develop a depository of population development status.
6. To collect information on the updated status of MDG and other commitments of Bangladesh regarding population, health, control and others.
7. To maintain the status report on Population health, development and control related projects under different Ministry's of GOB.
8. Any other matters referred by the superiors.

Annex: B. Staffing pattern of the Proposed new Branch of General Economics Division For Population Development Aspects

Sl	Description of Position	No	NNP Grade	Scale	Remarks
A.	Deputy Chief (Population Specialist)	1			By promotion from BCS (Economics Cadre)/Contract
	Staff-1. Personal Officer	1			Direct recruit /Promotion as per GOB rules
	Staff-2.MLSS	1			Direct recruit as per GOB rules
B.	Senior Assistant Chief (Population Economist)	1			By promotion from BCS (Economics Cadre)
	Staff-1:Computer Operator	1			Direct recruit as per GOB rules
	Staff-2:MLSS	1			Direct recruit as per GOB rules
C.	Assistant Chief (Population programme)	1			Direct recruit from BCS (Economics Cadre)
	Staff-1. Data Analyst/Computer	1			Direct recruit as per GOB rules

	Operator				
	Staff-2.MLSS	1			Direct recruit as per GOB rules
D.	Assistant Chief (MIS Specialist/Assistant Programmer)	1			Direct recruit
	Staff-1. Data Analyst/Computer Operator	1			Direct recruit as per GOB rules
	Staff-2.MLSS	1			Direct recruit as per GOB rules
	Total	12			

Annex C. Job description for each wing at GED

Wings	Job Description
Multi-sectoral issues Wings	<ul style="list-style-type: none"> ▪ Analysis of issues on the following cross-cutting subjects and undertaking studies on them: <ul style="list-style-type: none"> • gender, • children's rights, • environment, • governance, • ICT and biotechnology, • regional balance, • institutional development and • any other cross-cutting subject; ▪ distilling of results of the studies on cross-cutting issues into the medium and long-term plans/strategy papers; ▪ studying inter-linkages between cross-cutting issues and their impact on social sectors of the economy; ▪ coordination with other divisions of the Planning Commission, ministries and agencies on behalf of the Division; ▪ looking after the coordination of the Division; ▪ attending to all miscellaneous duties with regard to the designated as well as newly identified cross-cutting subjects, and ▪ evaluating DPP/TPP of concerned sectors, drafting comments on them and attending PEC/DPEC meetings; ▪ attending seminars, symposiums and meetings relating to the functions of the Wing.
International trade and Economics Wings	<ul style="list-style-type: none"> ▪ Compilation of balance of payments and computation of terms of trade; ▪ preparation of chapter on trade and balance of payments for medium and long-term plans; ▪ coordination and preparation of memorandum for Bangladesh Development Forum meeting; ▪ estimation and projection of balance of payments and aid requirements; ▪ analysis of structure of merchandise exports and imports and their trends and fluctuations; ▪ analysis of trends and fluctuations of invisible accounts; ▪ analysis of foreign direct investment, external debt and debt sustainability; ▪ preparation of papers relating to international development issues; ▪ preparation of briefs and position papers and monitoring bilateral and

	<p>multilateral Economics relations between Bangladesh and other countries and agencies;</p> <ul style="list-style-type: none"> ▪ preparation of papers for the technical committee supporting the Resource Committee and attending the technical committee meetings; ▪ analysis of protection to domestic industries; ▪ analysis of exchange rate system and real effective exchange rate; ▪ analysis of foreign exchange reserve and reserve adequacy; ▪ analysis of export subsidies and export taxes; ▪ analysis of WTO and globalization issues as they impact on Bangladesh; ▪ analysis of tariffs and non-tariff barriers to exports; ▪ analysis of nexus between trade, growth and poverty; ▪ participation in meetings with bilateral and multilateral development partners; ▪ participation in the formulation of policies regarding foreign trade, exchange rate and foreign exchange reserve; ▪ evaluating DPP/TPP of concerned sectors, drafting comments on them and attending PEC/DPEC meetings; and ▪ attending meetings relating to foreign aid and providing comments, and ▪ attending seminars, symposiums and meetings relating to the functions of the Wing.
Fiscal and monetary Policy Wings	<ul style="list-style-type: none"> ▪ Initiation and supervision of work on projection of domestic resources for medium and long-term plans/strategy papers; ▪ analysis of domestic resources and current expenditure including subsidies for the medium and long-term plans/strategy papers; ▪ undertaking detailed analysis of revenues like tax elasticity and buoyancy, tax system, tax effort, incidence of taxes and robustness of revenue forecast; ▪ undertaking detailed analysis of public expenditure including types of public expenditure, public expenditure policy issues and macro Economics implication, incidence and forecasting of public expenditures; ▪ analyzing financing of budget and sustainability of fiscal policy; ▪ reviewing of monetary and credit situation and resource position both in the public and private sectors; ▪ estimation and forecasting of demand for money; ▪ analysis of net domestic assets – net domestic credit and other related items; ▪ analysis of monetary and financial policies and initiation of policy proposals on fiscal and monetary issues including new fiscal measures for the budget; ▪ initiation and guiding of studies on fiscal and monetary issues related to preparation of medium and long-term plans/strategy papers; ▪ analysis of trends and forecast of money supply and credit requirements; ▪ preparation of analytical notes and reviewing of financial performance of public sector enterprises, public utilities and financial institutions; ▪ analysis of price situation in the economy; ▪ analysis of micro credit industry; ▪ participation in committees, study and working groups on fiscal and monetary matters and drafting reports as and when required; ▪ participation in inter-ministerial meetings, meetings of the Planning Commission and meetings with visiting missions of IMF, World Bank and other development partners, and

	<ul style="list-style-type: none"> ▪ evaluating DPP/TPP of concerned sectors, drafting comments on them and attending PEC/DPEC meetings; and ▪ attending seminars, symposiums and meetings relating to the functions of the Wing.
Poverty analysis and monitoring Wings	<ul style="list-style-type: none"> ▪ Preparation of position papers and policy briefs on issues like Economics growth, poverty, employment and inequality; ▪ measurement of poverty including its regional distribution; ▪ measurement and analysis of vulnerabilities of the poor due to natural, environmental, social, Economics and other factors; ▪ tracking and monitoring of income poverty (headcount ratio, depth and severity of poverty) and non-income poverty (education, health nutrition and sanitation); ▪ tracking and monitoring pattern of income distribution and inequality measures; ▪ projection of poverty consistent with macro and sectoral output and setting of targets for poverty reduction in a perspective framework; ▪ analysis of survey-based (HIES, PMS, BDHS) poverty (income and non-income) by region and household; ▪ analysis of social protection measures; ▪ monitoring and evaluation of Poverty Reduction Strategy's (PRS) implementation; ▪ undertaking participatory consultations with the stakeholders; ▪ review and formulation of policies and strategies for poverty reduction; ▪ designing of mechanism for integrating consultation feedbacks into policy making; ▪ attending meetings/workshops on issues relating to poverty alleviation and HRD; ▪ analysis of human resource development (HRD) status of the country and suggesting strategies for HRD; ▪ providing comments/suggestions on Medium Term Budgetary Framework (MTBF); and ▪ evaluating DPP/TPP of concerned sectors, drafting comments on them and attending PEC/DPEC meetings; and ▪ attending seminars, symposiums workshops and meetings relating to the functions of the Wing.
Macro and perspective planning Wings	<ul style="list-style-type: none"> ▪ Construction of models for medium and long-term plans/strategy papers; ▪ preparation of macro chapters for medium-term plans/strategy papers; ▪ preparation of long-term plans/vision papers; ▪ preparation of background papers for medium and long-term plans/strategy papers; ▪ preparation of reports, position papers and undertaking studies and surveys on private investment for medium and long-term plans/strategy papers; ▪ preparation of indicative policies and programs regarding private investment; ▪ formulation of objectives, strategies and policies for achieving national goals like poverty reduction and Millennium Development Goals (MDGs); ▪ modeling of poverty intervention for poverty reductions; ▪ developing medium and long-term macroEconomics frameworks for the economy;

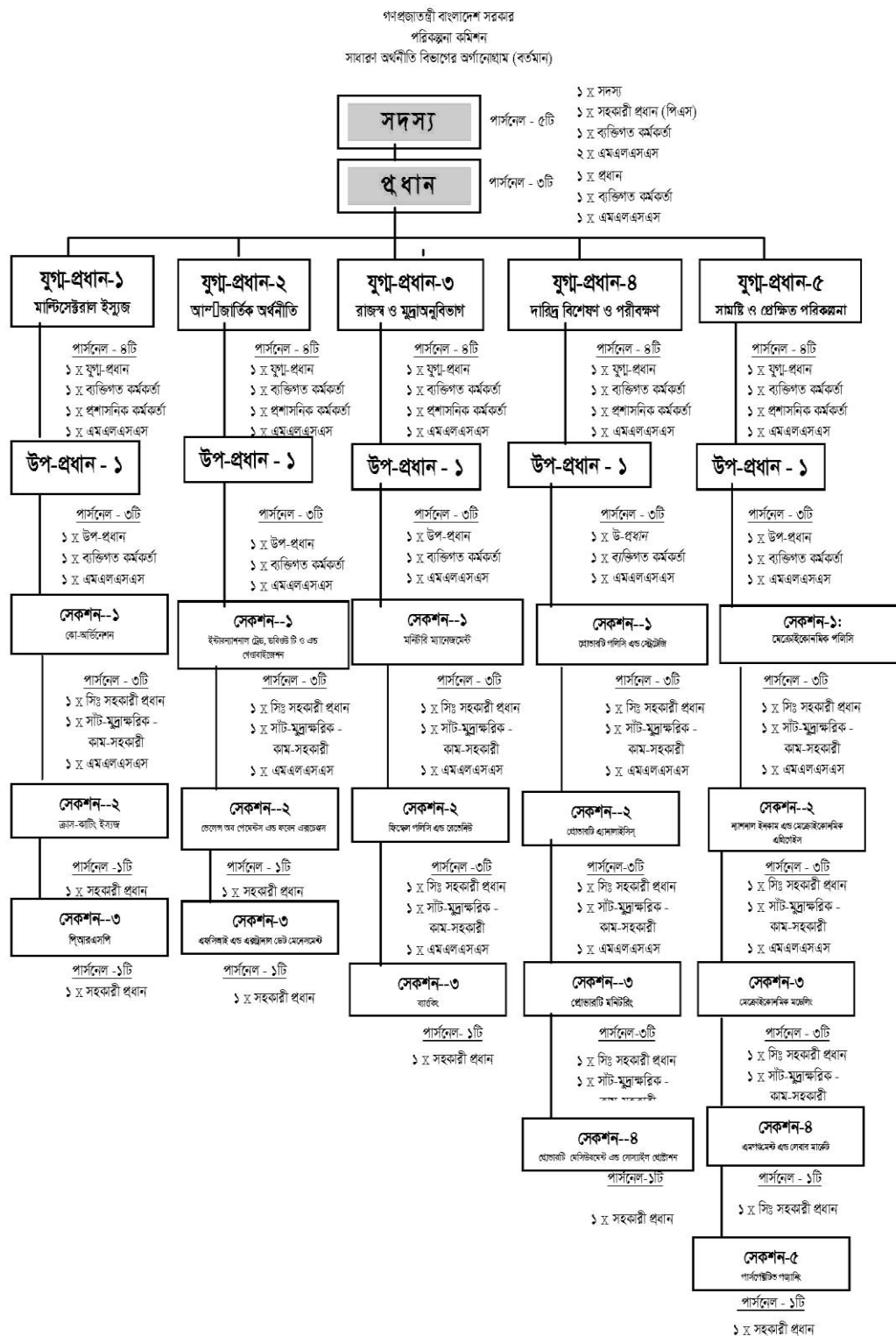
	<ul style="list-style-type: none"> ▪ preparation of quarterly report on current Economics situation; ▪ assessment of annual macroeconomics performance of the economy; ▪ assessment of impact of macroeconomics shocks on the economy; ▪ projection of macroeconomics aggregates such as consumption, demand and employment; ▪ liaising with BBS in estimating national accounts and carrying out primary surveys and studies; ▪ monitoring the labor market and national employment situation; ▪ formulation of objectives, strategies and policies for employment generation and labor market development; ▪ preparation of papers on development issues; ▪ carrying out studies for formulation of Economics policies; and ▪ evaluating DPP/TPP of concerned sectors, drafting comments on them and attending PEC/DPEC meetings; and ▪ attending seminars, symposiums and meetings relating to the functions of the Wing.
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Annex D. Achievements by GED, Planning Commission during the period 2009-2013

A. National Plans/Documents Published by GED	
1	Steps Towards Change: National Strategy for Accelerated Poverty Reduction II (Revised) FY 2009-11
2	দিন বদলের পদক্ষেপ: জাতীয় দারিদ্র নিরসন কৌশলপত্র-২ (সংশোধিত) 2009-11
3	Perspective Plan of Bangladesh 2010-2021: Making Vision 2021 A Reality
4	বাংলাদেশের প্রথম প্রেক্ষিত পরিকল্পনা ২০১০-২০২১: রূপকল্প ২০২১ বাস্তবায়নে রূপায়ণ
5	Sixth Five Year Plan (FY 2011-2015): Accelerating Growth and Reducing Poverty
6	ষষ্ঠ পঞ্চবার্ষিক পরিকল্পনা (২০১১-২০১৫) : দারিদ্র্য নিরসনে উচ্চতর প্রবৃদ্ধি
7	Sixth Five Year Plan of Bangladesh (FY 2011-2015): Background Papers (Volume 1-4) Editors: M.K. Mujeri and Shamsul Alam
8	Sixth Five Year Plan of Bangladesh (FY 2011-2015): Technical Framework Papers (Volume 1,2); Editors: M.K. Mujeri and Shamsul Alam
9	National Sustainable Development Strategy (2010-2021)
10	জাতীয় টেকসই উন্নয়ন কৌশল পত্র (২০১০-২০২১)
11	National Social Protection Strategy (under processing)
12	Post 2015 Development Agenda: Bangladesh's Proposal to the UN
B. Proceedings/Reports Published by GED	
1	The Millennium Development Goals: Bangladesh Progress Report, 2009
2	Millennium Development Goals: Need Assessment and Costing (2009-2015) Bangladesh
3	Financing Growth and Poverty Reduction: Policy Challenges and Options in Bangladesh
4	Responding to the Millennium Development Challenge through private sector involvement in Bangladesh
5	The Probable Impact of Climate Change on Poverty and Economics Growth and Options of coping with adverse effect of Climate Change in Bangladesh
6	Millennium Development Goals: Bangladesh Progress Report, 2011

7	MDG Financing Strategy for Bangladesh
8	SAARC Development Goals: Bangladesh Country Report, 2011
9	Public Expenditure for Climate Change: Bangladesh Climate Public Expenditure and Institutional Review (CPEIR)
10	Bangladesh Investment Climate Fund: Development of a Results Framework for Private Sector Development in Bangladesh, 2012
11	The First Implementation Review of the Sixth Five Year Plan, 2012
12	Millennium Development Goals: Bangladesh Progress Report, 2012
C. Projects (Completed)	
1	Technical assistance project on “Support to Monitoring the PRS and MDG in Bangladesh (2005-2011)”
2	Formulation of Outline Participatory Perspective Plan (2005-2011)
3	ষষ্ঠ পঞ্চবার্ষিক পরিকল্পনা প্রণয়ন শীর্ষক কর্মসূচী (জুলাই ২০০৯- জুন ২০১২)
4	জাতীয় টেকসই উন্নয়ন কৌশল পত্র সংশোধন ও পরিমার্জন শীর্ষক কর্মসূচী (জানুয়ারী ২০১১- জুন ২০১৩)
D. Projects ongoing/Under implementation	
1	‘বিসিএস ইকনমিক একাডেমি প্রতিষ্ঠা’ শীর্ষক প্রকল্প (২০০৯-২০১৪)
2	“Capacity Building for the Planning Commission: Poverty, Environment and Climate Mainstreaming (PECM) শীর্ষক কারিগরী সহায়তা প্রকল্প (২০১০-২০১৩)
3	“Strengthening Capacity of General Economics Division (GED) to Integrate Population Issues into Development Plans” শীর্ষক কারিগরী সহায়তা প্রকল্প (২০১২-২০১৬)
4	Delta Plan 2100 শীর্ষক কারিগরী সহায়তা প্রকল্প (২০১৩-২০১৬)
5	“Support to Sustainable and Inclusive Planning (SSIP) শীর্ষক কারিগরী সহায়তা প্রকল্প (২০১৩-২০১৬)
6	Preparation and Monitoring of Medium Term Development Plan (7 in plan) শীর্ষক কারিগরী সহায়তা প্রকল্প (২০১২-২০১৬)

APPENDIX



ব্যবহৃত প্রশ্নপত্র

1. Background

১. আপনার বর্তমান বয়স কত?
২. আপনার শিক্ষাগত যোগ্যতা কি?
৩. আপনি কত বছর যাবৎ চাকরি করেন?
৪. Planning Commission এর এই এডু বিভাগে আপনি কতদিন যাবৎ আছেন?

2. Knowledge

৫. আপনি কি কখনও কোন বিষয়ে কোন রকম প্রশিক্ষণ পেয়েছেন? কি ধরনের প্রশিক্ষণ এবং কবে?
৬. আপনি কি Planning Commission এ কখনও কোন বিষয়ে কোন রকম প্রশিক্ষণ পেয়েছেন? কি ধরনের প্রশিক্ষণ এবং কবে?
৭. আপনি কি মনে করেন আপনার আরও প্রশিক্ষণ প্রয়োজন? কী ধরনের প্রশিক্ষণ?

3. Population Growth

3.1 Demographic transition and dividend

৮. Demographic transition বলতে আপনি কি বোঝেন?
৯. বর্তমানে বাংলাদেশ Demographic transition এর মধ্য দিয়ে যাচ্ছে, যার ফলে কর্মক্ষম জনসংখ্যা উল্লেখযোগ্য হারে বৃদ্ধি পেয়েছে। এই কর্মক্ষম জনসংখ্যাকে আমরা কীভাবে ব্যবহার করে অর্থনৈতিক সমৃদ্ধি লাভ করতে পারি?
১০. কী ভাবে এই কর্মক্ষম জনসংখ্যার দক্ষতা বৃদ্ধি করা সম্ভব বলে আপনি মনে করেন?
১১. এ বিষয়ে GED এর কি করণীয় থাকতে পারে বলে মনে করেন?
১২. এ বিষয়ে challenge গুলো কি কি এবং কিভাবে আপনারা তা মোকাবিলা করবেন?

3.2 Urbanization and urban health

১৩. Urbanization/Urban planning এ GED এর ভূমিকা কী? না থাকলে কতখানি ভূমিকা থাকতে পারে বলে মনে করেন?
১৪. Urban health বলতে আপনি কী বোঝেন? Urban health এর ক্ষেত্রে আমাদের কী ধরনের পরিকল্পনা থাকা দরকার বলে আপনি মনে করেন?
১৫. এ ব্যাপারে এডু এর কি কোন ভূমিকা আছে? না থাকলে কী ভূমিকা রাখতে পারে বলে আপনি মনে করেন?
১৬. এ ক্ষেত্রে challenge গুলো কী কী? কিভাবে এর সমাধান করা যায়?

3.3 Elderly population

১৭. Elderly population বিষয়ে আমাদের কী ধরনের পরিকল্পনা থাকা দরকার বলে আপনি মনে করেন?
১৮. Elderly health সম্পর্কে আপনি কি জানেন? এ ক্ষেত্রে আমাদের কী ধরনের পরিকল্পনা থাকা দরকার বলে আপনি মনে করেন?
১৯. Elderly population I Elderly health এর এ ব্যাপারে এডু এর কিকোন সম্পৃক্ততা থাকতে পারে?
২০. এ ক্ষেত্রে challenge গুলো কী কী? কিভাবে এর সমাধান করা যায়?

4. Reproductive Health

২১. Reproductive Health সম্পর্কে আপনি কি জানেন?
২২. আপনার মতে Reproductive Health সম্পর্কে গডুএ এর লক্ষ্যমাত্রা অর্জনে Challenge গুলো কি কি? কিভাবে আমরা এই লক্ষ্যমাত্রা অর্জন করতে পারি?
২৩. এই ব্যাপারে এডু কী ভূমিকা রাখছে বলে মনে করেন?
২৪. Contraceptive prevalence rate (CPR) এর অর্জিত লক্ষ্যমাত্রা ধরে রাখতে এবং বৃদ্ধি করতে এবং family planning এর unmet need পূরণ করতে কী ধরনের কর্মসূচী গ্রহণ করা উচিত বলে আপনি মনে করেন?

২৫. Reproductive Health বিষয়ে GB GED বিভাগ কি কখনও কোন কাজ করেছে?
২৬. করে থাকলে কোন বিশেষ Unit/Wings কি তা করেছে? কোন Unit/Wings এই কাজ করেছে এবং কিভাবে?
২৭. এ ব্যাপারে অন্যান্য Unit/Wings গুলো কি কোন সহায়তা করেছে অথবা অন্যান্য Unit/Wings এর সাথে Coordination এর কোন ব্যবস্থা ছিল কি? কিভাবে?
২৮. না করে থাকলে বর্তমান প্রেক্ষাপটে Reproductive Health বিষয়ে Planning Commission বা GED বিভাগের কি করণীয় আছে বলে আপনি মনে করেন?
২৯. এ বিষয়ে পযথেষ্ট সমস্যাগুলো কি কি এবং কিভাবে আপনারা তা মোকাবিলা করবেন?

4.1 Maternal Health

৩০. Maternal Health বলতে আপনি কী বোঝেন? বাংলাদেশে মাতৃমৃত্যুর প্রধান কারণ গুলো কি কি?
৩১. কিভাবে এই মাতৃমৃত্যুর হার কমিয়ে গুটী এ এর লক্ষ্যমাত্রায় পৌঁছানো সম্ভব বলে আপনি মনে করেন?
৩২. এক্ষেত্রে এডউ এর কি কোন সম্পৃক্ততা আছে? কিভাবে?
৩৩. Maternal Health নিয়ে কাজ করতে গিয়ে আপনারা কি ধরনের challenge এর মুখোমুখি হয়েছেন বা হবেন বলে মনে করেন?

4.2 Age at marriage for women

৩৪. বাংলাদেশের সংবিধান অনুযায়ী মেয়েদের বিয়ের নূনতম বয়স ১৮ হলেও আধিকাংশ ক্ষেত্রে মেয়েদের বিয়ে এবং প্রথম গর্ভ ১৮ বছরের আগেই হয়? বিয়ের নূনতম বয়স ১৮ কে কার্যকরী করতে সরকারী/ বেসরকারী পর্যায়ে কী কী করণীয় আছে বলে আপনি মনে করেন?
৩৫. এ ক্ষেত্রে Planning Commission/GED কি পূর্বে কোন কাজ করেছে ?
৩৬. করে থাকলে কোন বিশেষ Unit/Wings কি তা করেছে? কোন Unit/Wings এই কাজ করেছে এবং কিভাবে?
৩৭. এ ব্যাপারে অন্যান্য Unit/Wings গুলো কি কোন সহায়তা করেছে অথবা অন্যান্য Unit/Wings এর সাথে Coordination এর কোন ব্যবস্থা ছিল কি? কিভাবে?
৩৮. না করে থাকলে করণীয় কি আছে? অথবা ভবিষ্যতে এই ব্যাপারে কোন পরিকল্পনা আছে কি?
৩৯. এ ক্ষেত্রে challenge গুলো কী কী? কিভাবে এর সমাধান করা যায়?

4.3 Adolescent Health

৪০. Population and development G Adolescent Health কতটুকু গুরুত্ব বহন করে বলে আপনি মনে করেন? কেন?
৪১. Adolescent reproductive health এবং teenage fertility এর ব্যাপারে আপনি কি জানেন?
৪২. এ বিষয়ে এই GED বিভাগ কি কখনও কোন কাজ করেছে?
৪৩. করে থাকলে কোন বিশেষ Unit/Wings কি তা করেছে? কোন Unit/Wings এই কাজ করেছে এবং কিভাবে?
৪৪. এ ব্যাপারে অন্যান্য Unit/Wings গুলো কি কোন সহায়তা করেছে অথবা অন্যান্য Unit/Wings এর সাথে Coordination এর কোন ব্যবস্থা ছিল কি? কিভাবে?
৪৫. না করে থাকলে বর্তমানে করণীয় কি হতে পারে বলে আপনি মনে করেন?
৪৬. এ ক্ষেত্রে challenge গুলো কী কী? কিভাবে এর সমাধান করা যায়?

5. Gender equality and women empowerment

৪৭. Gender Equality সম্পর্কে আপনি কি জানেন?
৪৮. আপনার মতে Gender Equality অর্জনে প্রতিবন্ধকতাগুলো কি কি? কিভাবে আমরা এই প্রতিবন্ধকতাগুলো দূর করতে পারি?
৪৯. Gender violence কমাতে awareness buildup এর সাথে আর কি কি পদক্ষেপ নেওয়া যেতে পারে বলে আপনি মনে করেন? কিভাবে?
৫০. women empowerment এর ক্ষেত্রে বর্তমান পদক্ষেপের সাথে আর কি কি পদক্ষেপ গ্রহণ করলে আমরা গুটী এএর লক্ষ্যমাত্রা সঠিক সময়ে অর্জন করতে পারব বলে আপনি মনে করেন?

৫১. মহিলাদের Economics involvement বৃদ্ধি করতে সরকারি ও বেসরকারি পর্যায়ে বিভিন্ন পদক্ষেপ গ্রহণ করা হয়েছে, যার ফলে বর্তমানে মহিলাদের Economics involvement অনেক বৃদ্ধি পেয়েছে। কিন্তু কর্মক্ষেত্রে মহিলারা এখনও institutional violence এর শিকার হচ্ছে, এক্ষেত্রে সরকারি ও বেসরকারি পর্যায়ে কি কি করণীয় আছে বলে আপনি মনে করেন?
৫২. Gender Equality বিষয়ে GB GED বিভাগ কি কখনও কোন কাজ করেছে?
৫৩. করে থাকলে কোন বিশেষ Unit/Wings কি তা করেছে? কোন টহরঃ/ডরহমং এই কাজ করেছে এবং কিভাবে?
৫৪. এ ব্যাপারে অন্যান্য Unit/Wings গুলো কি কোন সহায়তা করেছে অথবা অন্যান্য Unit/Wings এর সাথে Coordination এর কোন ব্যবস্থা ছিল কি? কিভাবে?
৫৫. না করে থাকলে বর্তমান প্রেক্ষাপটে Gender Equality বিষয়ে Planning Commission বা এডউ বিভাগের কি করণীয় আছে বলে আপনি মনে করেন?
৫৬. এ বিষয়ে পযথষষবহমবগুলো কি কি এবং কিভাবে আপনারা তা মোকাবিলা করবেন?

5.1 Education

৫৭. আপনি জানেন যে শিক্ষাক্ষেত্রে কিছু indicatorএ MDG এর লক্ষ্যমাত্রা অর্জিত হয়েছে, কিন্তু এখনও টুংরসধুও secondary level এ dropout rate অনেক বেশি Ges tertiary level G gender equality এর ক্ষেত্রে কাজিত পর্যায়ে লক্ষ্যমাত্রা অর্জন করা সম্ভব হয়নি? এই ক্ষ্যমাত্রা অর্জন না হওয়ার প্রধান কারণগুলো কি কি বলে আপনি মনে করেন?
৫৮. এ ক্ষেত্রে Planning Commissionev GED বিভাগের কি করণীয় আছে বলে আপনি মনে করেন?
৫৯. এ ক্ষেত্রে পযথষষবহমব গুলো কী কী ?কিভাবে এর সমাধান করা যায়?

6. Others

6.1 Climate change and climate refugee

৬০. জলবায়ুর পরিবর্তন বাংলাদেশের জন্য একটি বড় সমস্যা বলে কি আপনি মনে করেন?
৬১. জলবায়ুর পরিবর্তন এবং এর ক্ষতিকর প্রভাব মোকাবেলার জন্য আমরা কি ধরনের পদক্ষেপ নিতে পারি?
৬২. এক্ষেত্রে মূল বাধা evchallenge গুলো কী কী ?
৬৩. জলবায়ুর পরিবর্তন এবং এর ক্ষতিকর প্রভাব মোকাবেলায় Planning Commission এর বর্তমানে কি কোন সম্পৃক্ততা আছে বা ভবিষ্যতে কি কোন সম্পৃক্ততা থাকতে পারে? কী ভাবে?
৬৪. এ ক্ষেত্রে challenge গুলো কী কী ?কিভাবে এর সমাধান করা যায়?

6.2 Hunger and nutrition

৬৫. গর্ভবতী মা, নবজাতক ও শিশুর পুষ্টি নিশ্চিত করতে বর্তমানে সরকারী পর্যায়ে যে সকল কর্মসূচী গ্রহণ করা হয়েছে তা কি পর্যাপ্ত বলে মনে করেন?
৬৬. না হলে কী ধরনের কর্মসূচী গ্রহণ করা উচিত? এবং সেগুলো বাস্তবায়নের উপায় কি?
৬৭. এ ব্যাপারে এডউ কি কখনও কোন কাজ করেছে? কী ধরনের কাজ এবং কিভাবে করেছে?
৬৮. না করে থাকলে ভবিষ্যতে এই বিষয়ে কাজ করার কী কী সুযোগ আছে?
৬৯. এ বিষয়ে challengeগুলো কি কি এবং কিভাবে আপনারা তা মোকাবিলা করবেন?

7. Policy

৭০. Policy তৈরি ওএর বাস্তবায়নে Planning Commission I GED কী ভূমিকা রাখে?
৭১. Policy তৈরিতে তথ্যের আদান প্রদান / information flow কিভাবে হয়?
৭২. এডোত্রে বিভিন্ন সংস্থার সাথে কিভাবে সমন্বয় সাধন হয়?
৭৩. GED এর বিভিন্ন Wings এর মধ্যে কিভাবে সমন্বয় সাধন হয়? এভাবে কাজ করতে কি আপনারা কোন সমস্যার সম্মুখীন হন বা হয়েছেন?
৭৪. Policy তৈরিতে আপনারদের প্রধান challenge গুলো কী কী ?
৭৫. Policy বাস্তবায়নের ক্ষেত্রে monitoring এর কোন ব্যবস্থা আছে কি? থাকলে কে এবং কিভাবে করে?

৭৬. উল্লেখিত Population and development সম্পর্কিত বিষয়গুলোড়ড়ষরপু তৈরিতে কতখানি গুরুত্ব বহণ করে বলে আপনি মনে করেন?
৭৭. Population and development বিষয়ে কাজ করার ক্ষেত্রে Planning Commission I GED এর capacity সম্পর্কে আপনার মতামত কী?
৭৮. Planning Commission I GED এর কর্মকর্তা কর্মচারীদের capacity building এর কোন ব্যবস্থা আছে কি? থাকলে কি ধরনের ব্যবস্থা?
৭৯. না থাকলে এ ব্যাপারে আপনাদের ভবিষ্যৎ পরিকল্পনা কি?
৮০. Population and development বিষয়ে কি capacity building এর প্রয়োজন আছে বলে মনে করেন? কিভাবে?

Policy Dialogue on Ageing Population in Bangladesh

“Old Age Well-being: Options for Bangladesh”

**A keynote Paper
Presented by**

**Professor Bazlul H. Khondker
University of Dhaka**

**Policy Dialogue held on December 22, 2013 at
NEC conference Room, Planning Commission**

Executive Summary⁴

Population ageing is one of the most significant trends of the 21st century. It is happening in all over the globe. It is progressing fastest in developing countries, including those that have a large young population such as in Bangladesh. Ageing is a triumph of development. Increasing longevity is one of the greatest achievements of the humanity. People live longer due to improved nutrition, sanitation, medical advances, health care, education and economic well-being.

The share of elderly population is growing fast in Bangladesh. In 2010, 6.8% of the population was aged over 60 years and Bangladesh will reach the 10% threshold – when countries are considered as ageing – in around 2026. By 2050, the over-60s age group will comprise a massive 23% of the population. The process of ageing in Bangladesh is taking place at a time when the pattern of life is changing, kinship bonds are weakening and family composition is undergoing a rapid transformation. Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But rapid socio-economic and demographic transitions, mass poverty, changing social and religious values, influence of western culture and other factors, have broken down the traditional extended family and community care system. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support, senile diseases and absence of proper health and medicine facilities, exclusion and negligence, deprivation and socio-economic insecurity.

It appears that older people may have benefitted less from development gains in recent years, which raises concerns for sustaining achievements in development in the context of an ageing population. Comparison of the 2005 and 2010 HIES finds that poverty fell far less over this period amongst households headed by an older person, here defined as those aged 60 and over, than those headed by people of younger ages. While the national poverty rate in Bangladesh fell by 8.5 percentage points between 2005 and 2010, the population living with older people benefitted significantly less. For people living in older headed households, extreme poverty has fallen by less than a third of the overall fall in extreme poverty (2.7 percentage points, compared to 7.5 for the total population). Meanwhile the general fall in poverty for the population living in older headed households has been around half that of the population in younger headed households (5.0 percentage points, compared to 10.7 percentage points). This trend deserves further investigation, but points to the possibility that the current policy mix in Bangladesh is less supportive of households where an older person is present. If this is the case, it is likely to undermine overall development gains in the future, particularly as Bangladesh's population is ageing rapidly. Population projections suggest that, between 2000 and 2040, Bangladesh will see a fourfold increase in the absolute number of the population aged 60 and over and a tripling of this age group as a proportion of the population. This will inevitably result in an increasing proportion of the population living and coping with old age.

The Old Age Allowance (OAA) has uneven coverage and low benefit levels but provides a good source of learning and a starting point for a more effective programme. As one of the longest running and largest scale social protection programmes in Bangladesh, the existing OAA programme demonstrates a public commitment to support an ageing society. However, it suffers from a number of widely reported limitations; under-coverage, inadequate benefit levels and administrative capacity constraints. The overarching constraint of the programme stems from limited budgetary allocation at 0.14

⁴ This paper was presented at the policy dialogue on Ageing Population in Bangladesh held on December 22, 2013 at NEC conference room organized by GED, Planning commission under UNFPA funded project titled ‘ Strengthening Capacity of the General Economics Division (GED) to integrate Population issues and Gender Concerns into Development Plans. Views expressed are author's alone.

per cent of GDP. Meanwhile, analysis of the 2010 HIES confirms findings from previous studies by highlighting significant targeting errors within the scheme. Despite sufficient budget to provide benefits to all poor older people, the majority of poor older people miss out. This is due to targeting errors which see over 50 per cent of benefits going to non-poor older people and almost a third of benefits going to those below the age of eligibility.

Income and non-income insecurities and vulnerabilities are real in Bangladesh. The degree and extent of these vulnerabilities would likely to intensify in near future due to faster pace of ageing as well as the breaking down of the traditional family and community based care system. Old age well-being options are discussed in terms of redesigning the existing OAA system; introducing a comprehensive pension under a three-tiered system; and an integrated care system. It is important to note that Bangladesh has recently cleared a draft on old age population recognizing a number of entitlements for them.

Medium term Old age well-being proposal include both income and non-income schemes.

Transfer amount and coverage may be increased over the medium term. A transfer amount of 600 BDT per month for all less well-off person aged 60 and above may be considered. Less well-off may be determined by including old age persons having income less than near poverty line. In this case, cost would be around 0.6 percent of GDP. Current OAA cost as of GDP around 0.14 per cent.

Introduce subsidized transportation and entertainment facilities for the senior citizens. Government may encourage public and private transportation services to introduce lower fair (i.e. at least 25% less than that of a working adult person) for senior citizens. Furthermore, government may ask transport service providers to reserved seats in all the three modes of transportation. These provisions should be applicable for popular modes of transportations – road; rail; and water. Similar provisions should also be introduce for entertainment services – cinema; theatre; and sports etc.

A pilot project may be undertaken to assess the feasibility of extending the ‘Career and Employment Services’ to assist older workers to explore opportunities for a second career. Qualified and knowledgeable staff would help old age job seekers learn where the jobs are and what types of work would best fit their skills, interests and experience. Programs and services may include following specific services: (i) plan a career transition; (ii) find out what skills are in demand; (iii) upgrade skills or education; (iv) connect with local services and training providers; and (v) find a job that fits their skills.

A pilot project may be initiated in collaboration with Bangladesh Bank to assess the feasibility of extending the ‘subsidized’ credit facilities for senior entrepreneurs. The pilot project may focus on the interest rate; size of credit; collateral requirement and possible areas.

Comprehensive data base for old age population. A comprehensive data base for old age population must be developed to strengthen the supply side. The data base should include information on: (i) demographic and household characteristics; (ii) education, occupation and experience; (iii) income and asset profile; and (iv) access to health and care services.

Introduction

Population ageing is one of the most significant trends of the 21st century. It is happening in all over the globe. It is progressing fastest in developing countries, including those that have a large young population. Ageing is a triumph of development. Increasing longevity is one of the greatest achievements of the humanity. People live longer due to improved nutrition, sanitation, medical advances, health care, education and economic well-being (UNFPA and HelpAge International, 2012).

Even though, the United Nations and demographers use 60 years to refer to older people – in many countries, the age of 65 is used as a reference point for older persons as this is often the age at which persons become eligible for old-age social security benefits. So, there is no exact definition of “old” as this concept has different meaning in different societies. Definition of “old” is further challenged by the changing average lifespan of human beings. In 1900, average life expectancy was between 45 and 50 years in the developed countries of that time while life expectancy reaches 80 years. There are other definitions of “old” that go beyond chronological age. Old age as a social construct is often associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. Older persons often define old age as a stage at which functional, mental and physical capacity is declining and people are more prone to disease or disabilities. Old age is also associated with experience gained in life and increasing dependence on others. Chronological definitions of old age as changes in physical and mental capacity (UNFPA and HelpAge International, 2012).

Ageing has important implication and far-reaching implications for all aspects of society. Older persons are a highly diverse population group, in terms of, for example, age, sex, ethnicity, education, income and health. It is important to recognize this in order to adequately address the needs of all older persons, especially the most vulnerable. It presents social, economic and cultural challenges to individuals, families and societies and global communities.

The share of elderly population is growing in Bangladesh. In 2010, 6.8% of the population was aged over 60 years and Bangladesh will reach the 10% threshold – when countries are considered as ageing – in around 2026. By 2050, the over-60s age group will comprise a massive 23% of the population. It is also evident that traditional systems of support for older people are breaking down. Furthermore, many of the elderly citizens are taking on additional responsibilities, such as caring for the children of migrants. Furthermore, while many working families make every effort to support their elderly relatives, this means that they have to divert resources from their children. This is a particular challenge for poor families. One means of judging a society is the quality of care that it provides to its elderly citizens. Bangladesh recognises in its Constitution the right of the elderly to social security and, for the nation of Bangladesh, it is imperative that all citizens have the guarantee of avoiding destitution during their final years. The Government would like to emphasize that the dignity of the elderly citizens is an absolute priority for the nation.

Against this background, this paper tries to assess current situation of old age population in Bangladesh in terms of demographic characteristics, poverty and vulnerability on the basis of available secondary information. The paper also discusses a range of financial and non-financing schemes that may be extended to old age population to an aim enhance their well-being.

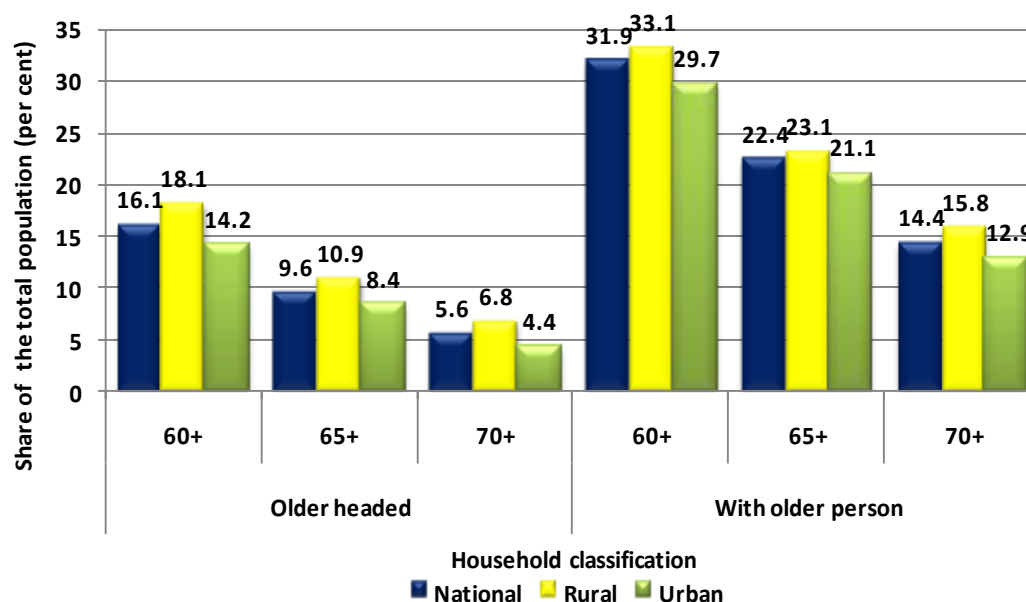
1. Socio-economic status of the older population

1.1. Demographic characteristics of the older population

Analysis of HIES data confirms that demographic ageing is already underway in Bangladesh. Currently, 7.5 percent of the Bangladeshi population are aged 60 or over. HIES data also indicates that the demographic profile of rural areas is notably older than urban areas, with those aged 60 or over making up 8 per cent of the population in rural areas, compared to 6.7 per cent in urban areas.

Only around half of older people are heads of their households and the likelihood of this being the case decreases with age. Figure 1 reveals significant differences in the proportion of people living in households headed by an older person compared to ones including an older person. At the national level around half of households where an older person is present have an older person as a household head. That is, while 31.9 per cent of households include an older person, only 16.1 of households are headed by an older person. This trend is consistent across area and division. In older cohorts, however, the margin widens, so that only around a third of households with a person aged 70 and over are headed by someone in that age bracket.¹ This trend tends to suggest that older people are not considered the main decision maker in their households, which links to a decreased ability to earn an income and lower control of household resources.

Figure 1: Distribution of population by household type in 2010 (older headed and with older person)



Source: Author's calculations based on HIES 2010

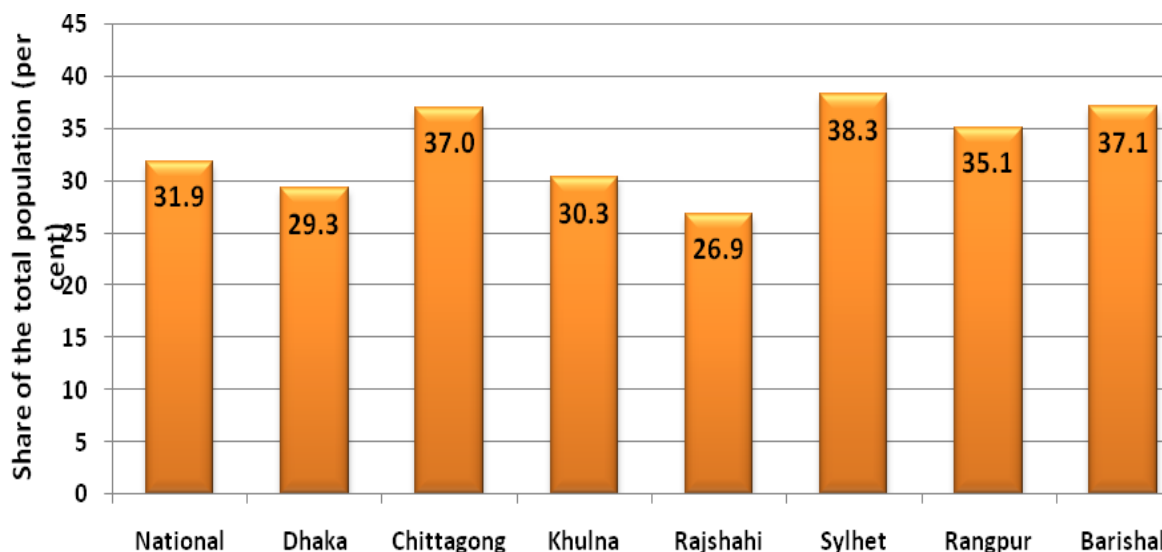
While less than one in ten Bangladeshis are aged 60 or over, almost a third of people live in a household with an older person. According to HIES 2010 data, 31.9 per cent of the population live in a household with a person aged 60 and over². Important differences are observed between urban and rural areas. In rural areas, almost 33.1

¹ 5.6 percent of households are headed by someone aged 70 or over, while 14.4 per cent of households include a person aged 70 and over.

² Research by Barkat et al (Impact of social and income security for older people at household level, Dhaka, HDRC, forthcoming) confirms that there are complex transfer patterns between older people and extended family member

percent of people live in households with a person aged 60 and over as compared to 29.7 per cent in urban areas. There is also significant variation between divisions, ranging from 26.9 percent in Rajshahi to 38.3 per cent in Sylhet (Figure 2).

Figure 2: Share of population living in household with an older person aged 60 or over, by division (2010)

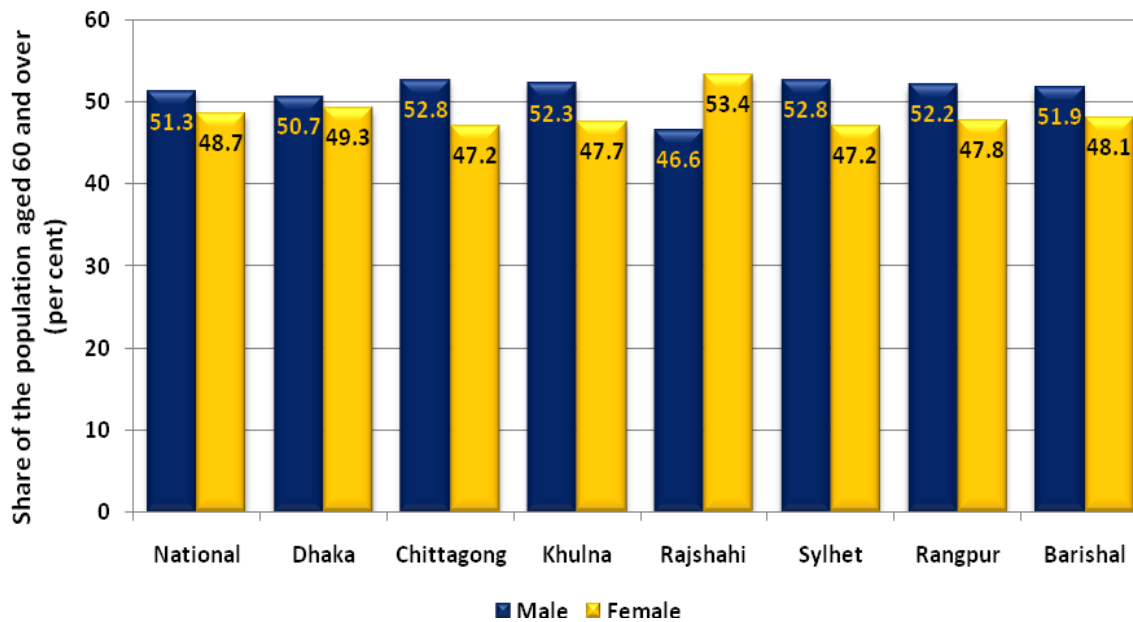


Source: Author's calculations based on 2010 HIES

Considering that there is often significant pooling of resources at a household level, it can be derived that the economic status of older people is likely to have an impact on a large portion of the population. A recent survey by Barkat et al confirmed that older people can have an important role in the intergenerational transmission of poverty, and in mitigating its transmission through the ownership of assets and the contribution of income to extended family. With this in mind, while over a third of the population live in a household with an older person, it is likely that a far greater portion of the population have older people and their households within their support networks.

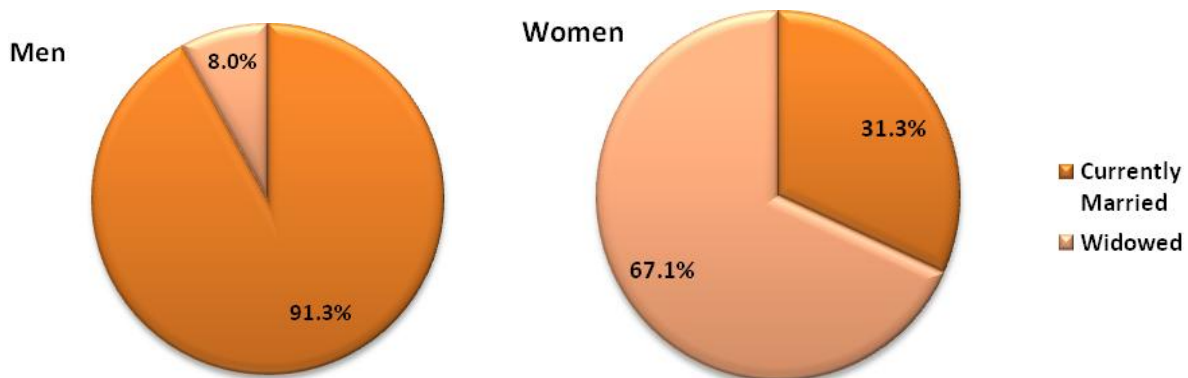
Although older men are still more than older women in Bangladesh, but this trend is set to change in the coming years. While women make up a greater proportion of the population as a whole, this trend is reversed in the older population, with 51 per cent of older people being men, and 49 per cent women (Figure 3). This trend is consistent across all divisions, with the exception of Rajshahi where 53 per cent of those aged 60 and over are women. The lower proportion of women in the older population is due to the fact that life expectancy of women in Bangladesh has been historically lower than that of men.

resident in separate households. Several factors determine the nature of these inter-generational transfers between and within households such as gender and marital status of older people and the economic security of adult children. Nonetheless, older people are found to be key investors in families within and beyond their households.

Figure 3: Population aged 60 and over, by sex and division (2010)

Source: Author's calculations based on HIES 2010

Gender has an important influence on the sources of support in old age. A useful indicator of this is the marital status of older people, which is presented in Figure 4. As with most other countries across the globe, older women in Bangladesh are much more likely to be widowed than older men. This gap, however, is remarkably wide in Bangladesh, with over 90 per cent of older men still married but nearly two thirds of older women widowed. This is will be influenced by many factors, including men marrying women younger than themselves and having a higher likelihood of remarrying at older ages. The difference in marital status in old age suggests radically different experiences of old age according to gender, especially in terms of sources of non-financial support. While the majority of older men will be able to look to their spouse for support in the case of illness or frailty, most older women will need to look to extended family members or the wider community.

Figure 4: Older people aged 60 and over by sex and marital status (2010)

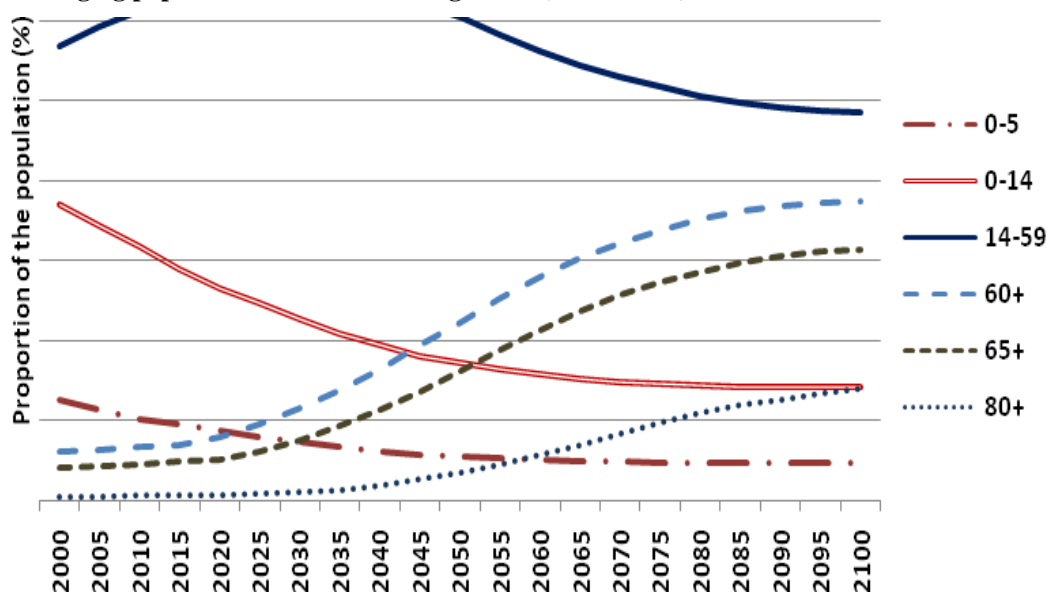
Source: 2010 HIES, Author's calculations

Note: Figures for other marital statuses, including divorced, separated or never married, were omitted here as total values were equal to less than two per cent for both men and women.

1.2. Changing population structure and aging

Bangladesh will witness a rapid change in its population structure due to successes of social policy interventions which have driven down child mortality and high fertility rates and extended life expectancy. Largely driven by social policy in the 1970s, which focused on the areas of family planning and reproductive health, there has been a rapid decline in the numbers of children per woman, from an average between 1970 and 1975 of 6.9 children per woman to 2.2 children per woman today. Health and water and sanitation interventions have had historic success in the reduction of child mortality from over 25 per cent in 1970 (258 deaths per 1000 live births) to 4.2 per cent today (42 deaths per 1000 live births). Life expectancy at birth has improved dramatically in the same period, from 46.0 years to 70.5, and will be an estimated 80 years of age for the population born by 2050.³ These drivers will see the older population (those aged 60 and over) outnumber children (0-5) in less than a decade (Figure 5). Changing population will also alter the dependency ratio. Mabud (2009) estimated that the old-age dependency ratio will be almost triple from 5.4 to 16.2 in Bangladesh between 2000 and 2050.

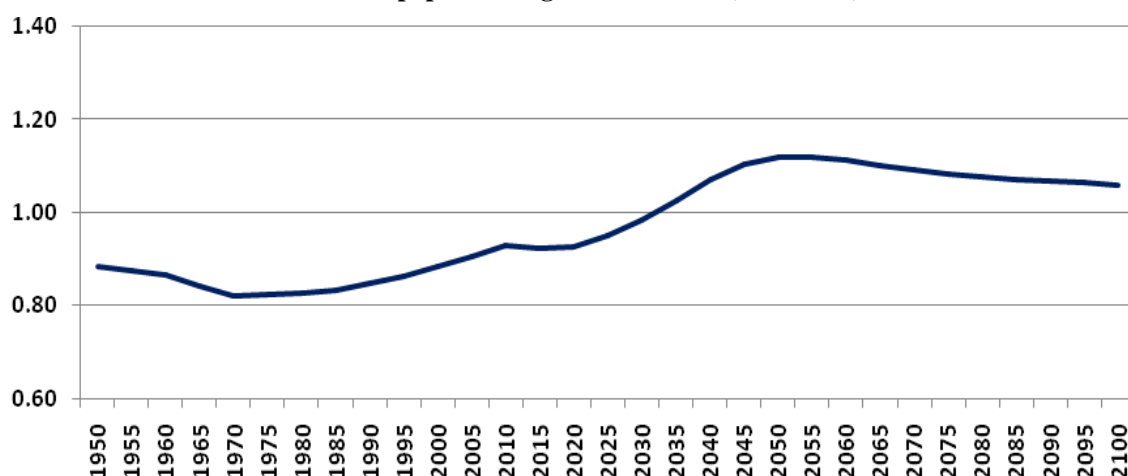
Figure 5: Changing population structure in Bangladesh (2000 - 2100)



Source: UN-DESA, World Population Prospects: The 2012 Revision

This is a balance which is set to change in the future as the more recent increases in life expectancy of women in recent years filter up the population pyramid. Figure 6 uses United Nations data on the historic and projected population of Bangladesh to show the ratio of women to men in the 60 and over age bracket. Up to 2030 there will be more older men than older women in Bangladesh, when this trend is set to reverse, peaking around 2050.

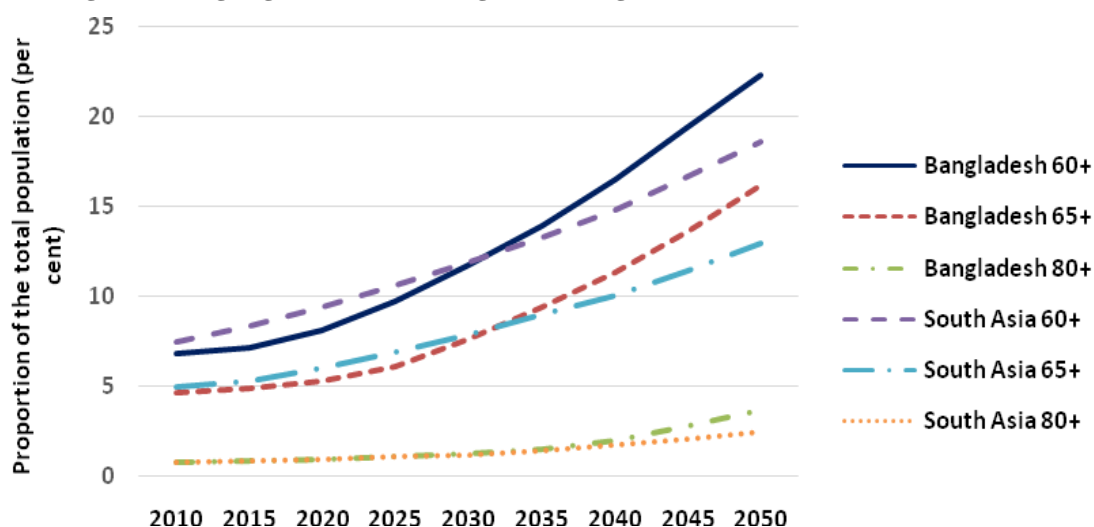
³ UN-DESA, World Population Prospects: The 2012 Revision, <http://esa.un.org/unpd/wpp/index.htm> (1 May 2013).

Figure 6: Ratio of women to men in the population aged 60 and over (2050-2100)

Source: UN-DESA, World Population Prospects: The 2012 Revision, Author's calculations

Bangladesh has one of the fastest ageing populations globally, with an above average ageing trend for the South Asia region. Currently the proportion of people aged 60 and over is below average for the region, though the difference reduces when considering the population aged 65 and over and 80 and over (Source: UN-DESA, World Population Prospects: The 2012 Revision)

. By 2030 this is set to change dramatically, with the proportion of older people increasing rapidly at an above average rate for the region.

Figure 7: Bangladesh is ageing faster than average for the region

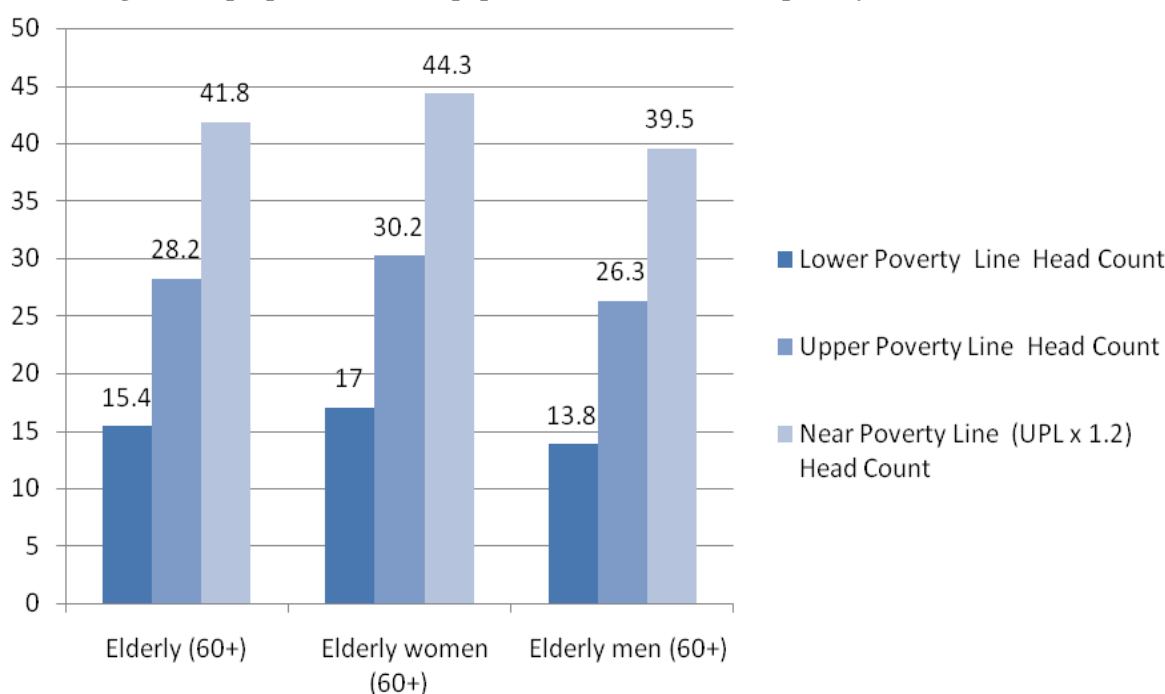
Source: UN-DESA, World Population Prospects: The 2012 Revision

2. Old age poverty and vulnerability

2.1. Poverty situation of the older population

Head count poverty rates for the general population in Bangladesh fell from 48.9 per cent to 31.5 per cent in the ten years between 2000 and 2010, but this may underestimate the degree of vulnerability to poverty that exists. Bangladesh uses a cost of basic needs (CBN) methodology to calculate two national poverty lines – the lower poverty line and the upper poverty line - which estimate the incidence of extreme poverty and total poverty rates, respectively.⁴ Figure 8 demonstrates that, like that of the general population in Bangladesh, a disproportionate number of older people are vulnerable to poverty. 28.2 per cent of people aged 60 and over are found below the upper poverty line. However, an increase in the upper poverty line of 20 per cent (1.2 x the upper poverty line) would see an increase of 32.5 per cent in the proportion of older people considered poor, from 28.2 per cent to 41.8 per cent. This highlights that many older people are bunched close to the poverty line and therefore are vulnerable to falling into poverty in the event of a shock.

Figure 8: A significant proportion of older population are vulnerable to poverty

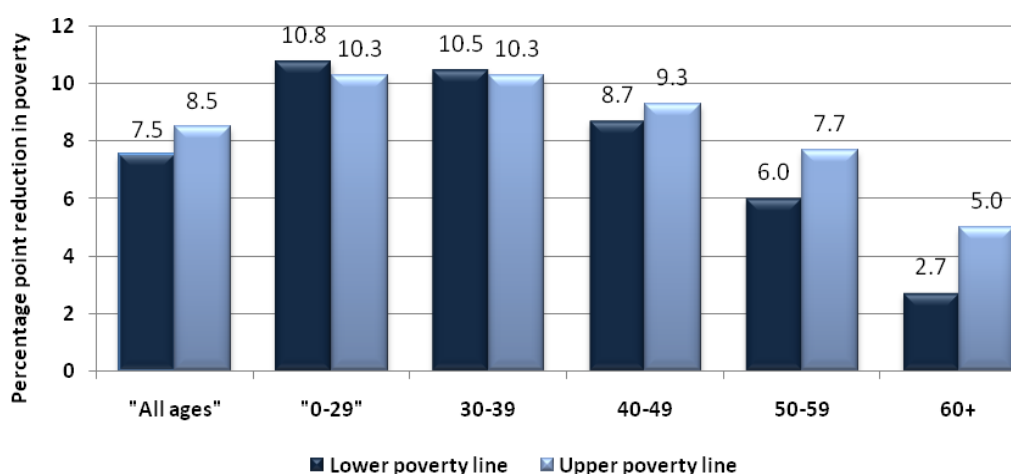


Source: Author's calculations based on HIES 2010

⁴ See BBS, *HIES 2010 Survey Report*, Dhaka, BBS, 2010. Upper and lower poverty lines are calculated for 16 areas (including adjustments made for urban and rural areas) to take account of regional variation in prices. Both poverty lines take both food and non-food expenditures into account. Upper poverty lines vary from 1,311BDT per month in rural Sylhet to 2,038BDT in Dhaka and between 1,192BDT in rural Khulna to 1,495BDT in urban Chittagong.

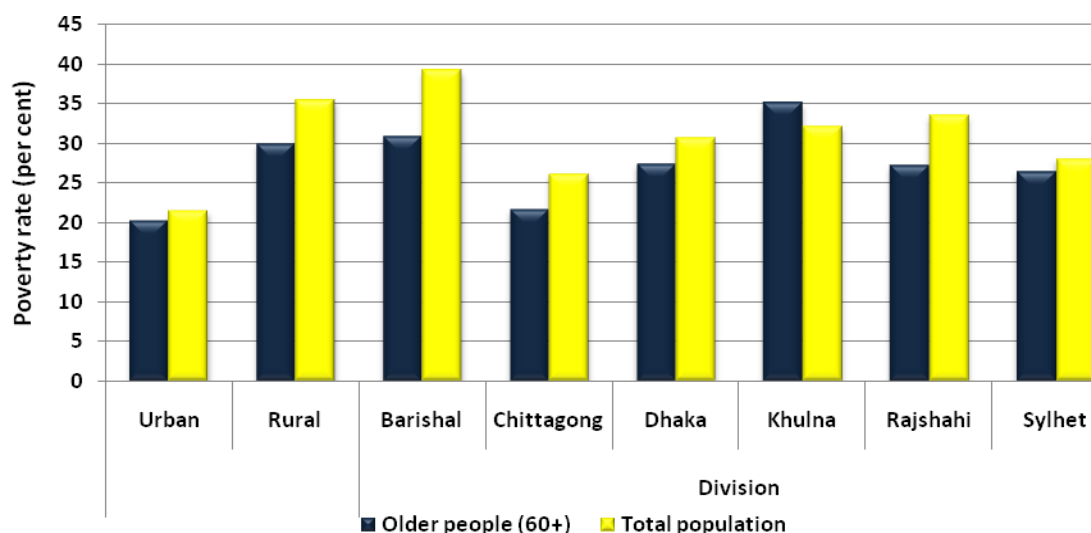
The official 2010 HIES report by the Bangladesh Bureau of Statistics gives a mixed picture of how poverty in old age compares to poverty amongst the rest of the population. More specifically, for the population living in households where the head is aged 60 or over, 28.1 per cent are below the upper poverty line. This is actually slightly lower than the average poverty rate of 31.5 per cent for the population as a whole. However, when poverty rates are looked at over time, poverty reduction seems to decrease in correlation with an increase in the age of household heads. Figure 9 shows the reduction in poverty between 2005 and 2010 according to the age of household heads. The figures suggest that falls in poverty rates have been significantly greater in households with household heads of younger ages. Furthermore, Figure 9 also shows that the reduction of extreme poverty has been lowest in older headed households, suggesting that this portion of the population were less able to take advantage of the development gains made in Bangladesh between 2005 and 2010. Above features of poverty in Bangladesh urge for more investigation into how development policy can benefit people across the life course.

Figure 9: Reduction in poverty by age of household head (2005-2010)



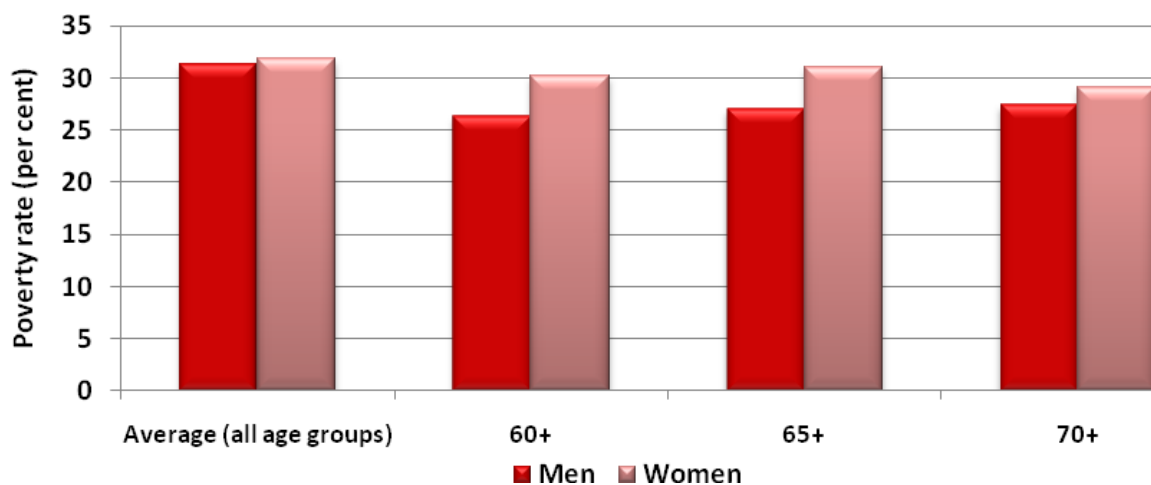
Source: BBS, HIES Survey Report 2010

The national trend of marginally lower poverty rates among older people is also found at rural, urban and divisional level. In line with national trend, poverty of older people is greater in rural areas than in urban areas. Yet in both cases poverty levels appear to be lower for the older population than the population as a whole. Old age poverty rates also reflect general poverty rates at a divisional level, but are consistently lower for older people, with the exception of Khulna. It is difficult to ascertain from these division specific poverty profiles whether old age poverty increases in divisions where the population of older people is larger.

Figure 10: Poverty profile by area and division

Source: Author's calculations based on HIES 2010

From a gender perspective, the difference in poverty between the sexes appears to be more marked in old age. As shown in figure below, poverty rates of men and women across the whole population only vary by 0.5 percentage points, with a poverty rate of 31.1 per cent for men and 31.8 per cent for women. The difference is, nevertheless, far greater amongst the older population with the poverty rate of older women aged 60 and over nearly 4 percentage points higher than older men. The gap closes for older ages (those aged 65 and over and 70 and over) but still remains greater than the average for the population as a whole. The greater difference in poverty rates by gender in old age in Bangladesh may be a reflection of the increased vulnerability to poverty of older women due to their increased likelihood of being widowed, as well as the far lower labour force participation of older women.

Figure 11: Comparison of gender differences in poverty rates of older men and women against national averages

Source: Author's calculations based on HIES 2010

The marginally lower poverty rates found in households with older people could imply that older people are in less need of social protection than other age groups. However, the inherent limitations of household data suggest that this analysis deserves further scrutiny. Poverty levels in Bangladesh, as in most low-income countries, are calculated using data on expenditure which is collected at a household level. As a consequence, this data does not provide information on the expenditure of individual members of a household. This is of particular significance when trying to understand poverty of older people where one area of interest is how their expenditure differs from other members of the household.

In order to test whether these assumptions influence the relatively poverty of older people, it is possible to simulate poverty using alternative equivalence scales. Accordingly, relative poverty rates were therefore assessed using the following two alternative scales:

1. The “Oxford” equivalence scale, where the consumption needs of a second adult is scaled down by 30 percent compared to the needs of the first adult and consumption needs of children aged between 0 and 14 are assumed to be half of that of the first adult
2. An “alternative” equivalence scale, where consumption needs of children aged between 0 and 14 are assumed to be half of that of an adult.

When these alternative assumptions are used, the relative poverty profile of older people changes significantly. The results of these alternative equivalence scales are presented in Table 1. An important observation to make is that poverty rates are significantly lower. This is because it has been assumed that a large part of the population (in particular children) have lower consumption needs, so many households will have moved out of poverty. A more thorough review of the poverty line would likely propose an increase in the poverty line in accordance with a revision of equivalence scales. It is, nevertheless, still possible to see how alternative assumptions impact on the relative situation of older people. The use of Oxford scale results in relative poverty rates that are almost identical. The “alternative” scale results in even higher relative poverty rates of households with older people (2.7 percentage points higher in households with a person aged 65 or over).

Table 1: Poverty rates (per cent) under different equivalence scales, using the upper poverty line

Household type	Per capita Scale	Oxford Scale	Alternative scale
All individuals	31.5	7.75	16.02
Living with an older person (60+)	29.9	8.28	18.22
Living with an older person (65+)	29.7	7.79	18.72

Source: Author’s calculations based on HIES 2010

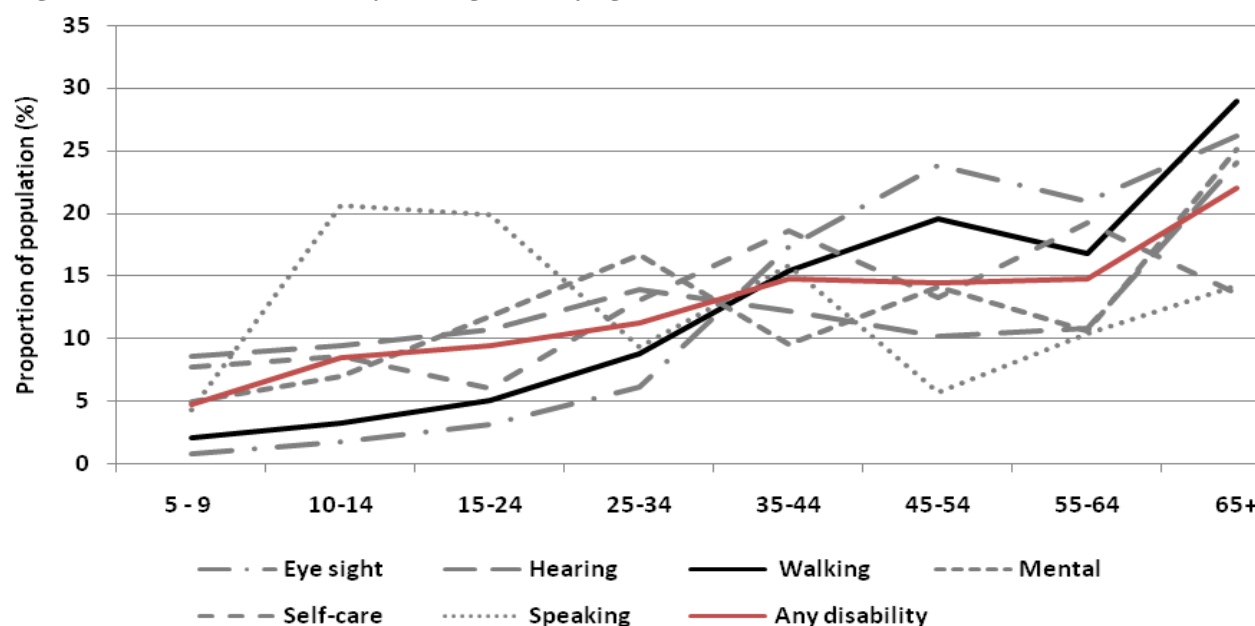
The above analysis points to the limitations of household data to measure old age poverty. The strong impact of adjusting assumptions within equivalence scales means it would be unwise to conclude from analysis of the HIES that older people are either more or less poor than the population as a whole. Longitudinal analysis of HIES that compares poverty reduction and extreme poverty reduction between 2005 and 2010 by age of household head further problematizes the use of descriptive statistics as a basis for understanding the relevance of ageing for public policy in Bangladesh. As seen in Figure 9 old age appears to negatively correlate with poverty reduction, suggesting the need for further investigation to better understand causality. In essence, we are unable to truly untangle those who are impacted by the vulnerability of old age from those who are not. It is for this reason that analysts, including Barkat et al,

have gone as far as to argue that national poverty data derived from the HIES is inadequate to estimate incidences of poverty among the older population.⁵

2.2. Other vulnerabilities and old age population

Not surprisingly, growing old is strongly associated with greater incidence of disability. HIES data reported (Figure 12) shows that problems with hearing, vision, mental disability and mobility (walking) are strongly correlated with ageing. Incidence of disability increases for those aged between 55 and 64 and those aged 65 and over. This is true for all types of disability, except for difficulty in meeting self-care needs. Difficulty with speaking is the only disability that has higher rates of prevalence in younger age groups. There are some interesting differences in prevalence of disability between the sexes.

Figure 12: Incidence of disability in Bangladesh by age cohort (2010)

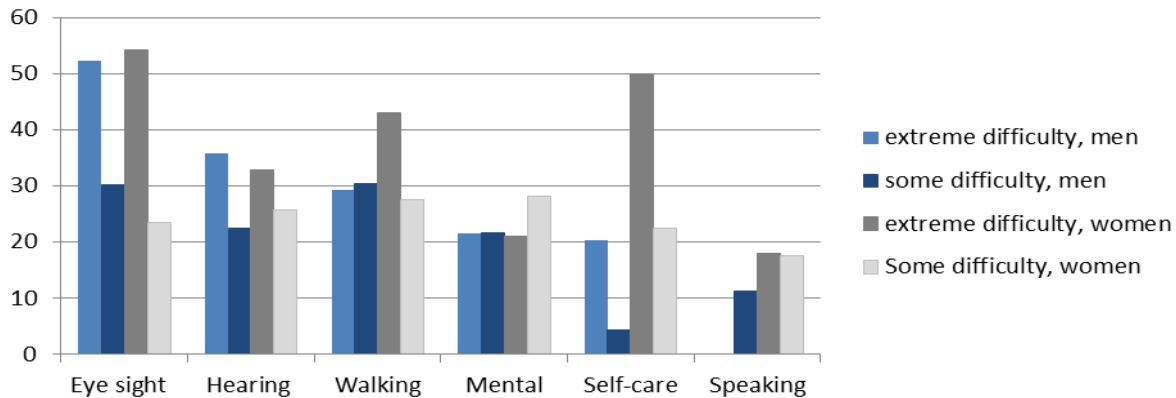


Source: 2010 HIES

Figure 13 shows that, while rates of disability are relatively consistent between the sexes, difficulties with walking and self-care are more common amongst older women. The greatest gender difference is reported for self-care, where older women are more than four times as likely as men to experience difficulty. Here, one consideration is the gendered patterns of self-reporting disability and biases that may be introduced when reporting culturally sensitive information. For example it may be less acceptable for older men to report challenges with self-care than older women. This could also affect the low level of difficulties with self-care reported in Figure 12.

⁵ Barkat A et al, *Chronic poverty among older people in Bangladesh*.

Figure 13: Percentage of people aged 65 and over who experience some form of disability by gender, disability and level of disability (2010)



Technical note: extreme is defined as “facing severe difficulty or fully unable”.

Source: 2010 HIES

The increased incidence of disability in old age correlates strongly with lower labour force participation at older ages. Figure 14 presents International Labour Organisation (ILO) estimates for labour force participation across the life course in Bangladesh. The data suggest that there is a sharp decline in the proportion of both men and women working after the age of 55. For men, the figure drops from 97.4 per cent between the ages of 35 and 54, to just 50.8 per cent over the age of 65. For women, who have significantly lower labour force participation rates on average, the figure drops from 67.4 per cent between the ages of 35 and 54, to 16.2 per cent over the age of 65. This trend aligns strongly with that of disability in Figure 12, with the marked dip in labour force participation after the age of 55 correlating strongly with the increase in disability around the same age. In addition to disability, discrimination against older workers is another driver of lower labour force participation. Older people can face discrimination in the labour market, such as being denied access to micro-credit. A 2008 survey by HelpAge International found that only 19 per cent of older people in Bangladesh were able to access credit, compared to 45 per cent of poor adults.⁶

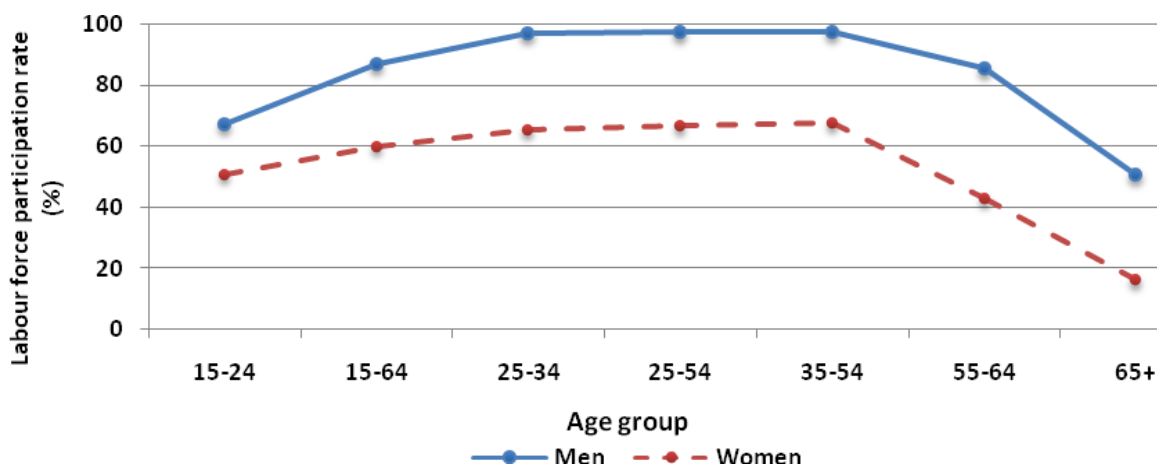
Decreased ability to earn an income in old age suggests that the majority of older people have to depend on other people, personal savings or social protection to achieve income security. The combination of sources of such external support available to individuals will vary significantly. It is likely that most older people receive some form of support from their families, be they those they live with or others, including those that have migrated to other parts of Bangladesh or abroad. Some older people may also have assets they can rely on for some irregular personal income. Barkat et al, in two studies, have described how some older people sell assets such as land and animals to contribute to dowry costs or health costs.⁷ It is also likely that some older people will also continue to work, at a lower level, into their old age, even if it means reduced earnings from previous years and working for lower wages than younger workers. In the survey conducted by HDRC, income from the sale of assets was a more common income

⁶ HelpAge International, *Making a living last longer: insights into older people's livelihood strategies*, London, HelpAge International, 2008.

⁷ Barkat A et al, *Impact of social and income security for older people at household level* and Barkat A et al, *Chronic poverty among older people in Bangladesh*

source for older people than income from physical labour such as agricultural work or casual labour.⁸ Most older people in Bangladesh receive no regular income from social protection schemes.

Figure 14: Labour force participation rate by age in Bangladesh (2010)

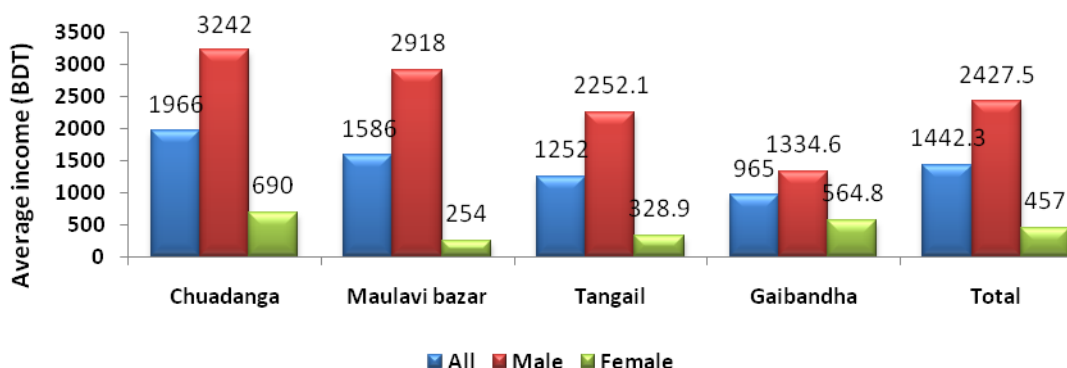


Source: ILO, Key Indicators of the Labour Market, <http://kilm ilo.org/KILMnet/> (15 July 2013).

Note: ILO estimates

Furthermore, average incomes for older women are significantly less than for older men. The recent survey by HDRC for a small sample of older people across four divisions in Bangladesh suggests that monthly incomes for older men far exceed those for older women (Figure 15). This is to a large extent explained by the gender division in labour, where continuing to work outside the home is easier for older men than for older women. Women face the double discrimination of both old age and gender barriers to income generation, which makes them correspondingly more dependent on family or social protection for their income. In rural areas, for example, social norms restrict women from going to market for the purchase and sale of goods. Instead, older women are responsible for unpaid household work including cooking, fetching fuel and water and the provision of care to grandchildren to lessen the burden of child care on younger women.

Figure 15: Average Income of older people aged 60 and over in the survey areas (2013)



Source: Barkat A et al, Impact of social and income security for older people at household level

⁸ Barkat A et al, *Impact of social and income security for older people at household level*.

Traditional extended family and community care system is breaking down. Rahman (2000) argued that the process of ageing in Bangladesh is taking place at a time when the pattern of life is changing, kinship bonds are weakening and family composition is undergoing a rapid transformation. Bangladesh has a long cultural and religious tradition of looking after the elderly and it is expected that families and communities will care for their own elderly members. But rapid socio-economic and demographic transitions, mass poverty, changing social and religious values, influence of western culture and other factors, have broken down the traditional extended family and community care system. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support, senile diseases and absence of proper health and medicine facilities, exclusion and negligence, deprivation and socio-economic insecurity.

Inadequate health care facility is a major concern. Old age population in Bangladesh are mostly suffered from various complicated physical diseases and the number is increasing day by day. However, the services provided through government hospitals are inadequate in compare to needs (Ismail Hossain et al. 2006). Unfortunately socio-economic and health care issue of the older people in Bangladesh did not yet receive adequate attention (Taj Uddin et al, 2010).

Above analyses on poverty and vulnerability provides important lessons which can support policy making around social protection in old age.

First, economic vulnerability in old age is real, with increased levels of disability and lower rates of labour force participation leading to a reduced capacity to earn an income as people age. Access to credit for older population is substantially less than that of adult population.

Second, health care and old age care facilities have been found inadequate in comparison to the need. The impact of these inadequacies beginning to intensify for the old age population since the traditional extended family and community care system is breaking down.

Third, the consequences of this economic vulnerability are shared by a large part of the population. Nearly one third of the population live in the same household as an older person, while many more people in other households will be part of a web of support to and from older people.

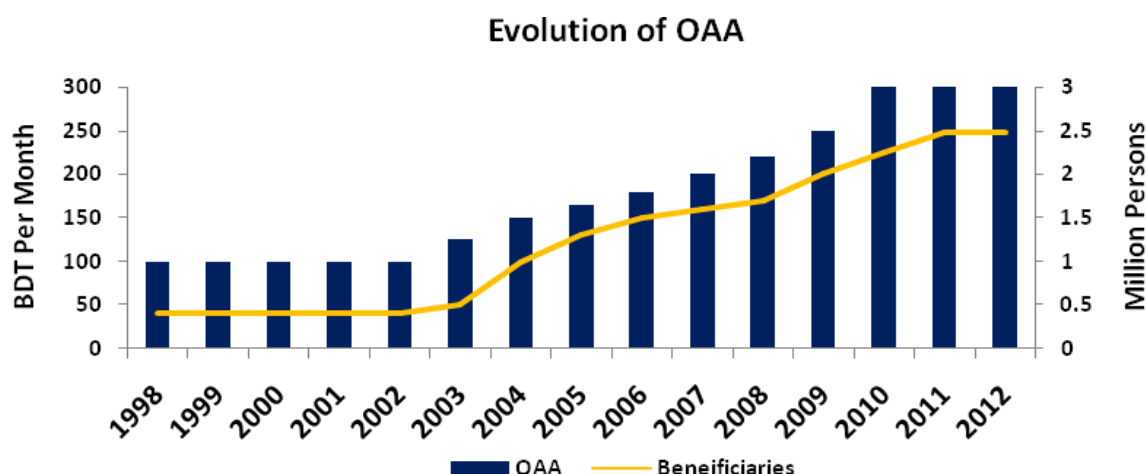
Fourth, old age in Bangladesh has important gender dimensions. Most older women are widows, while most older men are married. Furthermore, divergence in poverty rates by gender points to greater old age vulnerability amongst women. The context for this situation is a rapidly ageing population. The key question for policy makers is whether income security and support for other vulnerabilities in old age can be left primarily to families or older people themselves in the context of high levels of poverty and vulnerability in Bangladesh.

3. Current Social Protection for Old Age Population in Bangladesh

3.1. Evolution and coverage of Old age allowance

The OAA is the most significant scheme, in terms of coverage, providing social protection in old age. Formal social protection in old age in Bangladesh comprises both contributory and non-contributory schemes. On the contributory side, civil servants and employees of public corporations are eligible for a pension based on their working history.⁹ On the non-contributory side, the OAA, implemented by the Ministry of Social Welfare, is a social pension paid to poor older people with no requirement for previous contributions.¹⁰ In reality, the civil service pension provides income security for only a small proportion of the population, with around 330,000 recipients (equal to 3.3 per cent of the population aged 60 and over). Coverage of the OAA is much more substantial, with 2.5 million older people budgeted to receive a payment in the financial year 2012/13 (30 per cent of the population aged 60 and over). The OAA is one of a large number of social protection programmes in Bangladesh (see **Error! Reference source not found.**), but constitutes one of the most substantial in terms of budget and coverage. The scheme has expanded at a remarkable speed over the last decade and a half. Introduced in 1998, the OAA initially allocated benefits for around 400,000 older people, a figure which has increased by six times as of 2012 (see Figure 16). The transfer level has also increased from an initial value of 100BDT to 300BDT today.

Figure 16: Evolution of the OAA in Bangladesh



Source: Department of Social Services, http://www.dss.gov.bd/index.php?option=com_content&view=article&id=59:old-age-allowances&catid=39:social-cash-transfer&Itemid=71 (15 July 2013).

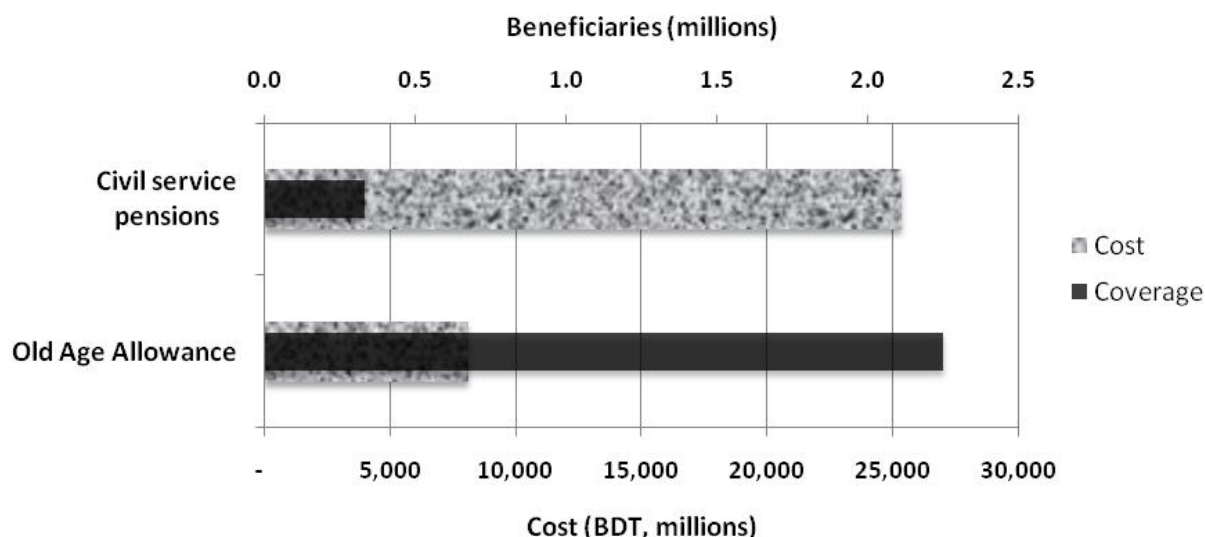
Increases in coverage of the OAA have led to increased spending, but these still remains modest compared to the wider budget for social protection as well international comparison. More specifically, OAA Budget allocation increased from 0.02 per cent of GDP in 1998 to about 0.13 per cent of GDP in 2010, with a significant jump in OAA allocation observed in 2008. Spending on the OAA nevertheless remains low by comparison to other programmes. Figure 17 presents expenditure data on civil service pensions in comparison to expenditure on basic old age security through the OAA as well as

⁹For details of the schemes available to on the pension system see Miyan AM, *Retirement and pension system in Bangladesh*, Dhaka, IUBAT, 1982

¹⁰ For details of the eligibility criteria see Old Age Allowances 2012, http://www.dss.gov.bd/index.php?option=com_content&view=article&id=59:old-age-allowances&catid=39:social-cash- (15 July 2013)

the coverage of each of these schemes. In the fiscal year 2009/2010, expenditure on government employee pensions (at 35 billion BDT) was more than four times the spending on the OAA (at 8 billion BDT), despite the fact that the number of government pensioners was only a fraction of OAA recipients. Indeed, expenditure on government pensions is more than expenditure on basic social protection in general.¹¹ This picture illustrates the unbalanced investment in meeting constitutional obligations in ensuring basic security in old age. Together, this constitutes a pension gap of 75 per cent of older people in Bangladesh.¹²

Figure 17: Government pension budget requirements outweighs investment in social protection for all



Source: Biplob S, Desk research on social protection situation in Bangladesh

Note: Coverage is for year 2009/10

The majority of older people in Bangladesh still receive no pension at all. Figure 18 is stylistic representation of social protection coverage amongst older people. The vertical axis shows income from pensions and other allowances, and the horizontal axis shows coverage of older people, from richer to poorer. To the right, a small minority of better off older people benefit from employment-related and civil service pensions (including voluntary savings). To the left, the OAA targets poor older people, with enough benefits to cover approximately 30 per cent of older people. Despite these provisions, over half of older people still have no access to any regular income from social protection. While this simple representation does not capture the complexities of the pension system, such as targeting errors and low returns from many contributory pensions, it does show the significant extent of the coverage gap for old age social protection. In the absence of any formal income from pensions or allowances, we can assume the majority of older people continue to rely exclusively on continued work and family support for income security.

¹¹ See Government of Bangladesh budget estimates for safety net expenditure published by the Ministry of Finance, http://www.mof.gov.bd/en/index.php?option=com_content&view=article&id=217&Itemid=1 (15 June 2013).

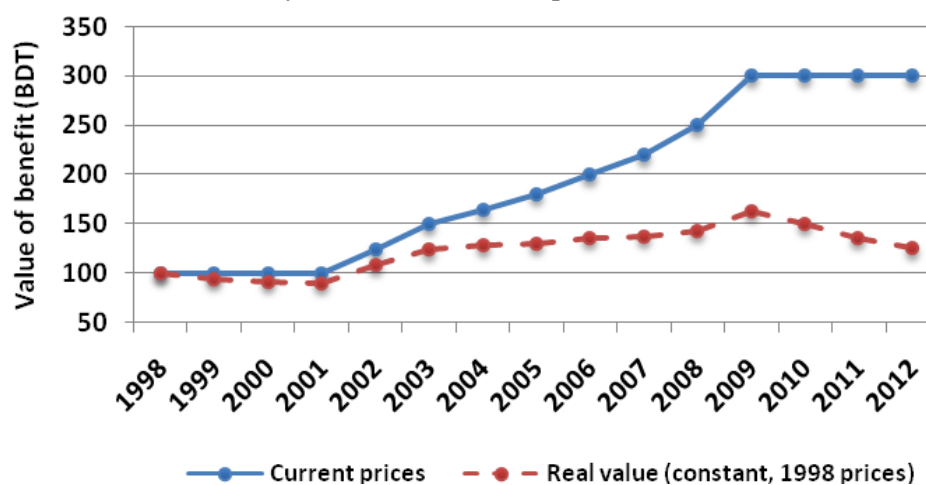
¹² Biplob S, *A desk research on social protection situation in Bangladesh*, Dhaka, HelpAge International, 2010.

Figure 18: Current social protection coverage in old age

3.2. Efficiency of OAA

While the benefit level of the OAA has increased over time, its value relative to prices has remained relatively constant. Since its introduction in 1998, the OAA has increased in monetary terms from 100BDT to 300BDT per month. However, price inflation over this time will have eroded the purchasing power of the transfer.

Figure 19 shows the change in value of the OAA since 1998, both in current prices and constant prices. This shows that, despite the significant increase in monetary terms, the real value of the OAA in 2012 is only slightly higher than it was in 1998. This suggests its purchasing power (i.e. the basket of goods that could be bought with it) has not increased greatly.

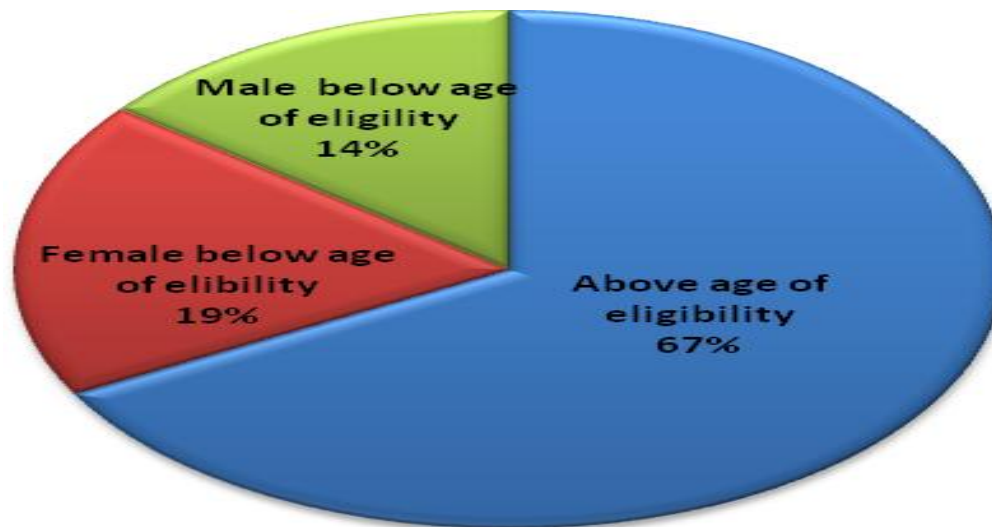
Figure 19: Value of the OAA: monetary versus estimated real prices

Source: Author's calculations based on Ministry of Social Welfare data and IMF, World Economic Outlook Database, April 2013
 Note: For inflation figures, average consumer prices are used.

Despite the OAA being targeted at poorer older people, targeting errors mean that many will not be reached. The fact that the OAA aims to cover approximately a third of older people over the age of eligibility means that in theory there are sufficient benefits to cover all older people in poverty. However, it has been widely documented in other literature that there are substantial errors in the targeting of the OAA. Begum and Wesumperuma, summarise existing literature and findings from their own research, noting that a high proportion of beneficiaries have been reported to be non-poor or below the age of eligibility.¹³ They also report that a significant proportion of beneficiaries reported having little trust in the beneficiary selection process. Reasons for targeting errors are reported to be linked to a wide variety of issues at the local level, including weak administrative practice, political interference in beneficiary selection and lack of warning to potential beneficiaries about the selection process.

On the basis of responses of benefits in the 2010 HIES, it may be suggested that OAA scheme suffers from large targeting errors. Targeting accuracy has two main dimensions in the case of the OAA: first, whether a beneficiary meets the age of eligibility, and second, whether or not they are poor. Figure 20 presents the profile of households receiving the OAA on the basis of whether or not they have a member over the age of eligibility.¹⁴ Strikingly, in one third of households there is no person above the age of eligibility. The inclusion of beneficiaries below the age of eligibility confirms findings of Begum and Wesumperuma, however, the scale is surprising¹⁵ although, targeting by age is generally considered to be relatively straight forward compared to other benchmarks such as poverty.¹⁶ One consideration worth noting is that this figure may be influenced by misreporting in the HIES, for example, it is not uncommon for the precise age of individuals to be misreported, or even for household members to be left out altogether.

Figure 20: Households receiving OAA according to presence of age-eligible member



Source: Author's calculations based on HIES 2010

¹³ Begum S and Wesumperuma D, "Overview of the Old Age Allowance Programme in Bangladesh"

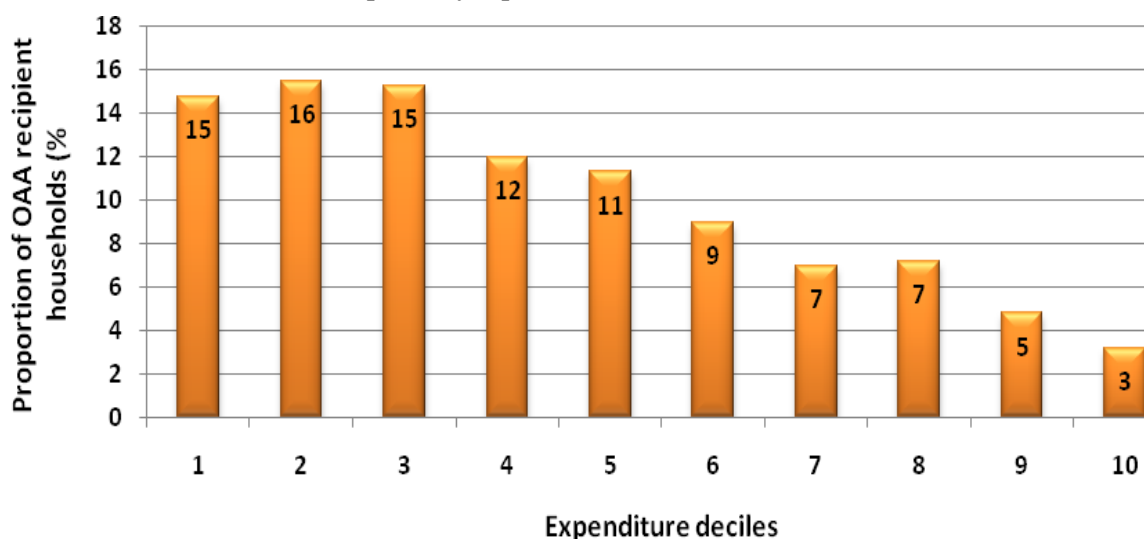
¹⁴ Note that receipt of benefits is reported on a household, rather than an individual level, so we cannot determine which household member received which benefit.

¹⁵ Begum S and Wesumperuma D, "Overview of the Old Age Allowance Programme in Bangladesh"

¹⁶ See, for example, McPherson A, *Challenges and opportunities for age verification in low- and middle-income countries*, London, HelpAge International, 2011

The majority of OAA recipient households appear to be above the poverty line. Figure 21 presents the distribution of beneficiaries across expenditure deciles, from one (the poorest ten per cent) to ten (the richest ten per cent). Since OAA is for poor and older people, a useful benchmark for comparison is to ask how close targeting of the OAA is to “perfect targeting” – a situation where all benefits go to the intended target group. In the case of the OAA, considering that there are sufficient benefits to cover the poorest 30 per cent of older people, perfect targeting would be where all benefits were confined to the lowest three deciles. The reality is quite different, with only 46 per cent of benefits going to the poorest three deciles. The implication of this is that the majority of intended beneficiaries of the OAA are, in fact, excluded, while the majority of benefits can be considered to have been incorrectly targeted according to current eligibility criteria.

Figure 21: Distribution of OAA recipients by expenditure deciles



Source: 2010 HIES, Author's calculations

4. Old age well-being and options for Bangladesh

4.1. Madrid declaration¹⁷

The Second World Assembly on Ageing, held in Madrid, Spain in 2002 formulated a bold, rights-based and policy relevant Political Declaration and Plan of Action on Ageing to manage the challenges of population ageing in the 21st century. Both were adopted later in the same year by consensus by the General Assembly of the United Nations. The Political Declaration and Plan of Action address major issues that are most pertinent to the well-being of older people around the world and suggest concrete policy actions in the **three priority areas**: (i) older persons and development; (ii) advancing health and well-being into old age; and (iii) ensuring enabling and supportive environments. Under each of the priority directions there are a number of issues, objectives and recommendations for action – as follows:

A. Older persons and development

- Issue 1:** Active participation in society and development (2 objectives, 13 actions)
- Issue 2:** Work and the ageing labour force (1 objective, 14 actions)
- Issue 3:** Rural development, migration and urbanization (3 objectives, 20 actions)

¹⁷ UNFPA and HelpAge International (2012), “Ageing in the Twenty-First Century: A Celebration and A Challenge”.

- Issue 4:** Access to knowledge, education and training (2 objectives, 14 actions)
- Issue 5:** Intergenerational solidarity (1 objective, 7 actions)
- Issue 6:** Eradication of poverty (1 objective, 8 actions)
- Issue 7:** Income security, social protection/social security and poverty prevention (2 objectives, 13 actions)
- Issue 8:** Emergency situations (2 objectives, 18 actions)

B. Advancing health and well-being into old age

- Issue 1:** Health promotion and well-being throughout life (3 objectives, 27 actions)
- Issue 2:** Universal and equal access to health-care services (4 objectives, 22 actions)
- Issue 3:** Older persons and HIV/AIDS (3 objectives, 9 actions)
- Issue 4:** Training of care providers and health professionals (1 objective, 3 actions)
- Issue 5:** Mental health needs of older persons (1 objective, 10 actions)
- Issue 6:** Older persons and disabilities (1 objective, 10 actions)

C. Ensuring enabling and supportive environments

- Issue 1:** Housing and the living environment (3 objectives, 17 actions)
- Issue 2:** Care and support for caregivers (2 objectives, 14 actions)
- Issue 3:** Neglect, abuse and violence (2 objectives, 12 actions)
- Issue 4:** Images of ageing (1 objective, 8 actions)

4.2. Options for Bangladesh

As mentioned above, income and non-income insecurities and vulnerabilities are real in Bangladesh. The degree and extent of these vulnerabilities would likely to intensify in near future due to faster pace of ageing as well as the breaking down of the traditional family and community based care system. Accordingly in this section, old age well-being options are discussed in terms of redesigning the existing OAA system; introducing a comprehensive pension under a three-tiered system; and an integrated care system. It is important to note that Bangladesh has recently cleared a draft on old age population recognizing a number of entitlements for them which are summarised in the box below.

Box: Old Age Resolution

The cabinet has recently cleared the Old age draft. The draft will define those as 60 years of age or more as elderly people eligible for benefits meant for senior citizens. The ministry of social welfare has proposed the regulation to ensure a dignified, healthy and safe life for the elderly citizens. The regulation will implement a number of benefits for the elderly citizens including identity cards, health cards, old home and day care centres. Reserved seats in buses and offering tickets at discounts are proposed in the regulation. Projects to benefit poor elderly citizens will also be adopted. Private entrepreneurship by the elderly people will also be promoted. To implement the regulation, a national committee will be formed under social welfare ministry. The committee will have a sub-committee in each ward, Upazila and district. The committee will make a list of elderly people and ensure they get the benefits.

4.2.1. Redesigning OAA

The evidence so far has shown that old age is a significant strain on poor households in Bangladesh, but that the current OAA only reaches a minority of poor and vulnerable older people. This section attempts to assess the relative impact and costs of different policy reforms to the OAA that could increase its poverty and wellbeing impact. These issues are addressed by looking in greater detail at a range of scenarios for an OAA with varied eligibility ages, benefit levels and coverage. Identification of poor older people has been a major problem for the OAA scheme. There is no perfect targeting and hence any

attempt to target a certain section of population (more so by means tested) is associated with some degree of exclusion/inclusion errors. It has thus suggested that best way to target is the universal coverage. In this section, our analysis will start with the universal coverage of older population along with the feasibility of introducing a system of tax-financed and contributory schemes.

The impact and cost of a universal OAA will be influenced by two key design decisions: the benefit level and the age of eligibility. To show the impact of various ages of eligibility, four ages were chosen: the existing age of eligibility for the OAA (62 for women and 65 for men) and ages of eligibility of 60, 65 and 70. Similarly, four benefit levels were chosen to align with a range of national and international benchmarks: 300BDT, 600BDT, 1,000BDT and 1,600BDT. The OAA currently pays a benefit of 300BDT, but, as discussed in above, the benefit is low by international and even low-income country, standards. The recent evaluation study conducted by the Bangladesh Institute of Development Studies (BIDS) and the Ministry of Social Welfare recommended a benefit level of 550BDT, which closely corresponds to the 600BDT level tested here. Even so, both of these levels are significantly below even the food poverty line in Bangladesh, let alone the upper poverty line. The 1,000BDT and 1,600BDT levels are used to see the outcomes of an OAA that align to the food poverty line and the upper poverty line, respectively.

Table 2: Comparison of benefit levels considering national context, human rights standards and international experiences

Transfer value	Benefit level		
	BDT	% of GDP per capita	% of international poverty line*
Current national context based on existing schemes, recommendations and policy			
Existing OAA	300	8.29	27.61
National recommendation ¹⁸	550	15.20	50.63
30% of minimum wage	540	14.92	49.71
50% of minimum wage	900	24.87	82.84
Benefit levels based on national and international poverty lines			
Food security: food poverty line	993	27.43	91.40
Lower poverty line	1,324	36.58	121.87
Upper poverty line	1,670	46.14	153.72
International poverty line (US\$1.25 PPP)	1,086	30.00	100.00
Benefit levels based on international averages			
Low-income country (all social assistance schemes)	625	17.27	57.53
Global average (all social assistance schemes)	650	17.96	59.83

* The international poverty line is US\$1.25 (PPP) per day

Note: calculations for proportion of GDP per capita are based on the Heritage Foundation Economic Outlook Index 2013.

The impact of a universal pension on poverty will vary significantly according to the benefit level and age of eligibility chosen.

¹⁸ Begum S and Wesumperuma D, “Overview of the Old Age Allowance Programme in Bangladesh”.

Table 3 presents simulations of the impact of a universal pension on poverty across the total population. Impacts are presented against two measures of poverty: first, the poverty headcount according to the upper poverty line and, second, the poverty gap – which describes the depth of poverty. To give a more tangible sense of the impact on poverty, headcount poverty reduction is also presented in terms of the number of people who would be lifted above the poverty line. Some notable observations include:

- Making the current OAA universal, using the same age of eligibility and benefit level, would cost 0.28 per cent of GDP, and lead to a 0.8 per cent reduction in the national poverty rate, or 1.2 million people being lifted out of poverty. The cost would be double that allocated to the existing OAA.
- The highest level tested (1,600BDT) at the lowest age of eligibility (for those aged 60 and over) would reduce the poverty rate by nearly 4 percentage points, equivalent to nearly six million people. The cost would be equal to 1.73 per cent of GDP. Such a cost is not excessive by international standards, and similar to spending on social pensions in countries including Lesotho and Mauritius.¹⁹ Nevertheless, in the Bangladesh context it would be similar to total current spending on social protection, and 9.45 per cent of total government expenditure. While such a scheme may be an option in future years, it is unlikely to be feasible in the short term without significant reallocation of government resources.
- A pension of 1,000BDT to those aged 60 and over (equal to the food poverty line in Bangladesh) would lower overall poverty rates by 2.57 percentage points, equivalent to almost a third of the total fall in poverty achieved between 2005 and 2010 (7.5 percentage points). Furthermore, it would result in a reduction of 9.12 percentage points in the poverty rate for the population living in households with a person aged 60 and over. This is close to the overall poverty reduction between 2005 and 2010 for the population living in households headed by younger people of 10 percentage points (see *Figure 9*)
- A pension of 600BDT to those aged 60 and over, which corresponds to the recommendation by Begum and Wesumperuma in their 2012 paper, appears to provide a potential middle ground in terms of cost and impact. This programme would lead to a reduction in the national poverty rate of 1.6 per cent (resulting in 2.45 million people being lifted out of poverty) at a cost of 0.65 per cent of GDP, or 3.54 per cent of government expenditure. It would have the “day after” impact of reducing poverty by 5.76 percentage points for those living in households with a person aged 60 and over, which is more than was achieved between 2005 and 2010 (5 percentage points, as shown in *Figure 9*).
- An important observation is that both a transfer of 600BDT to all people aged 60 and over and a transfer of 1,000BDT to all people aged 65 or over would require a similar amount of resources (between 0.65 and 0.69 per cent of GDP). Therefore, if the government of Bangladesh evaluated the possibility of introducing one of these two universal OAA schemes, their potential poverty impact could be a key determinant of choice, since the differences in terms of cost are almost negligible.
- Another important observation is that for each benefit level and age of eligibility, the introduction of a universal social pension would be a pro-poor measure. The impact of a universal pension on the poverty gap and extreme poverty rates is greater than the impact on absolute or head count poverty. For instance, a transfer of 1,000BDT per month to all people aged 60 and over would reduce the absolute poverty rate of this age group by 8.1 per cent. However, the poverty gap index would decline by 12 per cent, and the extreme poverty rate and extreme poverty gap would reduce by 13 and 15 per cent respectively.

¹⁹ HelpAge International, Social Pensions database (September 2012 edition), <http://www.pension-watch.net/about-social-pensions/about-social-pensions/social-pensions-database/> (15 July 2013)

Table 3: Poverty impacts of universal pension scenarios

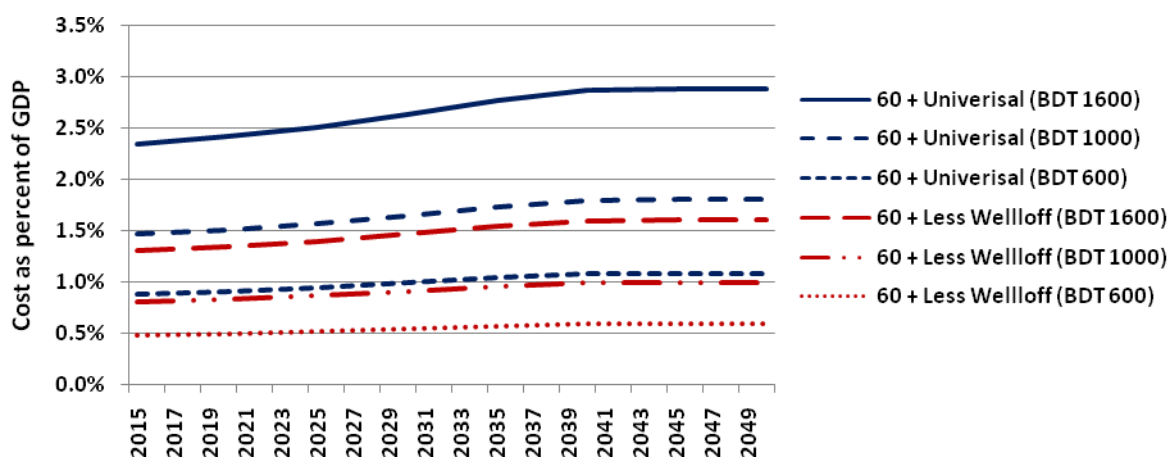
Benefit level (BDT)	Design	Impact					Cost % of	
		Poverty headcount			Poverty gap		Government expenditure	GDP
		After transfers (%)	Percentage point fall	No. out of poverty	After transfers (%)	Percentage point fall		
300	65 (m) 62 (w)	30.83	0.78	1.18	6.92	0.27	1.51	0.28
	60	30.75	0.86	1.30	6.87	0.32	1.77	0.32
	65	30.98	0.63	0.95	6.98	0.21	1.14	0.21
600	60	29.99	1.62	2.45	6.61	0.58	3.54	0.65
	65	30.50	1.11	1.68	6.81	0.38	2.27	0.41
1,000	60	29.04	2.57	3.88	6.32	0.87	5.90	1.08
	65	29.84	1.77	2.67	6.62	0.57	3.78	0.69
1,600	60	27.65	3.96	5.98	6.00	1.19	9.45	1.73

Source: 2010 HIES, Author's calculations

Note: "After transfers" refers to the "day after" impact. Budget and GDP figures are for 2013. GDP value for 2013 has been obtained from Medium Term Budget Framework.

Overtime cost of OAA will likely to vary considerably depending on coverage and transfer amount.

Figure 22 sets out the costs as a percentage of GDP of the various options based on the assumption of a per capita GDP growth rate of 2.44% per year, a pessimistic scenario considering that the trend growth rate for the past 10 years has been 4.88% per year.²⁰ The highest cost (i.e. between 2.3% and 2.9%) is found for universal coverage with monthly transfer of BDT 1,600. The cost drops significantly when only less well off older population are targeted. In this case cost as percent of GDP would range from 1.3% and 1.6%. The lowest cost option is found under a scheme targeting less well off with a monthly transfer of BDT 600. In this case, cost would be around 0.6 percent of GDP.

Figure 22: Cost of OAA under different coverage (as percent of GDP)

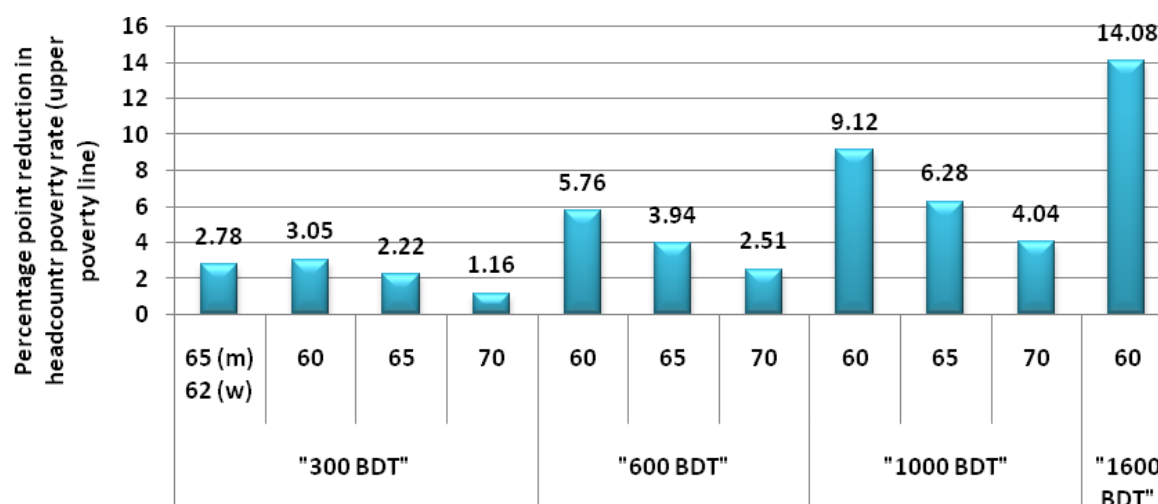
Source: Author's calculations using Bangladesh costing model

²⁰ The model used for costing also assumes that the benefit levels are indexed to inflation so that they maintain their purchasing power. However, their value as a percentage of GDP per capita will fall.

As expected, the impact of a universal pension would be particularly significant for households where there is an older person. Figure 23 shows the impact of a universal pension on the population living in a household with an older person. The relative impact of different scenarios directly echoes those seen above in

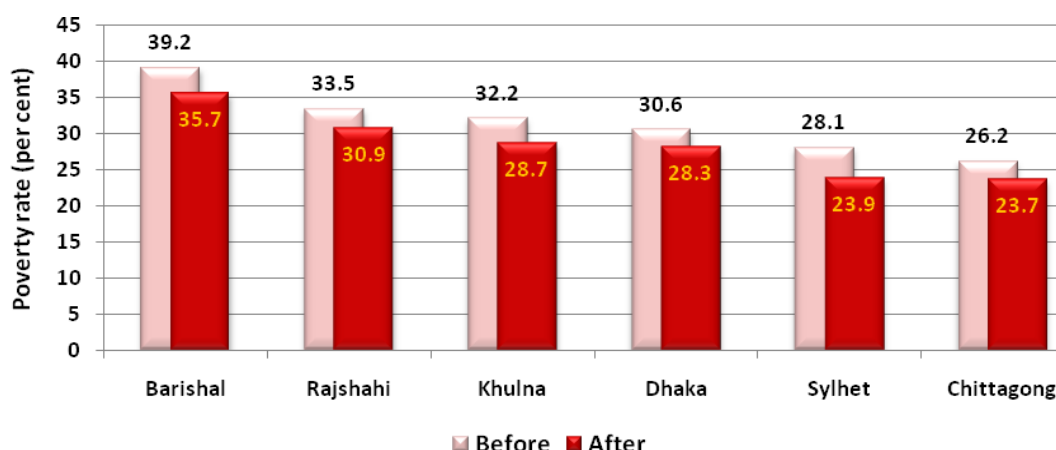
Table 3, but the magnitude of impact is far higher. For example, a pension of 600BDT for those aged 60 and over would reduce the poverty rate for these households by nearly 6 percentage points, compared to a reduction of 1.6 per cent across the whole population. While striking, it is worth noting that these figures may overestimate the impacts on these households, and underestimate impacts on other households. The simulations assume that increased expenditure resulting from a pension will only occur within recipient households. However, as much as older people receive support from outside their households, they are also likely to share benefits such as pensions with those outside, such as grandchildren. On this basis, the margin between relative impacts on households with and without older people may not be so great.

Figure 23: Poverty impacts of universal pension scenarios – households with an older person aged 60 and over



Source: 2010 HIES, Author's calculations

While all divisions of Bangladesh would benefit from a universal OAA, impacts would be greatest in divisions where poverty is deepest. Figure 24 presents poverty rates for households with an older person aged 60 or over before and after a universal pension, using the example of 600BDT for those aged 60 and over. All divisions see a notable fall in the poverty rate of households with an older person, with particularly significant falls being seen in Sylhet and Barishal. Therefore, one can deduce that an old age pension that does not cover all divisions might further sharpen differences in terms of poverty impact across divisions. Policy makers should be aware of the risks of using division-based, or geographical, targeting for cash transfers. In particular, the potential erosion of social cohesion and associated political costs should be considered.

Figure 24: Poverty impacts for households with an older persons aged 60 or above, by division

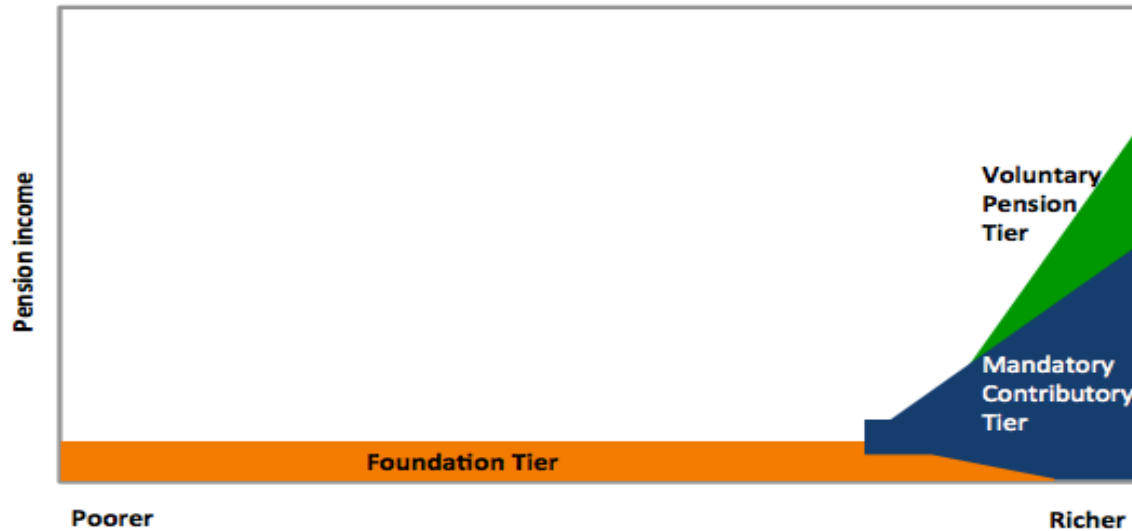
Source: 2010 HIES, Author's calculations

4.1.2. Comprehensive pension

Tax-financed universal OAA, although a desirable proposition, may not be feasible due to cost. Discussion on old age poverty and vulnerability tend to suggest that except small very well off segment, vulnerability at old age is real in Bangladesh and hence most of them need income support during older age. It is, thus, proposed to develop a comprehensive pension system over the longer term that provides a state-guaranteed minimum income for the less well off elderly population, while building a contributory pension system for those working age families who want to provide for themselves a higher level of pension income in old age. A contributory pension system will also build significant funds that can be used for investment in enterprises and to support national development. A three-tiered pension system is proposed:

- **Tier 1:** a tax-financed benefit that provides less well off older people with a minimum income guarantee.
- **Tier 2:** a mandatory contributory pension scheme for the formal sector workers.
- **Tier 3:** voluntary pension schemes – managed by the private sector (often employment-based schemes) – into which people can opt if they desire an additional income in old age.

Figure 25: Three-tiered pension system



The proposed pension model is set out in Figure 25. It intends to provide universal coverage via the three types of pension. Recognising that the vast majority of older people are vulnerable to poverty – and many, as they become increasingly frail, are unable to work – the Government will establish a Foundation Tier, based on an expansion of the current Old Age Allowance. The second tier will be a new social insurance pension that will be overseen and regulated by the state. The Government will also promote the growth of private and employment-based pensions as the third voluntary tier. As above figure indicates, the first two tiers will be linked through a form of pension-testing whereby the tax-financed pension is gradually withdrawn from those receiving the mandatory social insurance pension.

4.1.3. Non-income schemes

Over the longer term, Bangladesh may decide to adopt following non-income supports for the well-being of her older population. Since Madrid plan recommends integration of gender perspective, equal opportunities for old age women and men need to be ensured is designing schemes for old age population²¹.

Integrated care coverage:

Access to affordable health care (i.e. doctors, hospitalization and medicine) has been pointed one of the major challenges for the old age population. Thus along with comprehensive pension scheme for the old age population, government needs to ensure easy and affordable (if not free) access to health care services to less well off old age population. In this context HelpAge International (HAI) proposes to extend to the health care under the framework of integrated care services in line with a successfully operated BRAC initiative. The integrated care services include mobile medicare service, physio-care, shelter assistance,

²¹ The Madrid Plan also calls for the integration of a gender perspective into all policies, programmes and legislation and recognizes the differential impact of ageing on women and men. The Madrid Plan emphasizes the relationship between gender and ageing, positioning older women as both agents and beneficiaries of socioeconomic progress. Following the recommendations of the Madrid Plan supports older women's empowerment, for example, through adult literacy programmes, self-help groups, and access to credit and help with accessing entitlements.

psychological therapy, disability aids in appropriate cases. Currently BRAC has an intervention of Essential Health Care (EHC) for improving poor people's health and well-being. This program is supported by a large volume of community health volunteers or *shasthyashebikas* (80,000) and community health workers or *shasthyakarmis* (7,900), which provide a cost effective bridge between the community they serve and the formal health systems. Currently EHC reaches approximately 92 million people throughout the country with its seven service components-health and nutrition education; water and sanitation; family planning; immunization; pregnancy-related care; basic curative services; and tuberculosis control.

To ensure the integrated care to the older people in Bangladesh, a joint initiative may be undertaken in collaboration with other organizations such as BRAC and Dhaka Ahsania Mission²². HAI further proposes that an additional service component, old age care giving may be initiated within the program. A number of volunteers will be trained up in geriatric as well as palliative care and they will visit household to provide health and psycho therapy to the older people. Even they will convey some basic information regarding care giving methods to the family members for emergency support.

Education and retraining:

Older workers offer a wealth of knowledge and experience in the workplace. Career and Employment Services offices may be established throughout Bangladesh to assist older workers to explore opportunities for a second career, education or re-training and employment. Qualified and knowledgeable staff would help old age job seekers learn where the jobs are and what types of work would best fit their skills, interests and experience. Programs and services may include following specific services: (i) plan a career transition; (ii) find out what skills are in demand; (iii) upgrade skills or education; (iv) connect with local services and training providers; and (v) find a job that fits their skills.

Access to subsidized credit:

According to a survey by HelpAge International (2008), only 19 per cent of older people in Bangladesh were able to access credit, compared to 45 per cent of poor adults. Credit policy needs to be neutral with regard to age of the client. Moreover, Bangladesh Bank may introduce subsidized and less stringent schemes for senior citizens.

Subsidized transportation and entertainment:

Subsidized transportation and entertainment (i.e. cinema and sports) for senior citizens is a popular scheme around the globe. Government may enact law with adequate financial support that would ensure subsidized transportation and entertainment for the senior citizens.

²² Dhaka Ahsania Mission (DAM) has extensive coverage in Bangladesh and their interventions in health sector are very wide and intensive in certain areas of concern. Generally it works on general awareness on primary health care issues, importance of inoculation, maternity and reproductive health, food and nutrition, environment, etc. DAM has extensive program on water and sanitation and prevention of drug abuse and drug addiction treatment. HIV/AIDS is another area of DAM's recent interventions. To fight cancer DAM is working in a high profile in awareness creation on and early detection and treatment of cancer.

5. Conclusions and Medium term Policy Implications

Although older people only constitute a small proportion of the population they are critical to upholding the social fabric of Bangladeshi society. Around a third of the population lives with a person aged 60 or over and is thus directly impacted by the experience of ageing, which is characterised by increased incidence of disability, reduced capacity for income generating and greater complexity of health issues. With the proportion of older people set to triple within a single lifetime, the rapidly changing age structure of the population will see a growing proportion of people coping with old age. Meanwhile traditional systems of care are breaking down, in particular among the poor, and older people are at significant risk of poverty. When people do take care of their parents in old age, this can act as an informal tax on working families, reducing their ability to care for their own children and to invest in income generating activities. Medium term Old age well-being proposal include both income and non-income schemes. These are:

- 1. Transfer amount and coverage may be increased over the medium term.** A transfer amount of 600 BDT per month for all less well-off person aged 60 and above may be considered. Less well-off may be determined by including old age persons having income less than near poverty line. In this case, cost would be around 0.6 percent of GDP. Current OAA cost as of GDP around 0.14 per cent.
- 2. Introduce subsidized transportation and entertainment facilities for the senior citizens.** Government may encourage public and private transportation services to introduce lower fair (i.e. at least 25% less than that of a working adult person) for senior citizens. Furthermore, government may ask transport service providers to reserved seats in all the three modes of transportation. These provisions should be applicable for popular modes of transportations – road; rail; and water. Similar provisions should also be introduce for entertainment services – cinema; theatre; and sports etc.
- 3. A pilot project may be undertaken to assess the feasibility of extending the ‘Career and Employment Services’ to assist older workers to explore opportunities for a second career.** Qualified and knowledgeable staff would help old age job seekers learn where the jobs are and what types of work would best fit their skills, interests and experience. Programs and services may include following specific services: (i) plan a career transition; (ii) find out what skills are in demand; (iii) upgrade skills or education; (iv) connect with local services and training providers; and (v) find a job that fits their skills.
- 4. A pilot project may be initiated in collaboration with Bangladesh Bank to assess the feasibility of extending the ‘subsidized’ credit facilities for senior entrepreneurs.** The pilot project may focus on the interest rate; size of credit; collateral requirement and possible areas.
- 5. Comprehensive data base for old age population.** A comprehensive data base for old age population must be developed to strengthen the supply side. The data base should include information on: (i) demographic and household characteristics; (ii) education, occupation and experience; (iii) income and asset profile; and (iv) access to health and care services.

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List of participants is attached in Annex-3

Annex-3

General Economics Division (GED)
Policy Dialogue on Ageing Population
Date - 22 December 2013

Attendance Sheet

Sl	Name	Designation	Organization/Department
1	Dr. Faruk Ahmed Bhuyan	Asst. Director	DGFP
2	Ms. Nazia Afrin Chowdhury	Senior Assistant Chief	GED
3	Ganesh Ch. Sarker J/S	Director (IEM) & LD(IEC)	DGFP
4	Md.Eakub Ali	Joint Chief	GED
5	Mr. Nurul Haque Mazumder	Joint Chief	GED
6	M.A.H.Chowdhury	Senior Cameraman	BTV
7	Md.Rafiqul Islam Sarker	Director Research	NIPORT
8	Mohammad Bellal Hossain	Associate Professor	Department of Population Science, Dhaka University
9	SM Faisal Alam	Deputy Secretary	Planning Division
10	Ferdous Ara Begum	EX. Additional Secretary	Former Member, UNCEDAW
11	Zakiur Rahman	Tech. Officer	UNFPA
12	Abdur Rahman	Cameraman	BTV
13	Abdus Salam	Assistant Accounts Officer	GED
14	Dr. Taibur Rahman	Senior Assistant Chief	GED
15	MD. Anwar Hossain	Joint Chief	Planning Division
16	Md. Abdulla Al Shahin	Senior Information Officer	Ministry of Planning
17	Md. Aminul Bari Chowdhury	Joint Secretary	Statistics & Information Division
18	Md. Muinul Islam Titas	Deputy Chief	GED
19	Ms. Saleha Binta Siraj	Senior Assistant Chief	ERD
20	<i>Mr. Pintu Halder</i>		<i>MSW</i>
21	Mr. Rafiqul Islam	Senior Correspondent	UNB
22	Mr. Md. Monirul Islam	Senior Assistant Chief	GED
23	Mr. Rafiqul Islam	Cameraman	BTV
24	Shamim Md. Babar	Personal Officer	GED
25	Md. Azadul Islam	Deputy Director BBS & APS to Minister	Ministry of Planning
26	Ms. Shaheena Khatun	Deputy Secretary	Planning Division
27	Md. Hasan Khalil	GM	PKSF
28	Mahboob-E-Alam	NPO-PPR	UNFPA
29	Shamina Akthar	Division Chief	Planning Commission
30	Dilruba Yasmin	Joint Chief	SEID, PC
31	Khandaker Nuruzzaman	Chief	Programming Division, PC

32	Md. Firoz Ahmed	Data Entry Control Supervisor	GED
33	Md. Shaifur Rahman	Administrative Officer	GED
34	Md. Sharmin Hasan	Office Assistant/Computer Operator	GED
35	Mohammad Shuaib	Professor and Director	ISRT Dhaka University
36	Md. Faizul Islam	Deputy Chief	GED
37	Mr. AKM Abdullah Khan	Deputy Chief	GED
38	Lipi Rahman	Program Officer	RIC
39	Prof. M.A. Mabud	President	South Asian Institute for Advanced Studies
40	Ms. Sadia Sharmeen Huq	Assistant Chief	GED
41	Ms. Abida Sultana	Assistant Chief	GED
42	Dr. Md. Manzurul Islam	Senior Assistant Chief	GED
43	Md.Moyazzam Hossain	Director (Programme)	Department of Social Services
44	Md.Mokbul Hossain	Research Officer	GED
45	Md. Anwarul Alam	Deputy Chief	GED
46	Md. Rafiqul Islam	Joint Chief	GED
47	Sohel Ahmed Siddque	Protocol Officer	Planning Division
48	Md. Alamgir Hossain	Deputy Chief	MOWCA
50	Mr. Mirza Md. Mohiuddin	Asst. Chief	GED
51	Dr. Sharifa Begum	Senior Research Fellow	BIDS
52	Dr. Shantana Haldar	Chief PPR	UNFPA
53	Md. Saiful Islam	Programme Officer	UNFPA
54	Mr. Samar Kumar Ghosh	Joint Chief	GED
55	M. Rabiul Haque	Associate professor	Department of Population Sciences, Dhaka University
56	Dr. Anjan Kumar Dev Roy	Ps to Member	GED
57	B.H.Khan	Professor	Dhaka University
58	Ms. Nazmun Ara Sultana	Assistant Chief	MOHFW
59	Md. Swapan K. Sarkar	Director General	LGD
60	Ms. Shefali Begum	Ps to Secretary	Planning Division
61	Md. Hasanur Rahman	Division Chief	Physical Infrastructure Division
62	Ms. Sabira Yesmin	Deputy Chief	GED
63	Ms. Sufia Zakariah	Director	IMED

ABBREVIATIONS

ADP	Annual Development Programme
AMC-	Alternate Medical Care
ANC -	Antenatal Care
AR I-	Acute Respiratory Infection
BBS -	Bangladesh Bureau of Statistics
BANBEIS-	Bangladesh Bureau of Educational Information and Statistics
BDHS-	Bangladesh Demographic and Health Survey
BIDS-	Bangladesh Institute of Development Studies
CEDAW	- Committee on the Elimination of Discrimination Against Women
CRC -	Convention on the Rights of the Child
CPR -	Contraceptive Prevalence Rate
DGFP-	Directorate General of Family Planning
DP-	Development Partners
ERD-	Economic Relations Division
ESP -	Essential Service Package
ESCAP-	United Nations Economic and Social Commission for Asia and the Pacific
FP-	Family Planning
FWVTI-	Family Welfare Visitors Training Institute
GED-	General Economics Division
HDI-	Human Development Index
HIES -	Household Income and Expenditure Survey
HPN -	Health, Population and Nutrition
HPI-	Human Poverty Index
ICPD-	International Conference on Population and Development
IMCI-	Integrated Management of Childhood Illness
IMED-	Implementation Monitoring and Evaluation Division
IMR-	Infant Mortality Rate I
LFS -	Labour Force Survey
MDGs -	Millennium Development Goals
MCH-	Maternal and Child Health
MMS-	Maternal Mortality Survey
MOHFW	- Ministry of Health and Family Welfare
MHVS-	Maternal Health Voucher Scheme
MHHDC-	Mahbubul Haq Human Development Centre
M ICS-	Multiple Indicator Cluster Survey
MIN-	Ministry
MIS-	Management Information System
NASP -	National AIDS/STD Program
NCDs -	Non-Communicable Diseases
NCWD -	National Council for Women's Development
NEC -	National Economic Council
NGO-	Non-Governmental Organization
NIPORT	- National Institute of Population Research and Training
NPWA-	National Policy for Women's Advancement
NMHS-	National Maternal Health Strategy
ORT-	Oral Rehydration Therapy
PC-	Planning Commission

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PRB-	Population Reference Bureau
RMG -	Ready-Made Garment
STD-	Sexually Transmitted Diseases
TFR-	Total Fertility Rate
UNFPA-	United Nations Population Fund
UPHC-	Urban Primary Health Care
VAW -	Violence against Women
WHO -	World Health Organization