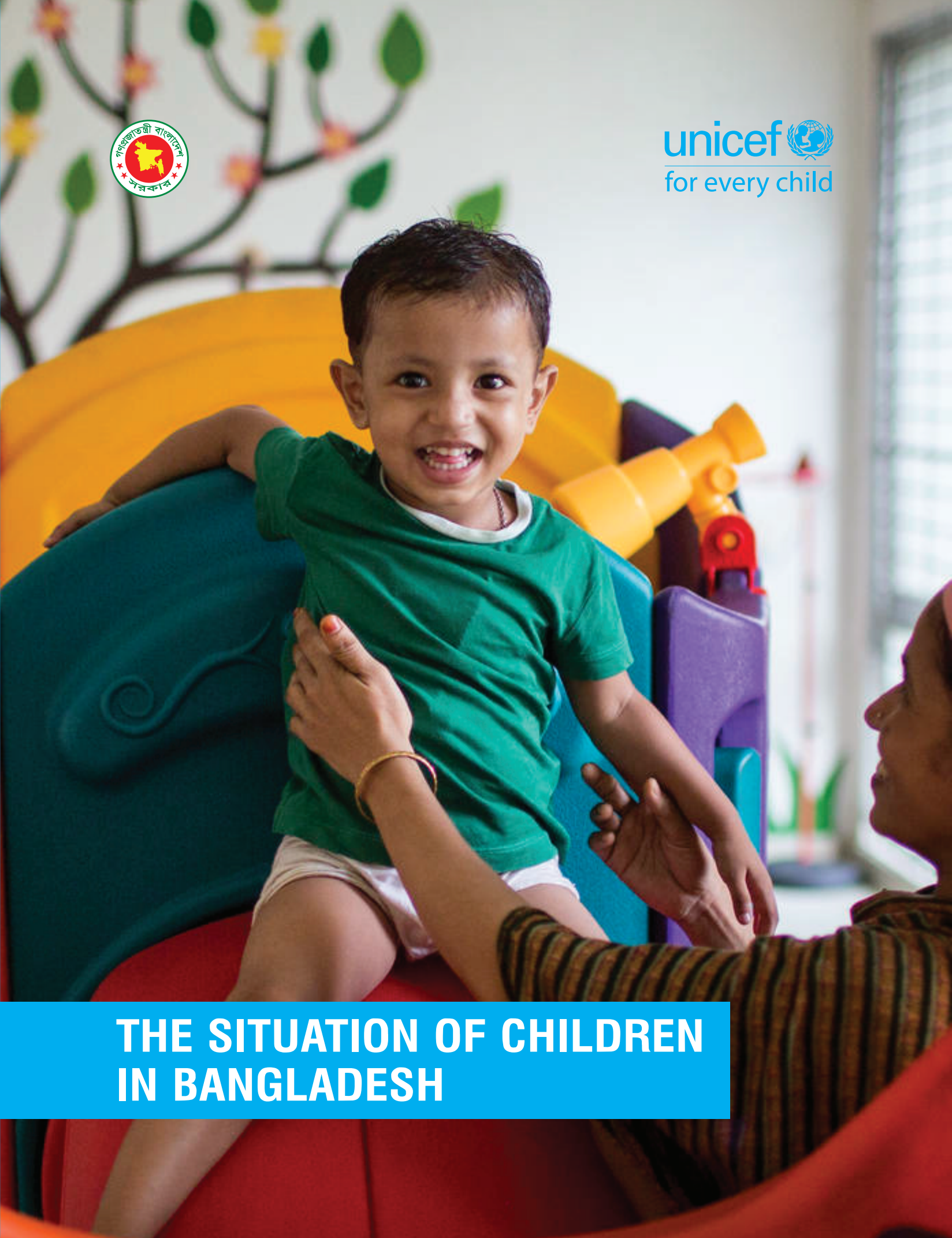

THE SITUATION OF CHILDREN IN BANGLADESH

Background

The Situation of Children in Bangladesh (SiTan) in the Context of Eight Five-Year Plan of Bangladesh

Bangladesh has made significant strides in its quest for growth and economic development. The average growth rate over the last ten years has been among the fastest in the world at 5.2 per cent (year-on-year). The country's GDP per capita touched the 1,000 USD milestone in 2014 and rose to 1,906 USD in 2019. Recent figures showed that Bangladesh had the highest the Global GDP growth projection for 2020 – outshining its neighbours in South and South East Asia.

These high growth rates have translated into an overall reduction of poverty. The headcount income poverty rate in the country has reduced from 44.2 per cent in 1991 to 14.8 per cent in 2016 (HIES, 2016). Yet there is still much work to be done. BBS figures show that poverty and extreme poverty rates in 2018-19 were 20.5 per cent and 10.5 per cent respectively. It is also important to note that growth has not been equally spread across the entire population.

Bangladesh is changing rapidly both economically and demographically. The duration of its demographic window of opportunity – the period in a nation's demographic evolution when the percentage of people able to work reaches its height – is fast disappearing. As of 2019, the country has passed 80 per cent of this window.

The available data suggests that Bangladesh urgently needs to take measures to improve overall investment in human capital development. The average household size is 4.3. About 35.6 percent of the population are under age 18 (MICS 2019). The total fertility rate (2.3) and adolescent birth rate (83) have remained the same over the last five years. Bangladesh was ranked 135 out 189 in the UN's Human Development Index and was 129 in the Gender Inequality Index (0.895 GDI in 2018). Far too many young people remain unemployed – about 33.19 per cent of educated youths are not in work. (BIDS, 2019).

The time of this report is therefore opportune - it not only provides an overview of the difficulties faced by children but also offers an invaluable assessment into the main bottlenecks that prevent improvement in their lives. It will also provide an understanding of the main obstacles that obstruct the demographic dividend.

1.1. Objectives and methodology

The conceptual framework of the analysis revolves around the SDG agenda and the concept of 'leaving no one behind'. It rests on three interwoven parts:

- The setting of the scene;
- Analysis of the risks/challenges/ opportunities
- An examination of future trends.

Analysis of the three components above will allow us to provide recommendations leading to headline results and, specifically, the development of policy priorities for children young people and women.

This situation analysis (SitAn) report relies on a mixed-method analytical approach:

(i) Desk review of existing national and international studies, statistics, policies, laws and other pertinent documents;

(ii) Analysis of available and nationally representative datasets (e.g. MICS 2019 and 2012-13, HIES 2016);

(iii) Key Informant Interviews (KII), FGDs and key stakeholders' consultations including children.

Around 20,500 children participated in FGDs, online surveys, field consultations, etc. In addition, children's views were compiled during nine Convention on the Rights of the Child (CRC30) Forum consultations organized by UNICEF in partnership with the Bangladesh Debate Federation, representing all 300 parliamentary constituencies.

The role of Women and Children in nation governmental Programme Priorities

Women and children feature prominently in national plans and policies. The seventh five-year plan (FYP) focuses on many of the issues they face:

(a) **Health and Nutrition**; the plan focuses on improving health and nutrition services to reduce infant (under five years old) and neonatal mortality rates and all forms of malnutrition. An improvement in service delivery would ensure that the poor and the marginalized have better access to health and nutrition services. The plan also focuses on promotion, prevention and curative care. The proposed interventions include:

- Better access to and quality of health services;
- More equity through the rollout of the Essential Service Package (ESP);
- Gender and adolescent-friendly services;
- Better and more reliable information for adolescents.

The seventh FYP promises to address deficiencies in governance and management of the health sector, including inadequacies in the health workforce, finance, patient monitoring, drugs, equipment and information and research.

(b) Education; the education plan aims to strengthen the quality of education at all levels by expanding the capacity of teachers, the use of ICT and the development of better infrastructure.

(c) Water and Sanitation; it emphasises safe drinking water for all. The proportion of the urban population with access to sanitary latrines is to be increased to 100 percent and the proportion of the rural population with access to sanitary latrines to 90 percent.

(d) Social protection; Adjustments to the social protection system in the country by eliminating inclusion/exclusion errors led to improved targeting, increasing the average value of transfers and lowering the risk faced by poor and vulnerable communities. Effort will be made to increase public spending on social protection from 2.02 per cent of GDP in FYI5 to 2.3 per cent of GDP by five year (FY) 2020.

(e) Child protection; the plan aims to ensure children are protected from all forms of violence, abuse and exploitation and are able to reach their full potential. It includes better investment in and reform of the judiciary along with a strengthening of the Children Act 2013 to protect children from exploitation and abuse such as child marriage, work, and discrimination within the justice system.

(f) Gender; To ensure women's advancement and self-reliance by reducing discriminatory developmental and institutional barriers. The gender equality and women's empowerment agenda in the 7th FYP is based on strategies and actions that enhance women's capabilities and access to resources and opportunities. But it also addresses barriers they face because of pre-existing structures and institutions. Changing social norms and protecting women's rights are a critical component of the plan.

(g) Violence against women (VAW) will become a key focus of local justice institutions, requiring greater investment in capacity-building at district and upazila levels, as well as the development of one-stop crisis centres where VAW victims can be taken. Better awareness of the Domestic Violence Act (2010) is required from both local officials and the public alongside enhanced community-wide awareness in relation to preventing Violence against Children and responding to it.

So where does the country stand in terms of reaching these priorities? The answer is two-fold: (i) by taking stock of progress made in achieving various SDG children/women related targets (which closely correspond with the national priorities listed above); and (ii) by conducting an equity/bottleneck analysis to expose the biggest impediments in terms of improving progress towards the SDG-related targets as well as the goals within the seventh five year plan (FYP).

2.1. National policy and governance for achieving results for children

A milestone in child-related policies in Bangladesh was achieved in 2011 with the implementation of the National Child Policy, where individuals under the age of 18 are defined as children in line with the recommendations of UNCRC.

In terms of Bangladesh's institutional response, the Ministry of Women and Children Affairs (MOWCA) is primarily responsible for the coordination of all activities, by all other ministries and organizations, relating to women's and children's affairs. The ministry is also responsible for liaising with UNICEF and other foreign agencies over matters relating to child development. The ministry also represents the government of Bangladesh when it comes to entering into international treaties and agreements (Save the Children, 2012). A CRC Committee led by the Secretary for the Ministry of Women's and Children's Affairs comprises 19 other Ministries. As the coordinating authority, the MOWCA is responsible for overall coordination of the activities of 23 different ministries and divisions on women and child-related issues (CRGA, 2014).

However, the existence of various high-profile policies that are supported by influential people willing to implement them does not necessarily guarantee perfect institutional functioning. As discussed in this SitAn, sources of systemic/ institutional malfunctions, in Bangladesh as elsewhere, can arise from various issues, including:

(i) **Resources** - This may encompass chronic professional career development congestion; poorly educated workforce; a weak tax base and a lack of thorough and competent legal and regulatory standards.

(ii) **Politically driven** - Corruption, politicisation and capture by special interest groups, including the private sector, are common characteristics.

(iii) **Organizational** - Institutions may be volatile, and priorities can fluctuate according to political turnover. Overly ambiguous or ambitious goals can be a problem, as can both a "hands-on" and a "hands- off" approach by Government.

Situation of Children: Progress and recommendations

3.1. Every child survives, child health, maternal and reproductive health

Bangladesh has made significant strides in reducing child mortality. Neonatal, infant and under-five mortality rates declined in the last thirty years. Under-five mortality is now at a rate of 40 per 1,000 while infant mortality rate is still high at 34 deaths per 1,000 live births. Two-thirds of under-five deaths occur in the first 28 days of life. Challenges also remain in reducing the rate of still births and low birth weight babies (Lawn et al, 2016). The still birth rate is 83,100 annually and 25 per 1,000 babies in 2015 (Lawn et al, 2016).

The low birth-weight figures amounting to 15 per cent. This may be partially attributed to a high number of teenage pregnancies (the adolescent birth rate has remained at 83 since the last MICS, 2012-13) and premature babies (600,000) annually. Details of the number of antenatal care visits showed some improvement among pregnant women who have had at least one (75 per cent) and four (37 per cent) antenatal care visits. But the fact remains that a worrying 17.2 per cent of women have not received any antenatal care during their last pregnancy.

An analysis of the figures can give rise to optimism and pessimism. Over time there has been an increase in the rate of skilled deliveries (59 per cent) and deliveries at health facilities (53.4 per cent). But on the negative side, maternal health indicators remain inadequate and access to maternal health services is still inequitable. Only two-thirds of children have had a post-natal check, and coverage of essential newborn care practices is patchy and varied:

- While around 94 per cent of newborns were dried after birth, 80 per cent had delayed bathing;
- 97 percent of babies' umbilical cords were cut with a clean instrument;
- Early initiation of breastfeeding was pursued by 47 per cent of mothers;
- Comprehensive knowledge about HIV prevention among young people is at a lowly 11.6 per cent;
- Household members whose primary reliance is on clean fuels and technologies for cooking and lighting is low, at 19 per cent.
- Only 46% of children with Acute Respiratory Infection (ARI) symptoms were taken to a provider, and 55% of them sought their first line treatment from private providers.

Bangladesh has a low level of public spending on health with an allocated health budget of 0.7 per cent of GDP (the WHO norm is 5 per cent), and annually only 5.0 per cent of the national budget is allocated for health (the WHO norm is 15 per cent). Total health expenditure in Bangladesh amounts to just $37 per capita each year (MoHFW, 2018). This falls far short of the USD 86 per capita or 5 per cent of GDP that is recommended[1].

The health system is also blighted by high out-of-pocket (OOP) expenditure rates. OOP is defined as the expenses a patient pays to the medical provider. In Bangladesh it is estimated to comprise 67 per cent of total health expenditure - more than triple the recommended maximum 20 per cent.

More than 65 per cent of OOP expenditure is incurred on medicines. Annually around 13 per cent of families face financial ruin because of high OOP expenditure usually related to getting access to and utilization of health services[2]. Government Policy requires free delivery of basic health

1 Mcintyre, D.M., F., Shared Responsibilities for Health: A Coherent Global Framework for Health Financing, in Final Report of the Centre on Global Health Security Working Group on Health Financing. 2014, Chatham House: London, UK.

2 National Health Accounts (2015)

services, yet 80 per cent of Bangladeshis report making payments for healthcare. In urban slum populations, the situation is even worse: about 71 per cent of OOP is spent on medicines, followed by diagnostics (13 per cent) and consultation (10 per cent).

Health expenditure in private hospitals is twice as high as public hospitals. Around 38 per cent of patients had to borrow the money to pay hospital bills. Around 64 per cent of patients suffering from acute illness do not seek medical care because they lack sufficient money (Source: icddrb; Slum Health in Urban Bangladesh).

To understand the main bottlenecks connected to health-related interventions, the standard concentration index was created, which reveals that, despite a closing of the gap between 2012 and 2019, there is a continuing inequity in favour of wealthier people when it comes to accessing key maternal and child health facilities. In turn, this could hamper efforts to reduce child and maternal mortality, particularly among the poor and the vulnerable. The evidence suggests that there are both supply-side constraints (a rural-urban dichotomy) as well as demand-related constraints (factors including wealth and the education of the mother).

The data reveals how significant supply-related constraints impact on the provision of timely and adequate healthcare:

A lack of adequate and properly trained staff has been highlighted as a major bottleneck. Inadequate quality of care contributes substantially to maternal and newborn mortality and morbidity rates.

About 5,200 women die each year due to complications during pregnancy, delivery and the postpartum period. The period around and immediately after childbirth is critical for saving maternal and newborn lives and preventing stillbirths. Maternal deaths are largely the result of deliveries performed at home by unskilled birth attendants, with no access to comprehensive emergency obstetric care from a skilled provider at a recognised medical facility.

Data from divisional GED-UNICEF consultations also suggests that the remoteness of certain areas in Sylhet and the Chittagong Hill Tracts (CHT) makes it much harder to deliver and access services. Tea gardens and Haor regions had been largely excluded from mainstream development programmes because the government has limited engagement and support for these areas. The lack of basic infrastructure and access to social services have been major causes of poverty and inequity.

On the demand side, gender inequality and gender-related social norms play a hugely negative role. These combined with a lack of education and knowledge further impede access to timely healthcare.

There are a few recommendations that stem from the child and maternal related health issues:

(i) There should be more focus on supply-related interventions alongside an improvement in the availability of quality health services. Well-equipped health care centres along with well-trained service delivery staff, in sufficient numbers, are required to deal with the complexities associated with maternal and child health;

(ii) There needs to be better coordination between different government agencies, private health providers and NGOs to provide better health care service for children and women;

(iii) Methods need to be established to enhance awareness-building programs which target mothers, fathers, and the extended family and community.

(iv) Social determinants of child and maternal health such as difficult-to-reach areas, slums, tribal areas and other places areas where marginalized people reside must be given extra attention to reach the poorest, most marginalized and most vulnerable populations.

(v) Implementation and monitoring mechanisms outlined in the National Adolescent Health Strategy 2017-2030 need to be more robust.

(vi) Services need to address communicable diseases that affect mothers and new-born babies. The Maternal, Newborn, and Child Health (MNCH) and National Centre for Disease Control (NCDC) should assess the changing epidemiology, the equity of critical interventions, and the provision of increased resources for primary health care to promote a strong prevention agenda.

3.2. Every child thrives to nutrition and development

While the number of children who have been breastfed is high (98.5 per cent), the number who were breastfed within one hour of birth is low (46.6 per cent). Rates of breastfeeding are highest in rural settings, with normal and home deliveries more likely in low quintile communities where the mother has a poorer standard of education (MICS 2019).

The number of young children who are severely underweight has dropped from 31.9 per cent in 2012-13 (MICS 2012-13) to 22.6 per cent in 2019 (MICS 2019). Similarly, moderate and severe stunting has decreased by a significant margin, from 42 per cent in 2012-13 to 28 per cent in 2019. Levels of wasting, defined as low weight for height, among children below five is 9.8 per cent – there have been no changes over last six years. While stunting, defined as impaired growth and development, has been reduced there have been few changes in the absolute number largely because inequalities and geographical disparities remain. Stunting prevalence not only can depend on location but also on income the rate of reduction among the wealthier part of the population is far higher than the poorest. Other factors like child marriage and low ANC coverage also increase the chances of low birth weights. The minimum acceptable diet for children age 6–23 months is low (28 per cent) for the breastfed babies and 17 per cent for babies that are not breastfed. About 76 per cent of households consume iodized salts to prevent iodine deficiency. The priority of the nutrition programme is to strengthen promotive and preventive practices.

The analysis shows that persistent inequities, mostly linked to low socio-economic status and low levels of education, exacerbate the rural/urban divide. This inequity in favour of wealthier people is associated with nearly all nutrition-related outcomes. When it comes to the root causes for under-nutrition and malnutrition, the divisional GED-UNICEF consultations suggest in addition that the key drivers of these disparities include:

- Inadequate infant and young child feeding and care practices including lack of hygiene;
- High food insecurity, lack of access to quality health services and early pregnancies.
- Low levels of dietary diversity - a strong predictor of stunting - are reflected by poor diets among children aged 6 to 23 months
- Insufficient hygiene and health standards – access to clean latrines and clean water substandard WASH facilities;

We are left facing the question: why are so many children eating too little of what they need, while an increasing number of children are eating too much of what they don't need? (SOWC, 2019).

There are a few recommendations closely related to nutrition: such as (i) support establishment of an effective multisector leadership and coordination mechanism as well as institutional strengthening to effectively address malnutrition, including sustaining and adequately resourcing coordination institutions including strengthen nutrition governance to leverage funds for effective and efficient delivery of integrated package of nutrition specific and sensitive services; (ii) support capacity development of human resources at national and sub-national levels, as well as sub-national-level technical assistance in planning and implementation. This could also entail creation of special cadres of nutrition officers; (iii) continue to prioritize nutrition in national development agenda; (iv) scale up nutrition-sensitive interventions, particularly in areas of WASH, reproductive health/ family planning, adolescents, social protection, education and agriculture, to further address some of the underlying and root causes of malnutrition; (v) promote women empowerment and well-being, including security for food and nutrition, land rights, access to education, and delay of early marriage. Facilitate adolescents' and women's knowledge and awareness of sexual and reproductive health rights and laws, such as those detailed in the National Strategy for Adolescent Health 2017–2030 ; (vi) intensify and expand multi-level social and behaviour change communication efforts at household and community levels; (vii) support strengthened household access to foods of appropriate quality/diversity, including through enhanced engagement with and oversight of food and beverage companies; (viii) lack of data on nutrition status is a key impediment to monitoring progress in key indicators. (viii) collecting and providing nutrition data with higher frequency and use the available data to access progress and improve the quality and coverage of nutrition programme; and (ix) promote seven minimum standards to guide business houses to support Mothers at Work such as breastfeeding spaces, breastfeeding breaks, child care provisions, paid maternity leave, cash and medical benefits, employment protection and non-discrimination, and safe work provision.

3.3. Every child learns from early childhood to adolescence

The proportion of children aged 36 to 59 months who attended early childhood education is small (18.9 per cent), with a slight increase from the 13.4 per cent registered in 2012-13 (MICS). The Early Childhood Development Index score stands at 74.5, yet, but the extent to which adequate nurturing care (0-3 years) is provided to the children at scale is unclear. While both boys and girls have limited access, boys are more disadvantaged (71%) than girls (78%).

The net attendance rate in primary school is high at 85.9 per cent, and somewhat higher compared to the rate in the previous MICS (2012-13) where it stood at about 73.2 per cent. Only half of adolescents attend lower secondary education (57.8 per cent). Although that represents an improvement by a few percentage points compared to the figure in 2012-13 (46.2 per cent) it is nevertheless alarming that 13.1 per cent of adolescents do not attend lower secondary school. The out-of-school rate is worryingly high among both girls and boys for distinct reasons, and is particularly high among boys, where about one in five (18.1 per cent) is not participating in lower secondary education. The number of children aged 7-14 years who had successfully completed three foundational reading tasks and four foundational number tasks stands at 49 per cent and 28 per cent respectively.

Finally, poor water and sanitation facilities in schools (in some there is a ratio of 115 students for every single toilet), along with inappropriate hygiene practices have combined to impinge further children's enrolment, attendance, retention and learning (National Hygiene Survey, 2018). That is particularly the case for adolescent girls.

What are some of the other main obstacles that prevent children from attending primary and secondary education? In order to understand this (and to understand some of the main barriers to enrolling and staying at school), we have conducted the standard logit modelling analysis.

The results suggest that girls have a higher probability to be enrolled in primary, lower secondary and secondary education. Second (and consistent with international research) children coming from households with educated mothers are three times more likely to be enrolled in both primary and lower secondary school compared to those coming with households where the mothers have no or very little education. Third, the household's socio-economic standing matters. In the case of secondary education, for example, children from the highest socio-economic quintile are four times more likely (relative to those from the lowest quintile) to be enrolled at school. Similarly, the socio-economic status of households (i.e. poverty levels) is the main determinant of as to whether a child drops out of school.

The qualitative data and divisional GED-UNICEF consultations revealed additional bottlenecks when it comes to improving education. Furthermore divisional GED-UNICEF discussions have underlined a lack of knowledge and capacity. For example, it has been stated that schoolteachers, administrators and head teachers do not have adequate knowledge or experience to make the teaching-learning experience enjoyable for children. This especially includes gender a tendency towards stereotyping in teaching and learning that pose another barrier to girls' education.

Poor-quality teaching in schools also leads to other problems including an increased demand for private tuition among better-off students and an increased dropout rate among the less wealthy. Private tuition makes education costly for students from low-income families. It should also be emphasised that early childcare and development needs to be linked with nutrition interventions, health, CP, etc. This nurturing care framework should apply from birth to eight years old.

Finally, poor water and sanitation facilities in schools, along with inappropriate hygiene practices, further impact children's enrolment, attendance, retention and learning. It must be restated that this is especially for adolescent girls. The lack of WASH facilities in secondary schools' results in girls' absenteeism. While government primary schools have good classroom facilities, problems related to the availability of water and sanitation facilities persist, according to the National Hygiene Survey (2018).

The analysis in this chapter lends itself to a few recommendations:

- Support strengthened and decentralised planning and decision making, school development planning and school quality standards. The system of education governance remains highly centralized. A bottom-up approach is crucial in order to improve service delivery in rural areas. Decentralization can greatly help education resource mobilization and budget-making and management at the Upazila and district levels;
- Support regular resource allocations to ECCD including pre-primary school, and annual development plans;
- Strengthen pre-service and in-service teacher training;
- Incentivize teachers and schools; this may be done by devising salary packages based on teacher performance;
- Develop expanded NFE to Grade 8 and link with skills development/Technical and Vocational Education and Training (TVET) to match the market needs and create better employability;
- Support a flexible SCE/NFE model for working children. In addition, there should be increased funding for second-chance programmes, it is a highly effective way of providing education to out of school children;
- Include hard-to-reach and poor infrastructure areas in programming and investment;

- Support the development of WASH facilities etc to encourage the enrolment of girls and children with disabilities;
- Strengthen the education administrative system to improve service delivery and transparency. Emphasis should be given placed on developing multi-media classrooms and internet connections and training teachers on ICT, skills and e-learning on selected subject areas;
- Support better quality early learning and primary schools in urban slums, as well as linkages with SCE/NFE;
- Support improved access to secondary education with expanded NFE and TVET;
- Introduce demand-driven incentives (e.g. stipends for poor and marginalized children) in order to improve enrolment at schools (particularly in lower and upper middle schools) and to reduce the overall drop-out rate;
- Intensify implementation of C4D interventions in the education sector;
- Track the internal efficiency of PPE programmes and support a PPE-related information management system; and
- Track the overall transition to secondary education and, in particular, monitor the progress of girls throughout their time at secondary school and in their subsequent capacity to avoid child marriages.

3.4. Every child is protected from violence, exploitation, neglect and abuse

The right of every child to be brought up in a safe environment in Bangladesh has been undermined by several factors and through a combination of circumstances.

It is calculated for example that 4.1 per cent of children aged 0-17 years live with neither biological parent. While that does not necessarily mean that they are unsafe, it can often mean an element of insecurity in their lives. Similarly, it is estimated that four per cent of children are in a position where one or both biological parents are dead, while 7.6 per cent of children have at least one biological parent who is living abroad. MICS 2019 data also reveals that 12% of children live with just their mothers. The proportion of children in Bangladesh under five whose births are formally reported has risen sharply in recent years (56 per cent, MICS 2019).

Violent disciplining of children remains alarmingly high. About 88.8 per cent of those aged between 1-14 years have been subject to corporal punishment by their caregivers, whereas only 6.3 per cent of children have experienced a non-violent disciplining. Children also live in homes where domestic violence takes place - lifetime physical and/or sexual intimate partner violence is reported at 54.2 %; and physical and/or sexual intimate partner violence in the last 12 months is reported at 26.9 % (UN Women, 2019).

Child labour and child marriage persist. 6.8 per cent of children aged 5-17 are involved in child labour, which negatively impacts boys more than girls and is higher among children not attending school (17.5 per cent) compared to children who do attend school (4.1 per cent). Child marriages also persist and have a harmful effect on girls. 15.5 per cent of women aged 20-24 were first married before the age of 15 and 51.4 per cent of women aged 20-24 married before the age of 18 (MICS 2019). Ending child marriage is an often-stated high priority of the Prime Minister herself.

Evidence reveals that poverty and cultural norms are the main determinants of these harmful practices (ECBSS 2018). In the case of child labour, this is evident by our logit modelling analysis. The findings strongly suggest that poverty and overall socio-economic standing of the household are the main predictors of a child's involvement in child labour. Our findings are corroborated by existing literature on the determinants of child labour. Poverty has been identified as the most decisive

factors for the existence of child labour in both rural and urban areas (Aktar and Abdullah, 2013; Hosen et al., 2010; Alam et al., 2008). Moreover, family size, lack of parental education and parental insecurity about their children's future are all determining factors in relation to child labour along with a lack of awareness and deeply embedded traditions (Aktar and Abdullah, 2013).

Similar findings stem from the logit modelling on determinants of child marriage. Factors influencing this problem include a lack of schooling options for adolescents, accepted social norms, the negative attitude of some communities towards unmarried girls they have reached puberty, household poverty, the risk of losing an eligible groom and concerns about the safety of girls. Many parents fear their daughters are more vulnerable – when they are not married - to harassment or sexual abuse by males.

The data shows that household poverty is often precipitated or exacerbated by low incomes of parents or being a single earning member in a large family. Other factors include not owning any farmland and any prolonged illness of a family member. Girls are more likely to stay in education if they or their immediate family receive financial help from their extended family- especially if their father's family is supportive. Likewise, a girl is much more likely to stay in school if her safety and security can be ensured outside the home. The availability of childcare centres for example has widely helped many girls to continue their education.

The proven strategies to end child marriage are adolescent girls' empowerment, community engagement and behavioural change, institutional strengthening and law enforcement. Other factors include enhancing the accessibility and quality of formal schooling for girls, the provision of livelihood support and financial incentives.

Moving forward, this chapter recommends the following: (i) Efforts to intensify the speedy implementation of the Children Act 2013. More inter- ministry coordination is required in this area; (ii) The establishment of a separate Department on Children Affairs under MoWCA for better coordinator on children issues; (iii) The formation of a revenue budget so that funds are available to protect the most vulnerable children. (iv) The identification of vulnerable children through the creation of a central database to establish a smooth-service referral mechanism; (v) Methods to ensure the training and empowerment of case and social workers. (vi) Moves to strengthen the role of Children's Courts; (vii) More time and money spent on educating families, caregivers and parents on children's development; (viii) The acceleration and implementation of C4D activities to strengthen social mobilisation and community engagement which in turn will lead to social and behavioural change, abandonment of harmful social norms/practices, community engagement and stronger adherence to the Convention of the Rights of the Child.

3.5. Every child lives in a safe and clean environment

Bangladesh has made considerable progress towards providing universal access to improved water sources and sanitation. Almost all households in the country (98.5 per cent) have access to an improved source of drinking water (MICS, 2019). Water quality is low, however. Only 42.6 per cent of the population lives in an area where there is an improved drinking water source located on the premises. Many supplies are not free of E. coli contamination and many water supplies that are available on demand – especially in villages – have dangerously high arsenic which exceed the recommended guidelines of no more than 50 parts per billion. The presence of E.Coli in water suggests faecal contamination and the likely presence of pathogens that may cause diarrhoea, dysentery, cholera and typhoid. Bangladesh has a standard that stipulates that no E.coli should be found in 100 ml. sample of drinking water. Although

the quality of drinking water in recent years has improved significantly, many challenges remain with water quality nationally. Foremost among those is the issue of equitable access to clean water in hard-to-reach areas. Without safe drinking water, any success in reaching our key targets – such as reducing maternal, newborn and child mortality levels - cannot be achieved. Clean water is also vitally important when it comes to school attendance because nutritious food needs steady supplies.

A related problem is that the fact that some 20 million people in coastal Bangladesh are already adversely affected by saltwater contamination of freshwater sources and soil. This is caused by sea-level rises, with high levels of salt ingestion linked to increased rates of hypertension and miscarriage among pregnant women. Increased salinization is also directly or indirectly responsible for higher numbers of skin diseases, acute respiratory infections and diarrhoeal diseases (World Bank, 2018b). While it should be noted that universal access to safely managed drinking water is achievable, an estimated amount of $305,000,000 is required to provide 20 million people with safe drinking water (IPAM 2016-2025).

About 64 per cent of households have access to improved sanitation, which is not shared. Likewise, knowledge of key hygiene messages is high. But the practice of handwashing at key moments remains infrequent. It is worrying that only one-quarter of the population live in households without water and soap (National Hygiene Survey, 2018).

All the evidence in fact reveals that access to clean water and sanitation is overwhelmingly skewed in favour of wealthier families. More importantly, the decomposition of the Concentration Index (CI) reveals that the socio-economic standing of households – as well as the urban/rural divide – are the main contributors towards this inequality. Wealthier people get better access to improved water and sanitation.

Finally, divisional GED-UNICEF consultations have pointed to a few supply sides bottlenecks in the WASH sector. One of the main reasons is a lack of coordination. For example, there is no coordination among government and private sector at district-level in WASH. The budget allocation for the financial year of 2019-2020 shows that the Haor tea garden, hill and coastal areas have no visible investment.

On top of all this, climate change and pollution together threaten to curtail development gains, while simultaneously posing a risk to child rights. Both adversely affect access to decent quality drinking water, continuity of education and children's nutrition and environmental health. There is a disproportionate impact on the poorest and most marginalized children. The Global Climate Risk Index 2019 ranks Bangladesh seventh among countries most affected by extreme weather events from 1998 to 2017, with more than 190 events affecting 37 million people (Eckstein et al., 2018). Bangladesh is also a country severely affected by pollution and other environmental health risks, with 28 per cent of all deaths attributed to diseases caused by pollution (compared with 16 per cent globally) (World Bank, 2018a). Children suffer disproportionately from air pollution: 6,000 deaths of children under the age of 15 in 2016 were attributed to poor air quality. A 10µg/m3 increase in PM2.5 is associated with a 9 per cent increase in infant mortality (Heft-Neal et al., 2018).

There are a few recommendations that stem from this chapter:

- Promote WASH sector coordination and harmonization of policies, particularly a joined-up approach towards tackling arsenic mitigation. This includes institutional capacity development and national and sub-national levels; and enhanced WASH coordination and response capacities in emergencies;

- Rebuilding the pipe water supply system is imperative, particularly when public taps have 55 per cent E. coli contamination and on-premise water can have 82 per cent contamination levels (WB, 2018);

- Undertake the national implementation monitor of water safety planning within a drinking water safety framework;
- Advocate for a review of the Government's standards for drinking water from 50ppb to 10ppb (WHO standard);
- Institutionalize systematic drinking water quality monitoring and surveillance in line with the sustainable development indicators for water supply, prioritizing Sylhet, Dhaka and Chittagong divisions;
- Implement the National Plan on Arsenic Mitigation in Drinking Water (2016 -2025), by developing action plans for priority areas in the country;
- Introduce a centrally treated surface water system;
- Give support for equitable resource allocation for hard-to-reach and water quality-challenged areas;
- Emphasize the need for Faecal Sludge Management and responsibility for personal hygiene. Currently national policies do not put as much emphasis on ensuring Faecal Sludge Management (FSM), hygiene, and awareness building in sub sectoral allocation;
- Build the capacity of the private sector to construct arsenic and microbiologically safe water points. This may seem like a tall order but please bear in mind that as most of the wells drilled in Bangladesh is are provided by private sector;
- Improve emergency preparedness, including the piloting of more disaster-resilient designs of water and sanitation facilities and strengthening of local-level capacity, coordination and preparedness mechanisms.

3.6. Equitable chance in life

The proportion of children aged 2 to 17 years with a functioning development difficulty in at least one identified domain is 7.3 per cent. The Global Climate Risk Index (2019) ranked Bangladesh seventh among countries most affected by extreme weather events during 1998-2017- with more than 190 such disasters affecting more than 37 million people (Eckstein, et al., 2018).

In addition to the sector-specific issues analysed in the chapters above, the most recent guidelines for preparing a SitAn involve cross-sectoral issues, which are noteworthy for analysis (UNICEF, 2019). In this Situation Analysis, a snapshot of the main issues and progress made in the following areas are detailed below:

A few important messages are given below :

Children in urban settings: Rapid urbanization in Bangladesh has placed a strain on the country's limited infrastructure and service resources. Among the urban population, findings from the Child Wellbeing Survey in Urban Areas (2016) indicates that living conditions, including health and nutrition outcomes, in urban slum areas are much worse than those in other urban areas. Most of the underlying causes on the demand side from high poverty rates, particularly in the urban slums. *This calls for a holistic approach to strengthen local government capacity and achieve the urban SDGs; it also underlines the need for strong local governance systems and institutions to engage with increasingly localised and privatized infrastructure and service delivery in areas like energy, water, sanitation and digital ICT services. Especial emphasis should go into children facing challenges due to distress migration.*

People living with a disability (PLWD) are among the most vulnerable groups in Bangladesh. The share of children aged 5 to 17 years with functioning difficulties is 8.2 per cent. Despite the progress, however, discrimination within the family, the community and the workplace remain at the core of most violations of the rights of children and young workers with disabilities. *This calls for socially inclusive services across sectors.*

Violence against women and girls (VAWG) is one of the most systematic, widespread human rights violations worldwide. It is a pandemic, embedded in unequal power dynamics between women and men that is reinforced by harmful social norms or

inequality in law and in practice. The Bangladesh parliament, in February 2019, reported that from January 2014 to December 2017, a total of 17,289 cases of women and child rapes were recorded throughout the country. The total number of victims in those cases was 17,389, of which 13,861 were women and 3,528 children. *This calls for gender-sensitive programming across sectors.*

Climate change: According to the Global Climate Risk Index 2019, Bangladesh has been ranked seventh among the countries most affected by extreme weather events during 1998-2017- with more than 190 events affecting more than 37 million people (Eckstein, et al., 2018). *This calls for climate resilience programming across sectors.*

Children in monetary and non-monetary poverty : HIES suggest that households with children are much more likely to be poor. The poverty distribution of families with children classified by age group, for both 2010 and 2016 as well as the poverty rates in households with children aged 0 to 7 years old are substantially higher than the national average. They are also higher than those households with children aged between 13 to 17 years old. It is therefore the case that children aged between 0-4 and 5-7 are most exposed to poverty, especially when compared to older children. Younger children are more likely to be undernourished and with fewer chances for human development. With regard to non-monetary poverty, using MICS 2019, around 54.7 per cent with 95% CI: 53.9% - 55.3% of the population was multidimensionally poor with cut-off value (k)=25). The average intensity of deprivation, which reflects the share of deprivations each poor person experiences on average, is 38.8 per cent. *This calls for higher investments in social sectors.*

Children and young women in garment factories : Of the estimated 4 million garment workers in Bangladesh, approximately 80 per cent are female. Studies suggest that nationwide some 15 per cent of women between the ages of 16 and 30 years work in this industry. The demographics of the labour force mean there is a strong need to ensure the basic rights of working women are met, and adequate mechanisms are in place to ensure the welfare of their families. Thus far, it has been argued that working conditions in the garment sectors impact children in 8 ways: inadequate maternity protection; challenges for breastfeeding; limited childcare options; poor health and nutrition of working mothers; low wages and long working hours; child labour in the informal sector; lack of decent living conditions; poor access to health services and education. *This calls for urgent attention and holistic approach to improve the situation.*

Children's online safety : The experience of cyber-bullying and violence can psychologically scar a child for life. There have been instances of an online encounter resulting in the killing of an innocent girl. A UNICEF Bangladesh survey, 2019 on children's online safety in Bangladesh, released on Safer Internet Day, shows that around 32 per cent of children, aged between 10- and 17-years face bullying, violence and harassment online. The study also revealed that 70 per cent of boys and 44 per cent of girls surveyed had accepted unknown people as friends on their social media lists, risking their safety. Even more worrying is that 63 per cent of the children use the internet unsupervised. This calls for urgent attention to increase the awareness level of duty bearers and adopt new policies on safer internet for children.

Fiscal decentralization: the level of fiscal decentralization in Bangladesh in comparison with other countries is low. Data from a sample of 16 developing countries and 26 developed countries shows that spending by local government institutions (LGIs) account for 19% of total government spending in developing countries and 28% for industrial countries as compared with only 7% in Bangladesh. Taxes similarly are heavily centralised in Bangladesh. Thus, sub-national government taxes account for 11.4% of total taxes in a sample of 16 developing countries and 22.7% in a sample of 24 industrial countries. In Bangladesh, it is only 1.6% of total government taxes. *This calls for decentralization in terms of funds, functions and functionaries.*

Conclusion and Way Forward

Bangladesh has made significant progress in its quest for growth, social and economic development. The high growth has resulted in an overall reduction of the monetary poverty rate. Estimated poverty and extreme poverty rates by BBS in 2018-19 are 20.5 per cent and 10.5 per cent. However, 40 million people are still poor in 2016. According to the latest Human Development Index, 2019, the country ranked 135th out of a total of 189 countries.

More importantly, demographically and economically, Bangladesh is rapidly changing. Around 35.6 per cent of the population is between the age of 0 and 17, accounting to 59 million people (MICS 2019). In 2019, the total dependency ratio (0-14 and 65+ per 15-64) for Bangladesh was 47.9 ratio. Total dependency ratio (0-14 and 65+ per 15-64) of Bangladesh fell gradually from 90.7 ratio in 1970 to 47.9 ratio in 2019. In order to maximize the demographic dividends, the focus must now be on interventions that help absorb new workers into productive jobs and also lay foundations for the second demographic dividend.

Looking at the results of the Bangladesh MICS 2019, and comparing them with those of the 2012-2013 MICS, the extent of the progress made by Bangladesh is clear to see in the areas of Health; Nutrition; Water, Sanitation and Hygiene; Education; and Child Protection. Examples include a decline in the under-five mortality rate; a decline in childhood stunting; an increase in availability of drinking water; an increase in access to and use of toilets; an increase in the net attendance ratio of children in primary and secondary schools and an increase in of birth registrations - among other equally encouraging developments. This progress is genuine, commendable and must be celebrated. It is the culmination of a tremendous efforts made by the country.

At the same time, there are areas where substantially more and rapid progress is required if Bangladesh is to continue its untrammelled rise into a thriving middle-income country. One of the key words in this regard is “quality”, for instance quality of education and quality of drinking water. Another key word is “protection”. Issues like child marriage and violence against children continue to be highly prevalent. There has by now been enough scientific evidence globally to shows that these issues perpetuate the vicious cycle of poor human development - leading to the continuation of poverty and disparity from one generation to another. It ultimately leads to less-than-optimal growth of the concerned countries.

There are potential areas where the Government needs to put additional investment in the upcoming eighth five-year plan 2021-2025 to overcome structural obstacles. These include the need for integrated systems, improved accountability mechanisms, and institutional strengthening at the national and sub-nation level. Particular attention needs to be paid to slums in major cities, the northern belt, the Chittagong Hill Tracts, the tea gardens in Sylhet and flood and salinity prone areas. The Haor areas, chars and islands areas, as well as cross-border and regional areas must also not be forgotten because they too face and resilience issues. Collectively, it will help the country to improve effective coverage of socio-economic services and ensure no-one is left behind if the implementation of the SDGs was accelerated in Bangladesh.

The evidence also reveals that wealth quintiles, a mother’s age at birth, the location of a residence, the education levels of household heads and outdated cultural norms often are the main predictors of disparities. Programme and intervention strategies should identify effective and holistic approaches to address inequalities, negative social norms and gender stereotypes early in childhood. Aim to shift unequal gender and power relations to establish a more equal society. Bangladesh cannot wait to invest in its children and youth to reap the demographic dividend, because there are only 14 years until this important window of opportunity closes. Increased investment to strengthen systems and build capacities at all programme levels are vital if the SDGs are to be successfully implemented.

General Economics Division (GED)
Bangladesh Planning Commission
Government of the People's Republic of Bangladesh
Sher-e-Bangla Nagar, Dhaka-1207
www.gedkp.gov.bd

unicef for every child

Social Policy, Evaluation, Analytics & Research (SPEAR)
UNICEF Bangladesh
UNICEF House, Plot E-30 Syed Mahbub Morshed Avenue, Dhaka-1207
www.unicef.org/bangladesh