UNDP Bangladesh

Millennium Development Goals

Bangladesh Progress Report 2008







Eradicate Poverty and Hunger

Achieve Universal Primary Education

Promote Gender Equality and Empower Women

Reduce Child Mortality

Improve Maternal Health

Combat HIV/AIDS, Malaria and Other Diseases

Ensure Environmental Sustainability

Develop a Global Partnership for Development

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

Millennium Development Goals

BANGLADESH PROGRESS REPORT 2008

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

"Support to Monitoring PRS & MDGs in Bangladesh" project is being implemented by General Economics Division, Planning Commission, supported by UNDP which strengthens the capacity of Government professionals to track and monitor PRS/MDG progress and estimate the costs of achieving MDG targets.

Millennium Development Goals
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General Economics Division, Planning Commission hereby extends special gratitude to UNDP Bangladesh for their technical support in finalizing this document through the project titled "Support to Monitoring PRS & MDGs in Bangladesh".

Message

Air Vice Marshal (Retd.) A. K. Khandker
Minister
Ministry of Planning
Government of the People's Republic of Bangladesh

I am happy to learn that the General Economics Division (GED) of the Planning Commission has prepared the 'Millennium Development Goals: Bangladesh Progress Report 2008' with assistance from the "Support to Monitoring PRS and MDGs in Bangladesh" Project. Bangladesh is committed to achieve the MDGs within stipulated timeframe. With this aim Government of Bangladesh integrated MDGs in the successive PRSPs. In pursuit of achieving the MDGs by 2015, the Government of Bangladesh has already initiated preparation of the Sixth Five-Year Plan (2011-2015) that will be completed on the terminal year of the MDGs.

This is the third Bangladesh MDGs progress report after 2005 and 2007. It reflects the progress achieved so far in the attainment of the MDGs in Bangladesh. The report shows that Bangladesh has been credibly moving forward in achieving the MDGs. It also highlights the challenges Bangladesh faces in attaining some MDGs targets. The report for the first time analyzed the MDG progress indicators at the sub-national level.

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

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

Foreword

'Millennium Development Goals: Bangladesh Progress Report 2008' is the third report on the progress monitoring of MDGs in Bangladesh after the years 2005 and 2007. The report is prepared with assistance from the "Support to Monitoring PRS and MDGs in Bangladesh" Project. The report for the first time also analyzed the MDG indicators at sub-national level.

The report puts together the status and trends in advancement of the MDGs in Bangladesh. It also indicates some challenges of achieving MDGs in several key areas such as in improving maternal health, retaining of students at the primary level to complete primary education, gender parity in tertiary education, quality issues in accessing safe drinking water and improved sanitation and the low use of information and communication technology.

The report captures the progress of the MDG indicators after the last mid-term MDG report of 2007. The report shows that Bangladesh has achieved remarkable progress in the areas of primary schooling, gender parity in primary and secondary level education, lowering the under-five mortality rate, reducing the incidence of communicable diseases and indicators on the environmental changes. The reduction of hunger and poverty are well posed to reaching their respective targets, provided macroeconomic stability, economic growth and employment creation trend remain stable in the remaining period.

At the sub-national level, it is found that there has been a disproportionate rate of poverty reduction and the poverty level of the coastal belt and *monga* prone areas remain a major concern, where more than half of the population live below the national poverty line. Low education completion rate was found in Rajshahi division, in particular the *monga* prone areas and the Padma-Jamuna-Brammaputra basin. In regard to the under-five mortality rate, more than one-third of the districts have already achieved the national target of 47 or less. Similarly, 20 districts have already achieved the national target having an IMR of 31 or less per thousand live births.

I hope that this report will provide valuable information and analysis on the MDGs achievements status in Bangladesh to all the stakeholders within the Bangladesh Government and among the development partners.

Prof. Dr. Shamsul Alam
Member
General Economics Division

Acknowledgements

'Millennium Development Goals: Bangladesh Progress Report 2008' is the third Bangladesh MDGs progress report prepared by the General Economics Division (GED), Planning Commission with the support of UNDP assisted project 'Support to Monitoring PRS & MDGs in Bangladesh'. The report for the first time attempts analyzing MDG progress indicators at the sub-national level in addition to updating the progress of national level MDG indicators.

The report is prepared through an extensive consultation process with the relevant Ministries/Divisions and the UN agencies. Dr. Sadananda Mitra, Research Analyst, Statistician and Monitoring Specialist, Support to Monitoring PRS and MDGs in Bangladesh prepared the first draft by accumulating and analyzing the data and finalized it by incorporating the feedbacks and comments generated by the consultation process with the stakeholders.

Dr. M. Golam Sarwar led the consultation process for the preparation of 'MDGs: Bangladesh Progress Report 2008' as National Project Director, 'Support to Monitoring PRS and MDGs in Bangladesh' and Mr. Kalyan Pandey, Project Manager, provided necessary managerial support.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BES	Bangladesh Educational Statistics
CBN	Cost of Basic Need
CFC	Chloro-fluro Carbon
CNS	Child Nutrition Survey
CPR	Contraceptive Prevalence Rate
DAC	Development Assistance Committee
DBM	Database Management System
DCI	Direct Calorie Intake
DGHS	Directorate General of Health Services
DHS	Demographic and Health Survey
DoE	Department of Environment
DoF	Department of Forest
DoPE	Department of Primary Education
DOTS	Directly Observed Treatment Short Course
DPHE	Department of Public Health & Engineering
EPI	Expanded Program of Immunization
ERD	Economic Relations Division
FAO	Food and Agricultural Organization
FIC	Fully Immunized Children
FDI	Foreign Direct Investment
FY	Fiscal Year
GED	General Economics Division
GDP	Gross Domestic Product
GoB	Government of the People's Republic of Bangladesh
GPI	Gender Parity Index
HCR	Head Count Rate
HIES	Household Income and Expenditure Survey

Acronyms

HIPC	Highly Indebted Poor Country
HIV	Human Immunodeficiency Virus
HNPSP	Health, Nutrition and Population Sector Program
ICD	International Classification of Diseases
ICT	Information and Communication Technology
IDU	Injecting Drug User
IEC	Information, Education and Communication
IEDCR	Institute of Epidemiology, Diseases Control and Research
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
Kcal	Kilo-calorie
LAS	Literacy Assessment Survey
LFS	Labour Force Survey
MDG	Millennium Development Goal
MDRI	Multilateral Debt Relief Initiative
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MoWCA	Ministry of Women and Children Affairs
MUAC	Middle Upper Arm Circumference
NER	Net Enrolment Rate
NGO	Non-Government Organization
NSAPR	National Strategy for Accelerated Poverty Reduction
NWDP	National Women's Development Policy
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
PESP	Primary Education Stipend Program
PPP	Purchasing Power Parity
SHP	Skilled Health Personnel
SVRS	Sample Vital Registration System
TB	Tuberculosis
TBA	Traditional Birth Attendant
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Program
WHO	World Health Organization

Millennium Development Goals: Bangladesh Progress at a Glance

→ = on Track, ↑ = will be achieved before 2015, ↓ = Not achievable by 2015

Goals, Targets and Indicators (revised)	Base year 1990/1991	Mid-Term report 2007	Current Status	Target by 2015	Status of progress
Goal 1: Eradicate Extreme Poverty & Hunger					**Goal will partially be met**
Target 1.A: Halve, between 1990 and 2015, the proportion of people below poverty line					
1.1 Proportion of population below national upper poverty line (2122 kcal), percent	56.6	40.0 (2005)	40.0 (2005)	29.0	→
1.2 Poverty Gap Ratio, percent	17.0	9.0 (2005)	9.0 (2005)	8.0	→
1.3 Share of poorest quintile in national consumption, percent	6.5	5.3 (2005)	5.3 (2005)	na	-
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.					
1.5 Employment to population ratio, percent	48.5	-	58.5 (2006)	for all	↓
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger.					
1.8 Prevalence of underweight children under-five years of age (6-59 months), percent	66.0	39.7 (2005)	47.8 (2005)#	33.0	
1.9 Proportion of population below minimum level of dietary energy consumption, percent	28.0	19.5 (2005)	19.5 (2005)	14.0	→
Goal 2: Achieve Universal Primary Education					**Goal will partially be met**
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling					
2.1 Net enrolment in primary education, percent	60.5	87.2 (2005)	91.1 (2007)	100	→
2.2 Proportion of pupils starting grade 1 who reach grade 5, percent	40.7	67.0 (2007)	52.0 (2007)	100	↓
2.3 Adult Literacy rate of 15+ years old population (proxy), percent	37.2	54.0 (2006)	56.3 (2007)	-	-
Adult Literacy rate of 15-24 years of population (Female), percent	-	-	69.9 (2006)	-	-
Goal 3: Promote Gender Equality and Empower Women					**Goal will probably be met**
Target 3.A : Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015					
3.1a Ratio of girls to boys in primary education (Gender Parity Index=Girls/Boys)	0.83	1.1 (2005)	1.08 (2007)	1.0	→

Millennium Development Goals: Bangladesh Progress at a Glance

Goals, Targets and Indicators (revised)	Base year 1990/1991	Mid-Term report 2007	Current Status	Target by 2015	Status of progress
3.1b Ratio of girls to boys in secondary education (Gender Parity Index= Girls/Boys)	0.52	1.0 (2005)	1.08 (2006)	1.0	→
3.1c Ratio of girls to boys in tertiary education (Gender Parity Index= Girls/Boys)	0.37	0.56 (2005)	0.61 (2006)	1.0	↓
3.2 Share of women in wage employment in the non-agricultural sector, percent	19.1	-	14.6 (2005)	50	↓
3.3 Proportion of seats held by women in national parliament, percent	12.7	14.8 (2006)	19.0 (2009)	33	→
Goal 4: Reduce Child Mortality			**Goal will be met**		
Target 4.A: Reduce by two-third, between 1990 and 2015, the under-five mortality rate.					
4.1 Under-five mortality rate (per 1000 live births)	146	62 (2006)	60 (2007)	48	→
4.2 Infant mortality rate (per 1000 live births)	92	45 (2006)	43 (2007)	31	→
4.3 Proportion of 1 year-old children immunized against measles, percent	54	87.2 (2006)	88 (2006)	100	→
Goal 5: Improve Maternal Health					
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.					
5.1 Maternal mortality ratio, per 100,000 live births	574 (1990)*	290 (2006)	351 (2007)	144	↓
5.2 Proportion of births attended by skilled health personnel, percent	5.0	20 (2006)	18.0 (2007)	50	↓
Target 5.B: Achieve, by 2015, universal access to reproductive health.					
5.3 Contraceptive prevalence rate , percent	39.7	58.1(2004)	59.0 (2007)	-	-
5.4 Adolescent birth rate, per 1000 women	77	-	59 (2007)	-	-
5.5a Antenatal care coverage (at least one visit), percent	27.5 (1993)	-	60.3 (2007)	100	will be close
5.5b: Antenatal care coverage (at least four visits), percent	5.5 (1993)	-	20.6 (2007)	100	↓
5.6 Unmet need for family planning, %	19.4 (1993)	-	17.6 (2007)	-	-
Goal 6: Combat HIV/AIDS, malaria and other diseases					
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS					
6.1: HIV prevalence among population (per 100,000 population)	0.005	-	0.319 (2007)	Halting	→
6.2: Condom use rate, percent		-	4.5 (2007)	no target	Low use
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, percent		-	15.8 (2006)	-	Low knowledge

Millennium Development Goals: Bangladesh Progress at a Glance

Goals, Targets and Indicators (revised)		Base year 1990/1991	Mid-Term report 2007	Current Status	Target by 2015	Status of progress
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases						
6.6a	Prevalence of Malaria per 100,000 population	43 (2000)	34 (2005)	59 (2008)	Halting	→
6.6b	Death rate associated with Malaria per 100,000 population	0.37 (2000)	0.35 (2005)	0.11 (2008)	Halting	→
6.7	Proportion of Children under-5 sleeping under insecticide treated bed nets [13 Malaria prone districts] percent	-	-	89 (2008)	-	→
6.9a	Prevalence of TB per 100,000 population	264 (1990)	406 (2005)	225 (2007)	Halting	→
6.9b	Death rate associated with TB per 100,000 population	76 (1990)	47 (2005)	45 (2007)	Halving	→
6.10a:	Detection rate of TB under DOTS, percent	21 (1994)	71.1(2005)	73 (2007)	Sustain	→
6.10b:	Cure rate of TB under DOTS, percent	73 (1994)	91.5(2005)	91(2006)	Sustain	→
Goal 7: Ensure Environmental Sustainability						
Target 7.A:	**Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources**					
Target 7.B:	**Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**					
7.1:	Proportion of land area covered by forest (percent) (tree coverage)	9.0	-	19.2 (2007) Tree density >10%)	20.0 Tree density >70%	→
7.2:	CO_2 emissions, metric tons per capita	0.14	0.3 (2006)	0.30 (2007)		Low mission
7.3:	Consumption of ozone-depleting CFCs in metric tons	195	196.2 (2006)	155 (2007)	0	→
7.4:	Proportion of fish stocks within safe biological limits					In sufficient data
7.5:	Proportion of total water resources used, percent		-	6.6 (2000)		In sufficient data
7.6:	Proportion of terrestrial and marine areas protected, percent	1.64	-	1.68 (2007)	5.0	↓
7.7:	Proportion of species threatened with extinction					In sufficient data
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation						
7.8:	Proportion of population using an improved drinking water sources, percent	89.0	-	97.8 (2007)	100	→
7.9:	Proportion of population using an improved sanitation facility, percent	21.0	-	39.2 (2006)	60	

Millennium Development Goals: Bangladesh Progress at a Glance

Goals, Targets and Indicators (revised)	Base year 1990/1991	Mid-Term report 2007	Current Status	Target by 2015	Status of progress
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.					
7.10: Proportion of urban population living in slums, percent		-	7.8 (2001)		In sufficient data
Goal 8: Develop a Global Partnership for Development					
Target 8.A: Developed further an open, rule-based, predictable, non discriminatory trading and financial system					
Target 8.B: Address the special needs of the least developed countries					
Target 8.C: Address the special needs of landlocked developing countries and small developing states					
Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term					
8.1a: Net ODA received by Bangladesh (million US$)	1240	110 (2006)	96.1 (2007-08)	-	-
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI	5.7	0.2 (2006)	0.2 (2006)	-	-
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, percent		42 (2005)	42 (2005)	-	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh) , percent		82 (2005)	82 (2005)	-	-
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from developing country (Bangladesh), percent		12-16 (2006)	12-16 (2006)	-	-
8.12: Debt service as a percentage of exports of goods and services, percent	20.9	8.8 (2005)	7.9 (2007)		→
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.					
8.14: Telephone lines per 100 population	0.2	13.6 (2006)	0.92 (2008)	—	Low users
8.15: Cellular subscribers per 100 population			30.8 (2008)	-	
8.16: Internet users per 100 population	0.0	0.2 (2006)	3.4 (2008)	-	Low users

Note: # recalculated based on WHO child growth standard, Estimated by the Government,

Source: Indicators 1.1, 1.2, 1.3 & 1.9 (HIES, 2005); Indicator 1.5 (LFS, 2006); Indicators 1.8 (CNS, 2005); Indicators 2.1, 2.2 (DPE, 2007); Indicator 2.3 (SVRS, 2007); Indicator 2.3a (MICS, 2006); Indicators 3.1 (BANBEIS), Indicator 3.2, 3.3 (Year Book, BBS); Indicator 4.1, Indicator 4.2 (SVRS, BBS); Indicator 4.3(MICS,BBS); Indicator 5.1, Indicator 5.3, Indicator 5.4, Indicator 5.6 (SVRS, 2007); Indicator 5.2, Indicator 5.5 (DHS); Indicators 6.1, 6.6 (DG Health), 6.9, 6.10 (NTP, DG Health); 6.2 (SVRS, BBS), 6.3 (MICS, BBS); Indicators 7.1, 7.6 (DoF); 7.2., 7.3 (DoE); 7.8, 7.9 (DPH); 7.10 (Pop Census, BBS); Indicators 8.1, 8.2, 8.12 (ERD), 8.14 (BBS), 8.14, 8.15, 8.16 (BTRC).

Executive Summary

The MDG Progress Report of Bangladesh (2008) contains the status of the revised indicators, their estimated values for 2015, the inherent challenges and the supportive environment required to meet the targets. In addition, regional scenarios are also highlighted using maps and multifaceted graphs that indicate the progress achieved. The current trend indeed indicates progress as Bangladesh is well on track in achieving the MDG targets in the areas of hunger (Goal 1), net enrolment in primary education (Goal 2), gender parity in primary and secondary education (Goal 3), reducing child mortality and improving immunization coverage (Goal 4), rolling back malaria and controlling tuberculosis (Goal 6), and improved drinking water supply (Goal 7).

Apart from these achievements, the areas in need of attention are poverty reduction and employment generation (Goal 1), increases in the primary school completion rate and adult literacy rate (Goal 2), creation of more wage employment for women (Goal 3), reduction of the maternal mortality ratio and increase in the presence of skilled health professionals at delivery (Goal 5), increase in correct and comprehensive knowledge of HIV/AIDS (Goal 6), increase in forest coverage (Goal 7), and coverage of Information and Communication Technology (Goal 8).

The Head Count Rate (HCR) of the incidence of poverty, using the upper poverty line, has been declining at an annual rate of 3.6 per cent in Bangladesh during 2000 to 2005. If this trend continues, the MDG target of 29 per cent would be achieved by 2015. The rural-urban disparity in the poverty level has also been declining in the country. In addition to the level of poverty, the poverty gap also shows improvements irrespective of the place of residence. There is a reduction in the poverty gap in both rural and urban areas with no disparity expected at the terminal year of 2015. The incidence of hardcore poverty (those who consume less than 1805 kcal per day) is declining. In rural areas, at the present trend, the target will be achieved by 2010. If the present trend continues, 11 percent of the people in rural areas will be below the minimum level of dietary energy consumption in 2015 against the target of 14 percent. District level poverty data indicate that one-third of the districts, mostly from the central part of Bangladesh, have already achieved the MDG target, i.e. they have a poverty level of less than 30 per cent. On the contrary, most of the coastal districts and districts from *monga (drought)* prone areas are still carrying a high burden of poverty, with more than half of their population below the poverty line.

There has been slow growth of the employment rate at the national level. In 2006, the adult employment rate was 58.5 percent. The average annual growth rate of adult employment for the last six years was only 1.1 percent. The estimated national adult employment rate will be 65 percent in 2015, while the target is employment for all. A low female employment rate holds back the total employment rate. The prevalence of underweight children was 48 percent at the national level in 2005.

The declining trend of underweight children in urban areas was faster than that of rural areas, but is not fast enough to reach the 2015 target. The best fitted trend (exponential) shows that the prevalence of underweight children at the national level will be 36.5 percent in 2015 against the target of 33 percent.

The challenges under Goal 1 include the increasing income inequality and the low economic participation of women in the country. There is a need for regional planning and compatible interventions to focus on the marginalized population, especially in the coastal belt and *monga*-prone areas. The government vision of higher pro-poor growth to address these challenges is well documented in the 'Moving Ahead: National Strategy for Accelerated Poverty Reduction II (FY09-FY11)'. It includes some of the priority areas such as macroeconomic stability, the savings rate, high export growth, remittance flows, rural non-farm activities, etc. The coverage of the safety net programs has also been scaled up among the marginal and vulnerable population in the rural and urban areas. There is a plan to introduce a rationing system for the extremely poor. These activities are conducive to alleviating hunger from the country.

Out of the three indicators under Goal 2, the net enrolment rate in primary education is on track and the target will be achieved before 2015. The net enrolment ratio in 2007 was more than 91 percent, with dominance of girls' enrolment. If this trend continues, complete coverage in primary enrolment will be achieved within 2010. There was slow progress in the completion rate of primary education, while the baseline rate was only 40 percent. The completion rate of primary education for boys was less than 49 percent in 2007. In 2015, two-third of the school-going children will complete their primary education. The completion rate varies disproportionately across the country. It was very poor in Rajshahi Division, with a higher dropout rate in the *monga*-prone areas and in the Padma-Jamuna-Brahmaputra basin. The completion rate was comparatively better in Khulna and Barisal Divisions. A higher completion rate (more than 60 percent) was found in 15 districts in the southern areas of Bangladesh. The 15+ year literacy rate, a proxy indicator of the youth literacy rate (15 -24 years), shows that 56 percent of the people were literate in 2007. The adult male literacy rate was 63 percent, whereas the adult female literacy rate was 54 percent.

The challenges under Goal-2 include attaining the targets of primary education completion rate and the adult literacy rate. Poverty leads to student absenteeism in general due to the high opportunity cost and other hidden costs of attending school. A significant number of students are from the marginal and vulnerable classes in rural areas, urban slums, coastal and tribal areas. A large part of the physically and mentally retarded children remains out of the schooling system. Quality of education is also a challenge at primary education, in particular for the public schools. There are varieties of actions that have been taken by the government at the program and policy levels in order to retain students in the schools. The ongoing interventions include programs to retain students in the schools, the food for education program, the female scholarship scheme at the primary and secondary levels, etc. NSAPR II also focuses on supporting the modernization and improvement of the institutional facilities.

Goal 3 deals with gender parity. Bangladesh has already achieved gender parity in primary and secondary education at the national level. In 2007, girls' representation was even more than that of the boys (52:48) at the primary level. Similarly, the girls-boys ratio at the secondary level in 2006 was

52:48. This positive development has occurred due to some public sector interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, the stipend scheme for girls at the secondary level, etc. Gender parity at the tertiary level is now also close to unity. In 2006, the male- female ratio was 62:38 in the tertiary level enrolment in the public universities, colleges under the National University and the technical universities/colleges. The estimated trend shows that male-female ratio will be 55:45 in 2015. Low female enrolment in science education has resulted in a high gender disparity at the tertiary level.

There was a sharp increase in the number of women parliamentarians elected in the most recent general elections (2008). The total number of women parliamentarians in the present national assembly is 64 (19+45), or 19 percent of the total seats. Wage employment for women in Bangladesh is still very low. Only one woman out of every seven is engaged in wage employment in the non-agricultural sector. To cope with the gender challenges, NSAPR II has followed a two-pronged approach for women's advancement to create a society where men and women will have equal opportunities in all spheres of life. There are interventions, which create a congenial environment for achieving gender parity in education, such as the female students' stipend programs at the primary, secondary and higher education levels, setting up of a women's institute, etc.

There was a remarkable reduction of the under-five mortality rate in Bangladesh since 1991. In 2007, the under-five mortality rate was 60, which in fact is a three-fifths reduction from the base year (1991). If this trend continues, the under-five mortality rate will reach a number even below the target within another couple of years. A similar trend was found in the case of the infant mortality rate (IMR). District level data show that 24 districts in the western region have already achieved the national target with an under-five mortality rate of 47 or less. Similarly, 20 districts have already achieved the national target, having an IMR of 31 or less per 100,000 live births. High immunization coverage is one of the factors responsible for the improvement in the reduction of child mortality in the country. There are some lagging districts concerning child mortality, which need special interventions to reach the target uniformly by 2015. Under the Health, Nutrition and Population Sector Program (HNPSP), there are comprehensive interventions for reducing child mortality in the country.

Most of the indicators for achieving the targets under Goal 5 are not on track. The maternal mortality data from the Sample Vital Registration System (SVRS) of 2007 shows that there was a remarkable decline in the maternal mortality ratio (MMR) from 574 in 1990 to 391 in 2002. However, in recent years, it has not been declining at the desired level, making it difficult for Bangladesh to achieve the target by 2015. The MMR in Bangladesh is one of the highest in South Asia. The presence of low-skilled professionals at the time of delivery still continues, along with low institutional delivery. Some other challenges in maternal health are low antenatal care received (4+ visits), high adolescent fertility and the overall traditional mindset about childbirth. Poor maternal health condition requires significant attention immediately to achieve Goal 5, i.e. to improve maternal health. HNPSP implements comprehensive programs to improve the health condition of mothers including adolescent girls in order to ensure universal access to reproductive health by 2015.

Bangladesh has performed well in halting communicable diseases (HIV/AIDS, malaria and tuberculosis), which are under Goal 6. HIV/AIDS data show that the prevalence of HIV infections

among adults is now 0.32 per 100,000 population and it is estimated that it will be 1.3 per 100,000 population by 2015. The disease is at an epidemic stage among the Injecting Drug Users (IDUs) in the large cities. Similarly, the prevalences of malaria and tuberculosis show that the country will be able to halt the two diseases by 2015. In 2008, the prevalence of malaria was 59 per 100,000 population in Bangladesh and the prevalence of tuberculosis was 225 per 100,000 population in 2007. There was a significant improvement in the reduction of malarial deaths in the country over the years. Ninety-nine percent of the population of the country has been brought under directly observed treatment of tuberculosis since 2003, which has pushed the TB detection and cure rate very high. The low condom use rate and poor comprehensive knowledge of HIV/AIDS among youths (16 percent in 2006) increase the risk factors for contracting HIV/AIDS.

Almost half of the area of Bangladesh has some kind of tree coverage. Approximately 19.2 percent of the land has tree cover of 10 percent and above, which is considered as the forest coverage of the country. It is estimated that the target of high-density tree coverage of the country (20 percent) will be achieved by 2015. Carbon dioxide and CFC emissions by Bangladesh are very low. The population using safe drinking water is 82 percent in the urban and 72 percent in the rural areas if arsenic contamination is not taken into consideration. Access to improved sanitation covers 39.2 percent of the population in the country. However, access to safe water for all is a challenge, as arsenic and salinity have drastically reduced safe water availability. NSAPR II has delineated the policy issues and strategies to ensure the environmental sustainability of the country.

The data show that the net ODA inflow into Bangladesh has gone down from US$ 1146.2 million in 1990-91 to US$ 96.1 million in 2007-08. The debt services as percentage of exports goods and services was reduced 1.74 percent annually during 2000-2007. The number of Information and Communication Technology (ICT) users is low in the country, as only three internet connections were available per 100 population in 2008. The present government has taken holistic initiatives to promote ICT by taking positive steps such as tax and import duty cuts on computers, promoting ISP services, etc. in order to improve the situation. There needs to be infrastructural development and technology transfer throughout the country to diffuse ICT knowledge to even the remote regions of the country. The present government has been taking interventions to promote ICT among all spheres of people, including the population in hard-to-reach areas, in order to fulfill the government vision of a ***'Digital Bangladesh"*** by 2021.

Developed countries have so far failed to perform their responsibility to address the problem of unfair trade and global financial system; providing 0.7 per cent ODA of their GNIs; and transferring new technologies for productive youth employment in developing countries to achieve MDG 8. Developed countries should come forward and assist the least developed countries in exploiting potentials of international trade and should fulfill their obligation as signatories to the MDGs.

CHAPTER 1

INTRODUCTION

Introduction

1.1 Background

The universal dream of improving the quality of life globally embedded in eight thrust areas was translated into the Millennium Development Goals (MDGs) and mandated by the United Nations (UN) in September 2000. The goals represent a global partnership that emerged from the commitments and targets established by the community of nations. Responding to the challenges, the goals promote poverty reduction, education, gender, child and maternal health, combating HIV/AIDS and other diseases. Numerical global targets are set for each goal to be achieved by 2015 and are to be monitored through a set of indicators. As articulated in the Millennium Declaration, the MDGs are the benchmarks of development progress, based on such fundamental values such as freedom, equity, human rights, and peace and security. This declaration gives people the power to claim fundamental human rights as the right to food, education, health and shelter, along with dignity and economic emancipation.

The international community again reiterated their commitment to uphold the initial declaration in September 2008 under the leadership of the UN. Governments and civil society groups called for actions slashing poverty, hunger and disease by 2015. They also urged setting up concrete plans and practical steps for action, along with adequate resources.

Bangladesh as a member state has a commitment to achieve the MDGs within the stipulated timeframe; action plans were prepared, reflecting the MDG strategies. The first Poverty Reduction Strategy Paper (PRSP) or the National Strategy for Accelerated Poverty Reduction (NSAPR), the Mid-Term Budgetary Framework (MTBF) and the ADPs (Annual Development Programs) have also been tuned to the MDGs. The most recent poverty reduction strategy paper (NSAPR II) adopted a holistic approach to reduce poverty and improve other social indicators to achieve the MDGs, with special attention provided to the areas in which the country is lagging behind.

Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Historical Arena of MDG progress reports

MDG progress reports are being published at a regular interval in Bangladesh by the government, UN bodies and non-government organizations (NGOs) since 2005. The first report was prepared

jointly by the Government of Bangladesh and United Nations Country Team (UNCT), Bangladesh and highlighted the situation analysis by the targets and the pertinent challenges for achieving the goals. In 2007, the General Economics Division (GED) of the Planning Commission prepared the "MDG: Mid-Term Bangladesh Progress Report 2007."

The first report examined the institutions and service delivery models for combating hunger, disease, reducing child and maternal mortality, etc. It mentioned that Bangladesh can meet most or all of the MDG outcomes by improving the accountability and transparency of basic services and harnessing the working cohesion in the partnerships among the three major stakeholders, namely the national government, the local governments and the NGOs. The second report gave an account of the mid-way progress of the MDGs in Bangladesh. It demonstrated that Bangladesh would be achieving most of the MDGs by 2015 with the current trend of indicators. It shows that Bangladesh will achieve the target in the areas of hunger, child malnutrition, net enrolment in primary education, gender parity in primary and secondary education, child mortality, access to safe drinking water, and improved sanitation coverage.

1.2 Objective of the MDG progress report

The report provides the latest status of the MDGs indicators. The broad objective of the report is to track the indicators based on the current information and help the stakeholders to adopt interventions to achieve the MDGs. In addition, the report captures the estimated trends, regional variations, challenges and existing supportive environment for attaining each goal.

1.3 Methodology

A central data repository for the monitoring of MDGs has been created based on a Database Management System (DBM) with the adoption of DevInfo with the support of SPSS and macro-enabled Excel. DBM deals with gathering information, creation of a database with the proper software, provision to update the database, linking it with the associated software in analyzing data and presentation of the data through appropriate tools (tables, graphs, charts, maps). DevInfo is a database for monitoring socio-economic development through a proper set of indicators. The database contains indicators organized by time periods, geographic areas and sources of data. It provides a method to organize, store and display data in a uniform format to facilitate data sharing at the country level across government departments, the local level and UN agencies using the same system. It may be mentioned that the MDG indicators have been revised by the UN and are effective as of January 2008.[1]

The report contains the secondary data of the national level sample surveys collected from the relevant stakeholders. It shows the current status, baseline data, estimated figures based on present trends and the targets by each indicator. In addition, the regional pictures, challenges and the supportive environment to address the pertaining issues are presented at the end of each goal.

[1] UN website : http://mdgs.un.org/unsd/mdg/Default.aspx

CHAPTER 2

TRACKING THE INDICATORS

Goal 1

Eradicate Extreme Poverty and Hunger

Eradicate Extreme Poverty and Hunger

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

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

Indicators

1.1 Proportion of population below the national upper-poverty line (2122 kcal)

1.2 Poverty Gap Ratio

1.3 Share of poorest quintile in national consumption

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

Indicators

1.4 Growth rate of GDP per person employed

1.5 Employment-to-population ratio

1.6 Proportion of employed people living below $1 (ppp) per day

1.7 Proportion of own-account and contributing family workers in total employment

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

Indicators

1.8 Prevalence of underweight children under-five years of age

1.9 Proportion of population below minimum level of dietary energy consumption

Status and Trends

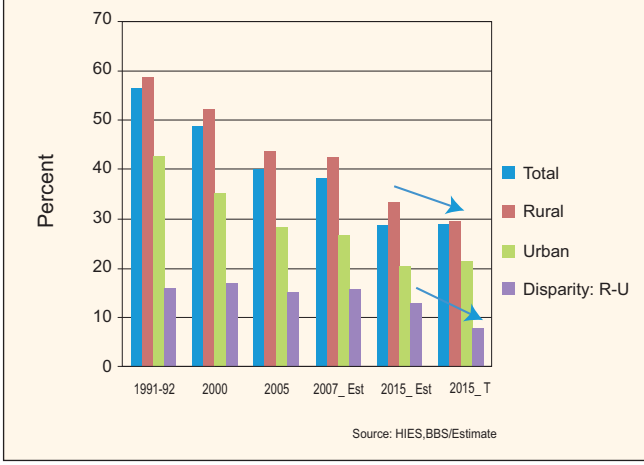
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Indicator 1.1: Proportion of population below the national upper-poverty line (2122 kcal)

The proportion of the population below the national poverty line is a proxy indicator under Goal 1 because of non-availability of data on those who earn $1(PPP) per day. The Household Income and Expenditure Survey (HIES) of BBS has been providing data on the incidence of poverty by calculating the expenditure method (cost of basic needs). The Head Count Rate (HCR) of the incidence of poverty, which uses the upper poverty line, has been declining since the 1990s in Bangladesh. If the present trend continues (3.6 percent annual reduction between 2000-2005), the estimated poverty level in 2015 would be less than 30 percent, equal to the MDG target. Using the linear relation, estimated poverty in 2008 was 37 percent.

Figure 1.1 also shows the steady fall in the poverty incidences in urban and rural areas at different rates. The extrapolated estimate in the year 2015 demonstrates that urban poverty will fall below the target level. The proportional increase in the labor force, increases in remittances and a decline in family size have all contributed to a significant fall in urban poverty.[2]

Fig 1.1: Proportion of population below upper poverty line



Source: HIES,BBS/Estimate

However, the present rate of poverty reduction (3.2 percent annually over 2000-2005) for the rural areas is not sufficient for reaching the target by 2015. In order to reach the target, there needs to be an accelerated pro-poor growth rate to ensure a poverty reduction rate of 3.26 percent annually for the remaining period (2008-2015). This emerges as a serious challenge for the policy-makers to initiate a holistic approach to reduce rural poverty.

The rural-urban gap in the poverty level has been decreasing since 1990. The initial gap has declined from 16 percent in 1991 to 15 percent in 2005 and a lower gap of 8 percent is expected at the terminal year, provided that the present trend continues.

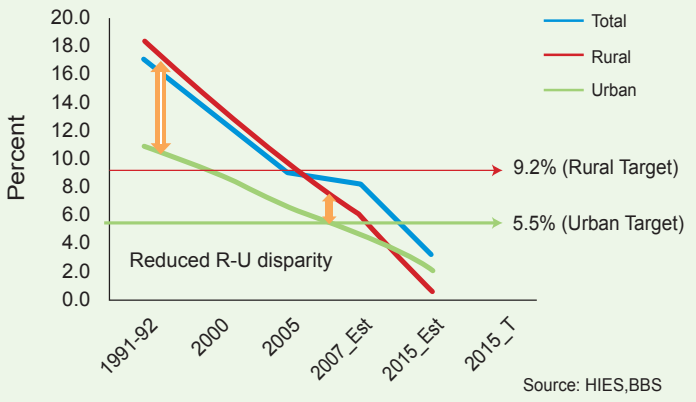
Recent shocks to the Bangladeshi economy in the form of natural disasters and rising food prices have partially dampened the rapid progress in reducing poverty. The year 2007 saw two natural disasters, floods and a devastating cyclone, within a few months of each other. Another significant shock has been the steep rise in food prices, including in the price of the main staple, rice, which has revealed the risk posed by global price volatility for a net food-importing country like Bangladesh. Estimates suggest that the impact of the food price shock has likely negated some of the reduction in poverty brought about by economic growth between 2005 and 2008.[3]

[2] GOB, 2008." Moving Ahead: NSAPR II (FY 2009-11)". GED, Planning Commission.
[3] World Bank, 2008. "Poverty Assessment for Bangladesh: Creating Opportunities and Bridging the East-West Divide".

Indicator 1.2: Poverty Gap Ratio

The Poverty Gap Ratio is the mean distance separating the population from the poverty line, expressed as a percentage of the poverty line and gives an idea of the resources needed to bring the poor above the poverty line. The poverty gap measures show improvements in poverty reduction. The ratio has declined from 17 percent (1991) to 9 percent (2005), which is very close to the target (8 percent) for 2015. The estimate for the year 2007 is below that target.

Fig 1.2: Poverty Gap Ratio



There is a sharp reduction in the poverty gap in both rural and urban areas, with no disparity at all at the terminal year (2015). The rural gap has declined from 18 percent to 9 percent during 1991-2005 and a similar rate of decline is visible for urban areas as well. The rate of decline in the poverty gap is higher than that of the head count rate. It indicates a greater improvement among the poor at the lower income level, taking them closer to the poverty line. The rural urban gap in 1991 was 7 percent and in 2007(estimate), it was 1 percent.

Indicator 1.3: Share of poorest quintile in national consumption

The Household Income and Expenditure Survey 2005 shows that the share of the poorest quintile in national consumption was only 5.3 percent. In 1991, the share of national consumption for this quintile was 6.2 percent. The increased Gini coefficient from 2000 (0.45) to 2005 (0.47) demonstrates that income inequality is increasing with a slight concentration of income to the higher income groups.[4] If this inequality trend continues, the share of national consumption for the poorest quintile in 2015 will be less than 5 percent.

The share of the poorest quintile for the rural and urban areas was 5.9 percent and 4.8 percent respectively in 2005.

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

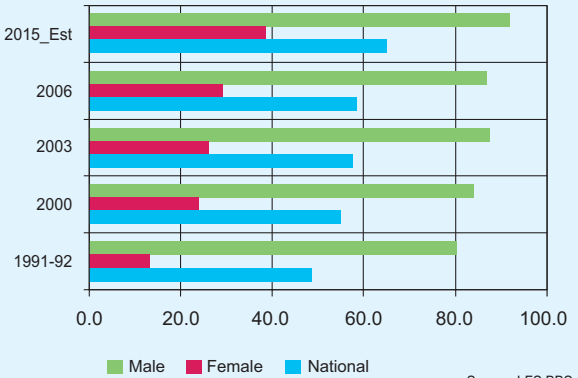
Indicator 1.5: Employment to population ratio

This indicator was a new inclusion in 2008. It demonstrates the refined activity rate in the country. The employment rate shows that there is slow growth of economic activity at the national level.

[4] BBS, 2007." Report of the Household Income & Expenditure Survey, 2005". Dhaka, Govt. of Bangladesh. PP-28

In 2006, the refined activity rate was 58.5 percent. The average annual growth rate for the last six years was 1.1 percent. The estimated national employment rate will be 65 percent in 2015, while the target is "*employment for all*". A lower female employment rate retards the total rate, although the female employment rate has increased with higher growth in recent years (3.7 percent annual average). In 2006, 29 percent of women were employed among the economically active women, while 87 percent of economically active men were employed in 2006.

Fig 1.3: Employment to Population Ratio (Percent)



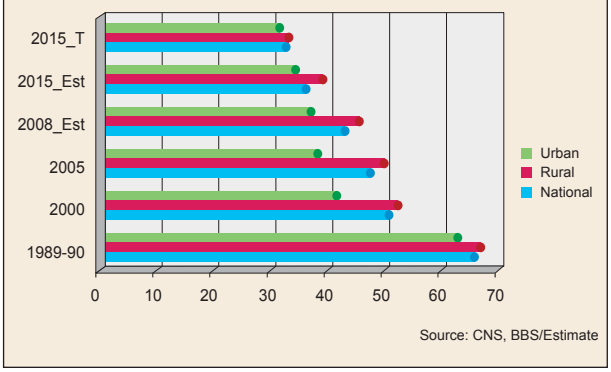
The current trend shows that the estimated male employment rate (92 percent) in 2015 would be very close to the target of 100, while the female employment would be around 40 percent. There was no significant rural-urban disparity in the employment rate and there needs to be equal emphasis to create employment for both the rural and urban areas, with more attention to employment generation for women.

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

Indicator 1.8: Prevalence of underweight children under-five years of age

The Child Nutrition Survey provided data on underweight children (6-59 months) based on a revised methodology (NCHS 1977 GRS). The prevalence of underweight children was 48 percent at the national level in 2005. The declining trend of underweight children in urban areas was faster than that of rural areas, but not enough to reach the target level. The best-fitted trend (exponential) shows that the prevalence of underweight children at the national level will be 36.5 percent in 2015, which is close to the target (33 percent). Data from DHS, 2007 based on the revised calculation (WHO Child Growth Standard) shows that the prevalence of underweight children in Bangladesh in 2004 and 2007 was 43 percent and 41 percent, respectively.

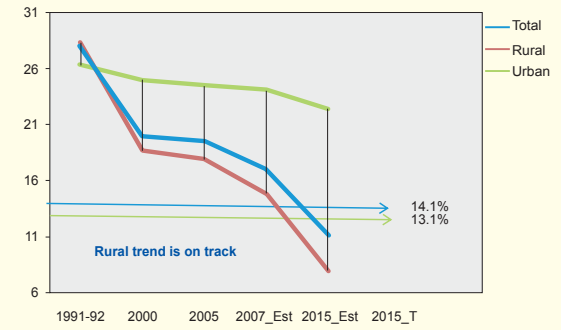
Fig 1.4: Prevalence of Underweight Children (Percent)



Indicator 1.9: Proportion of population below minimum level of dietary energy consumption

The level of dietary energy consumption provides information about the proportion of the population living in hardcore poverty, i.e. those who consume less that 1805 kcal per person per day. There was a downward trend during the past few years and the volume of hardcore poverty is declining. Except for urban areas, the target will be achieved by 2010. If the present trend continues, 8 percent of the people in the rural areas will be below the minimum level of dietary energy consumption in 2015 against the target of 14 percent.

Fig 1.5: Population with minimum level of diatary consumption

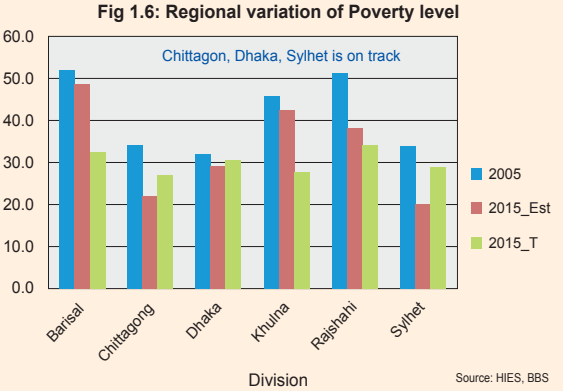


Source: HIES, BBS/Estimate

Regional Picture

Data of the divisional level show a disproportional reduction of poverty in the recent past, with both macro and regional effects. The trend shows that with the current reduction rate, three divisions (Dhaka, Chittagong and Sylhet) will reach the poverty reduction target in 2015, while Barisal, Rajshahi and Khulna divisions are lagging in poverty reduction. Paradoxically, in Rajshahi, the urban poverty level has been increasing over the years. Rural-urban migration by the marginal classes could be one of the causes of this trend.

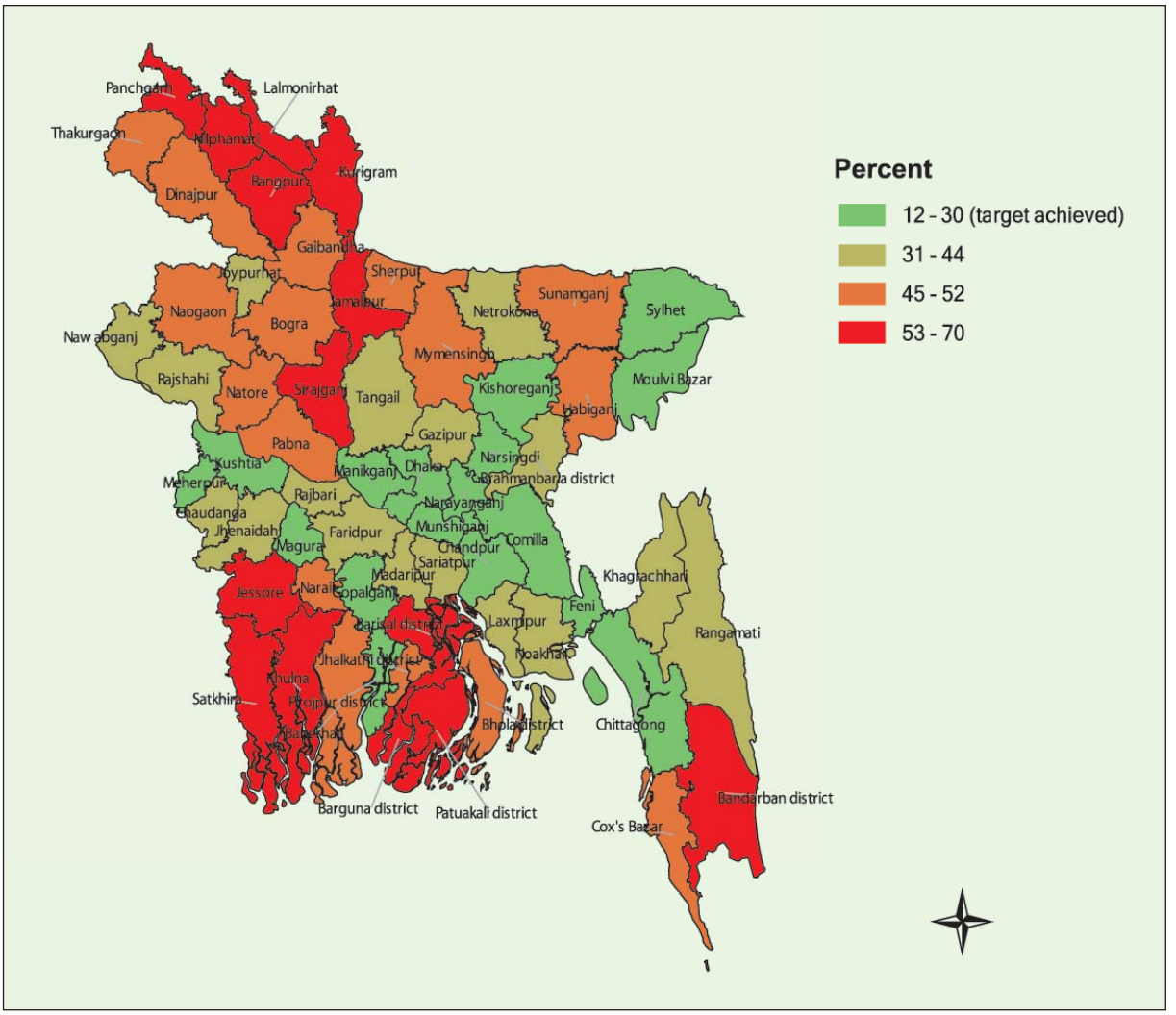
Fig 1.6: Regional variation of Poverty level



Source: HIES, BBS

Natural disasters, low productivity of land and rural employment, the surplus agricultural labor force in rural areas, etc are the push factors of high rural-urban migration in this region. The poverty map (Map-1.1) shows that one-third of the districts, mostly from the central part of Bangladesh, have already achieved the MDG target i.e. they have decreased their poverty level to less than 30 percent. On the contrary, most of the coastal districts and districts from the *monga (drought)*-prone areas (greater Rangpur district) are still carrying a high burden of poverty, with more than half of their population living below the poverty line.

Map 1.1: Population below the poverty line in the districts of Bangladesh, 2005



Source: HIES 2005/ WB 2009

Challenges

The country is moving ahead with moderate and steady economic growth over recent years with pro-poor growth strategies. Poverty indicators show that there was regional disparity in the poverty reduction rates. The major challenges are increasing income inequality and the low economic participation of women in the country. There is a need for regional planning and compatible interventions to focus on the marginalized population, especially in the coastal belt and *monga*-prone areas.

Supportive Policy Environment

The Government of Bangladesh has a vision of higher pro-poor growth; this is well documented in NSAPR II (FY09-FY11). It includes some of the priority areas including macroeconomic stability, the savings rate, high export growth, remittance flows, rural non-farm activities, etc. The coverage of the safety net programs have been scaled up among the marginal and vulnerable population in the rural and urban areas. There is a plan to introduce a rationing system for the extreme poor. These activities are conducive to relieving hunger from the country.

Box-1.1: Countrywide Safety Net program

Ms. Rabeya Aktar (left in below photo), D/O Mrs. Asma Akter and Ms. Mafia Aktar Kona (right in photo), D/O Mrs. Ruma Aktar have been studying in Routkona Primary school in Kapasia Upazila, Gazipur. Both of the students have been getting stipends from the Primary Education Stipend Program (PESP) under the safety net program of the government. They reported that the hundred taka monthly stipend sensitized them to go to the school regularly and also helped them with some monetary benefits. They vowed to complete their education and wanted to be established in society in the future so that they can help their families to overcome poverty.

At a Glance: Goal 1

→ = on Track	↑ = will be achieved before 2015/already achieved	↓ = Not achievable by 2015				
Indicator		**Base Year 1991**	**Current Status**	**Estimate_ 2015**	**Target 2015**	**Remark**
1.1 Proportion of population below the national Upper-poverty line		56.6	40.0 (2005)	28.7	29.0	→
1.2 Poverty Gap Ratio		17.0	9.0 (2005)	3.3	8.0	→
1.3 Share of poorest quintile in national consumption		6.5	5.3 (2005)	4.9		
1.5 Employment to population ratio		48.5	58.5 (2006)	65.0		↓
1.8 Prevalence of underweight children under-five years of age		66.0	47.8 (2005)	36.5	33.0	
1.9 Proportion of population below minimum level of dietary energy consumption		28.0	19.5 (2005)	11.2	14.0	→

Source: Indicators 1.1, 1.2, 1.3 & 1.9 (HIES, 2005); Indicator 1.5 (LFS, 2006); Indicator 1.8 (CNS, 2006)

Goal 2

Achieve Universal Primary Education

Achieve Universal Primary Education

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

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

Indicators

2.1 Net Enrolment Ratio in Primary Education

2.2 Proportion of pupils starting grade 1 who reach grade 5

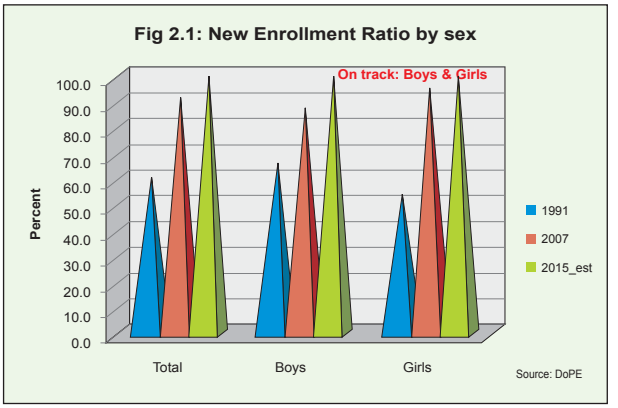
2.3 Literacy rate of 15-24 year olds, women and men

Status and Trends

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

Indicator 2.1: Net Enrolment Ratio in Primary Education

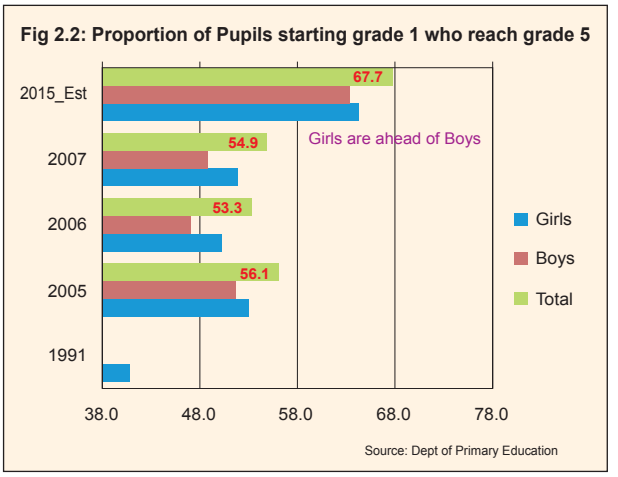
The net enrolment rate refers to the number of pupils in the official school age group in a grade, cycle or level of education in a given school year, expressed as a percentage of the corresponding population of the eligible official age group. It gives a concrete picture of the proportion of the specific age group of children actually enrolled at the primary level. Figure 2.1 shows that the country is well ahead of the MDG target. The net enrolment ratio in 2007 was more than 91 percent, with dominance of girls' enrolment. The NER for girls (94 percent) outnumbered the enrolment of boys (88 percent). If this trend continues, complete coverage of primary enrolment will be achieved within a couple of years from now, although there remain some other pertinent issues such as low completion rate in primary education.



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

This indicator measures the success of the education system in retaining students at the primary level from one grade to the next as well as its internal efficiency. The data from the school survey of 2007 show that the retention rate in grade four is just half of the total enrolment. This poor performance indicates that the country will not achieve the target of full primary education completion rate by 2015.

There was slow progress in the completion rate, while the baseline rate was only 40 percent. The completion rate for boys was less than 49 percent in 2007. In 2015, one-third of the school-going children will not even complete their primary education. There are several reasons behind the low primary completion rate at the primary level of education. The school survey of 2005 by the Department of Primary Education shows that absenteeism in public and community schools was 22 percent. Poverty, overcrowding in the classroom, lack of facilities at the schools, etc are generally responsible for the low attendance rate in the public and community schools.



Indicator 2.3: Literacy rate of 15-24 year olds, women and men

At present, there is no data on the literacy rate of 15-24 year olds in Bangladesh. Instead, the following indicators are used as the data which is available also shows the current literacy status.

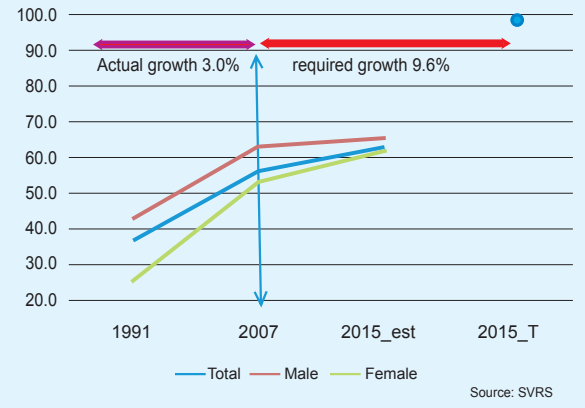
Literacy rate of 15+ year olds
Literacy rate of 15-24 year olds (Female)

Literacy rate of 15+ year olds (proxy)

This is a proxy indicator of the literacy rate (15-24 year). The data was not available, so the 15+ year literacy rate is shown in capturing the progress of the literacy rate. Even though the women's literacy rate has been increasing steadily since the base year, the male literacy rate has remained higher than the female literacy rate. In 2007, the adult male literacy rate was 63 percent, while the adult female literacy rate was 54 percent. The overall literacy rate was 56 percent.

With the present annual average growth rate of literacy at 3.0 percent, the literacy rate for the total population will be about 63 percent in 2015. To achieve the full adult literacy rate for the terminal year, the required growth rate will have to be about 10 percent, which is three times higher than the present growth rate; thus, there needs to be a comprehensive action plan with special attention to informal adult education in order to achieve the desired results.

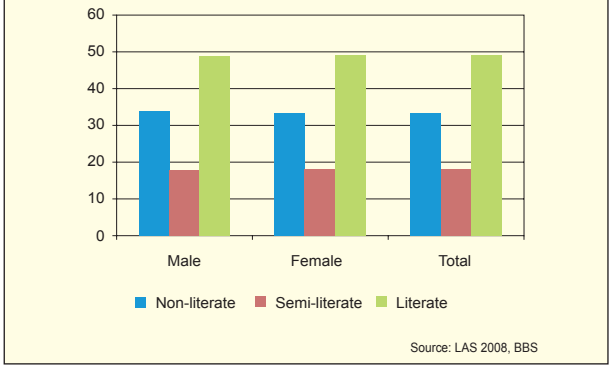
Fig 2.3: Adult Literacy rate 15+ years



There was a Literacy Assessment Survey (LAS) conducted in 2008 by BBS/UNESCO, where the adult literacy rate was also estimated based on a written test taken by the respondents. According to the report, literacy skills were categorized into four levels: non-literate, semi-literate, literate at the initial level and literate at the advanced level. The written test was conducted to test the skill of four components, namely reading, writing, numeracy and comprehension.

Figure 2.4 shows that 33 percent of the respondents were non-literate, 18 percent were semi-literate and 49 percent were literate in 2008. The rate is lower than the rate of the SVRS data source. This may be due to the improvised definition of literacy and different methodology (written test) used in the LAS. The female literacy rate was 49.1 percent, while the male literacy rate was 48.6 percent, which is a little less than the female literacy rate.

Fig 2.4: Adult literacy rate 15+ years of Population 2008



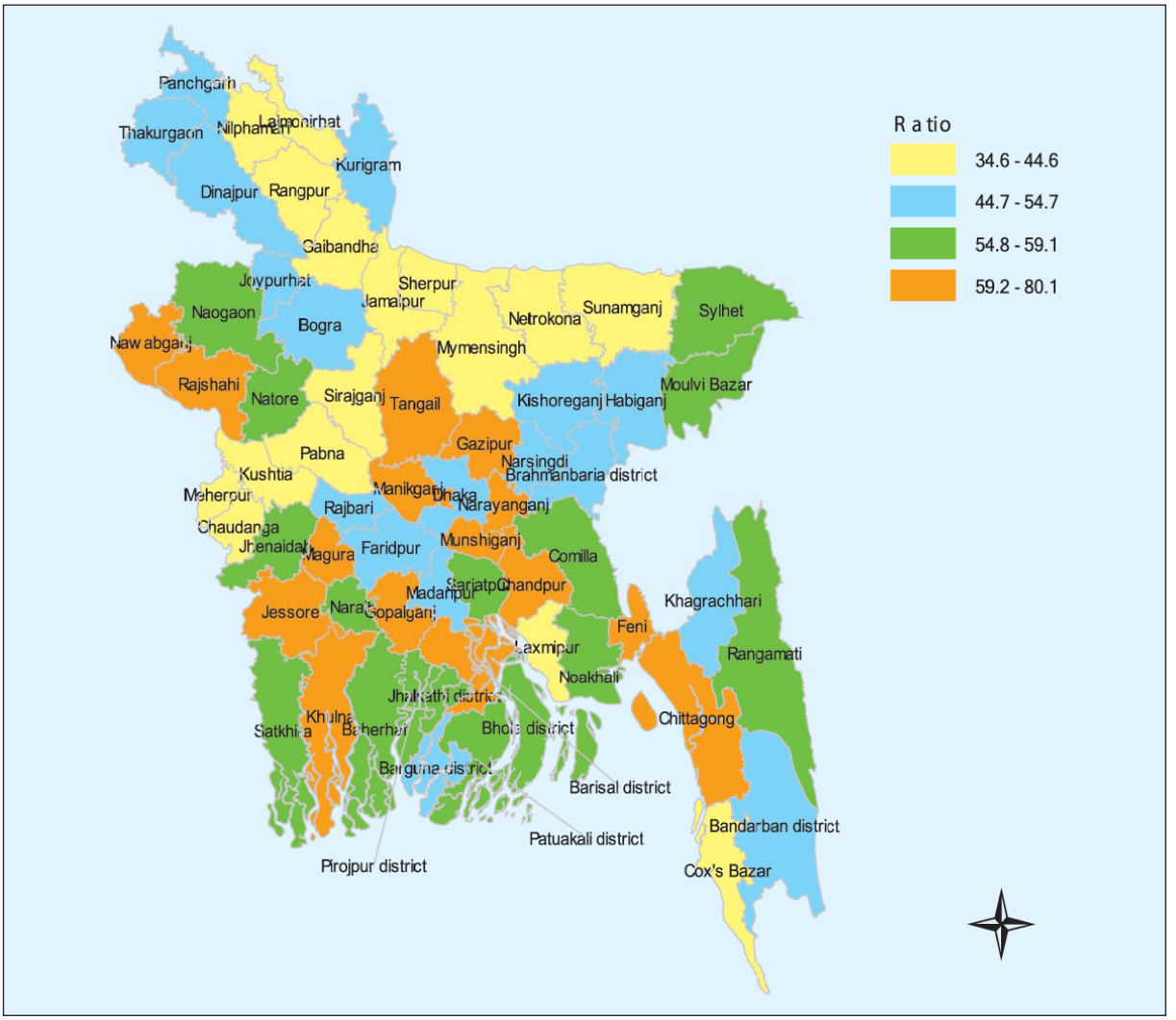
Literacy rate of 15-24 year olds (Females)

The Multiple Indicator Cluster Survey (MICS) usually collects data for children and women. MICS 2006 collected data on the literacy rate of 15-24 year old females. The data shows that 69.9 percent of the females were literate in 2006. The literacy rate in the rural and urban areas was 68 percent and 75 percent respectively. Literacy was assessed by the ability of each respondent to read a short simple statement in Bengali or based on her school attendance record.

Regional Picture

The district level data for the primary education completion rate show that the completion rate was very poor in Rajshahi division, with a higher dropout rate in *monga*-prone areas and the Padma-Jamuna-Brahmaputra basin. The completion rate was comparatively better in Khulna and Barisal divisions. The higher completion rate (more than 60 percent) was found in 15 districts in the southern region of Bangladesh.

Map 2.1: Proportion of pupils starting grade 1 who reach grade 5 in 2007



Source: DoPE

Challenges

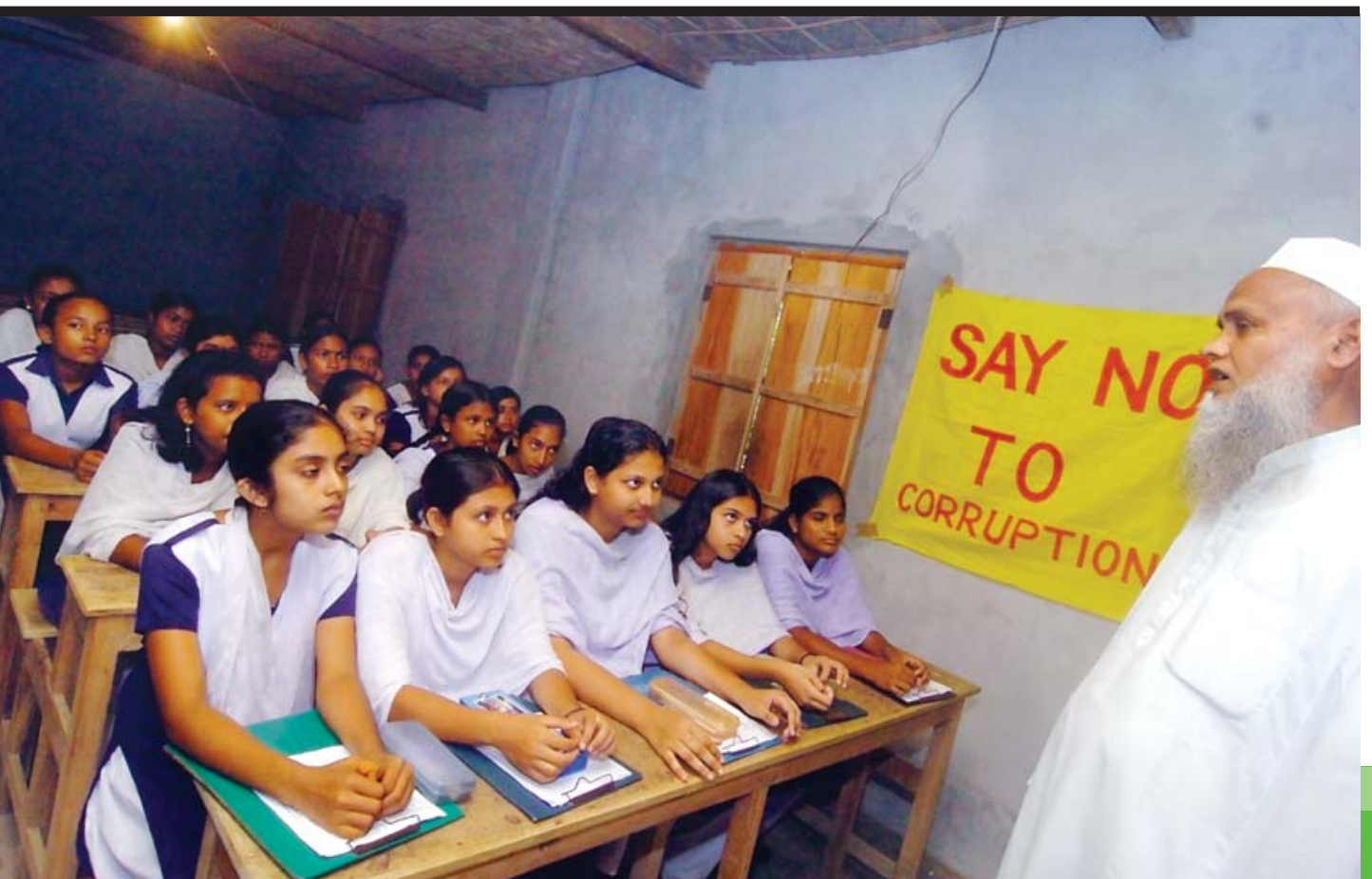
The situation analysis of the current status of primary education explores the positive trend towards the achievement of NER with a high dropout from the system. Poverty leads to student absenteeism in general due to the high opportunity cost and other hidden costs of schooling. A significant number of students are from the marginal and vulnerable classes in rural areas, urban slums, coastal and tribal areas. A large part of the physically and mentally retarded children remain out of the schooling system. There should be sub-national planning through in-depth situation analysis. Quality education is also a challenge in primary education, in particular for the public institutions. Low levels of adult education warrant special attention in view of the MDG target. Creating adequate opportunities for adults with continuity of the adult literacy programs for a longer period with higher coverage can positively contribute to increasing the literacy rate significantly.

Supportive Policy Environment

To retain students in the schools, there are many different actions being taken by the government at the program and the policy levels. The ongoing interventions include the food for education program, the female scholarship scheme at the primary and secondary levels, etc.

There are supply-side interventions at the primary level such as the creation of infrastructure, human resources development, enhancing salary of teachers, etc.

At the policy level, strategic focus is in place to achieve universal primary education for all. NSAPR II also focuses on supporting the modernization and improvement of the institutional facilities. It also aims to build a nationwide network of community-based, community-managed and multi-purpose non-formal and adult learning centers to meet the diverse learning demands.



At a Glance: Goal 2

→ = on Track	↑ = will be achieved before 2015/already achieved	↓ = Lagging behind				
Indicator		**Base Year 1991**	**Current Status**	**Estimate_ 2015**	**Target 2015**	**Remark**
2.1	Net Enrolment Ratio in Primary Education	60.5	91.1 (2007)	100.0	100.0	↑
2.2	Proportion of pupils starting grade 1 who reach grade 5	40.7	52.0 (2007)	64.0	100.0	↓
2.3	Literacy rate of 15+ year olds	37.2	56.3 (2007)	63.0		↓
2.3a	Literacy rate of 15-24 year olds (Females)		69.9 (2006)			

Source: Indicators 2.1, 2.2 (DoPE, 2007); Indicator 2.3 (SVRS, 2007); Indicator 2.3a (MICS, 2006)

Goal 3

Promote Gender Equality and Empower Women

Promote Gender Equality and Empower Women

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

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

Indicators

3.1a Ratio of girls to boys in primary education

3.1b Ratio of girls to boys in secondary education

3.1c Ratio of girls to boys in tertiary education

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

3.3 Proportion of seats held by women in national parliament

Status and Trends

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

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

The ratio of girls to boys in primary education is the ratio of the number of female students enrolled at the primary level in public and private schools to the number of male students in such schools. The indicator of equality of educational opportunities measures both fairness and efficiency. Education is one of the most important aspects of human development. Eliminating gender disparity at all levels of education would help to increase the status of women. Time series data show that there were gender disparities in the base year, while it gradually declined since then. In 2007, girls' representation was even more than that of the boys (52:48). Even the proportional enrolment of girls during the eligible age at the primary level (6-10 years) was higher than that of boys. Building awareness and demand side interventions for girls are among the major causes of this scenario.

Fig 3.1a: Ratio of girls to boys in Primary Education 1991

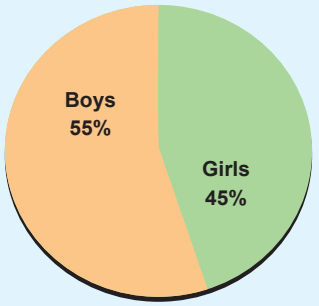
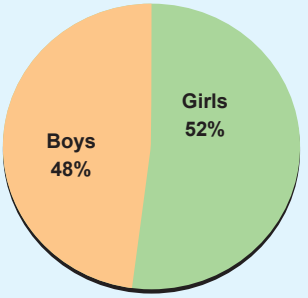


Fig 3.1b: Ratio of girls to boys in Primary Education 2007



Source: DoPE

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

Similar to the field of primary education, gender parity at the secondary level has also been achieved. Although there was significant gender disparity at the secondary level in 1991, now it no longer exists. The ratio of girls to boys at the secondary level in 2006 was 52:48. This positive development has occurred due to some public sector interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, stipend schemes for girls at secondary level, etc.

Fig 3.2a: Ratio of girls to boys in Secondary Education 1991

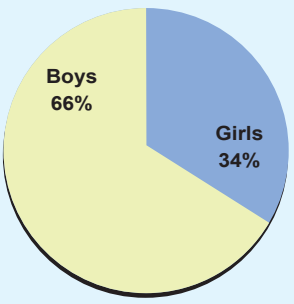
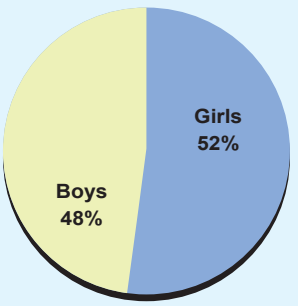


Fig 3.2b: Ratio of girls to boys in Secondary Education 2006

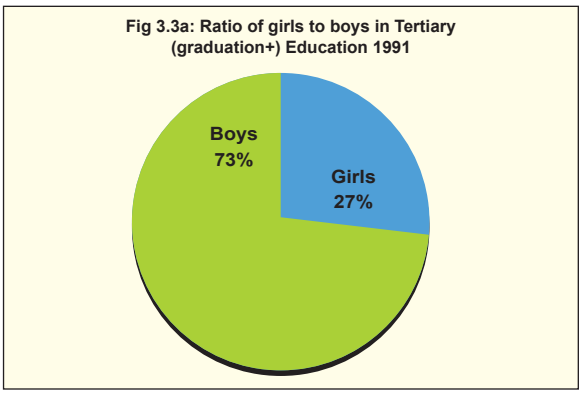


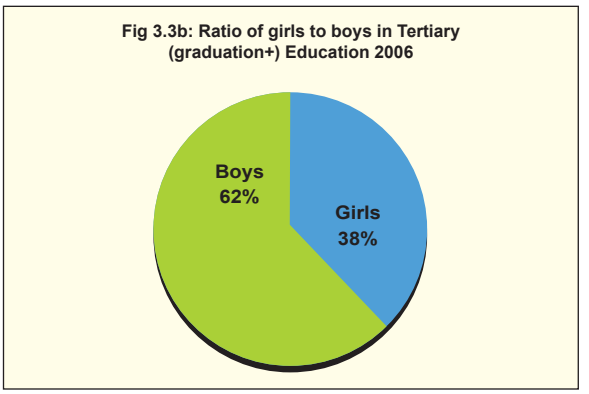
Source: DoPE

Indicator 3.1c: Ratio of girls to boys in tertiary education

Gender parity at the tertiary level is also close to unity. In 2006, the male-female ratio was 62:38 at the tertiary level with a Gender Parity Index (GPI) of 0.7. Tertiary-level enrolment from the public universities, the colleges under the National University, the technical universities and colleges are included here. Data from the private universities are not available. The estimated trend shows that GPI will be 0.83 with a boy-girl ratio of 55:45 in 2015. Low female enrolment in specialist/professional and science education emerges as the major reason for high gender disparity at the tertiary level. In tertiary education, increase of enrolment of male and female students in professional degree education must be improved in accordance with the domestic needs and also according to the needs of the countries that import human resources from Bangladesh.[5]

NSAPR II also recommends a set of action plans to scale up tertiary enrolment, emphasizing the need for achieving gender parity through promoting good governance, effective supervision, establishing institutions in the unserved areas, job placement programs, having special stipends for women, etc.





Source: DoPE

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

Wage employment for females in Bangladesh is now very low. Still only one woman out of every seven is engaged in wage employment. The women's employment rate shows a downward trend, according to the Labour Force Surveys by BBS. The situation of women in non-farm employment depicts a very discouraging situation. There needs to be women's empowerment and gender mainstreaming for accelerating female wage employment.

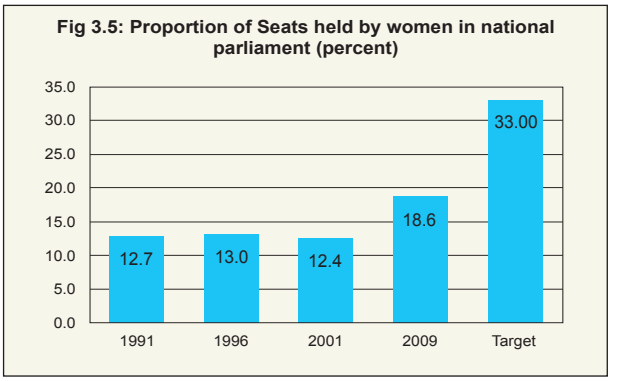
In order to ensure further improvements in the livelihoods of women, women's share in non-agricultural employment, especially in various income-generating activities and wage employment, should be pursued by the public and private sectors as proposed in NSAPR II and the National Policy for Women's Advancement (NPWA).

[5] GED, 2008." Moving Ahead: NSAPR II (FY 2009-11)". Dhaka, Planning Commission, Govt. of Bangladesh. P-112

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

About 19 percent women represent the current national parliament through the direct elections and reserved seats. Women's share of seats in National Parliament during the last three parliaments was 12.7 percent in 1991-96, 13 percent in 1996-2001, and 12.4 percent in 2001-06. There is sharp increase in the number of women parliamentarians in the most recent general election (2008). The total number of women parliamentarians in the present national assembly is 64 (19+45) or 19 percent of the total seats. However, in order to attain gender equality, there is a need to mainstream women in politics.

Fig 3.5: Proportion of Seats held by women in national parliament (percent)

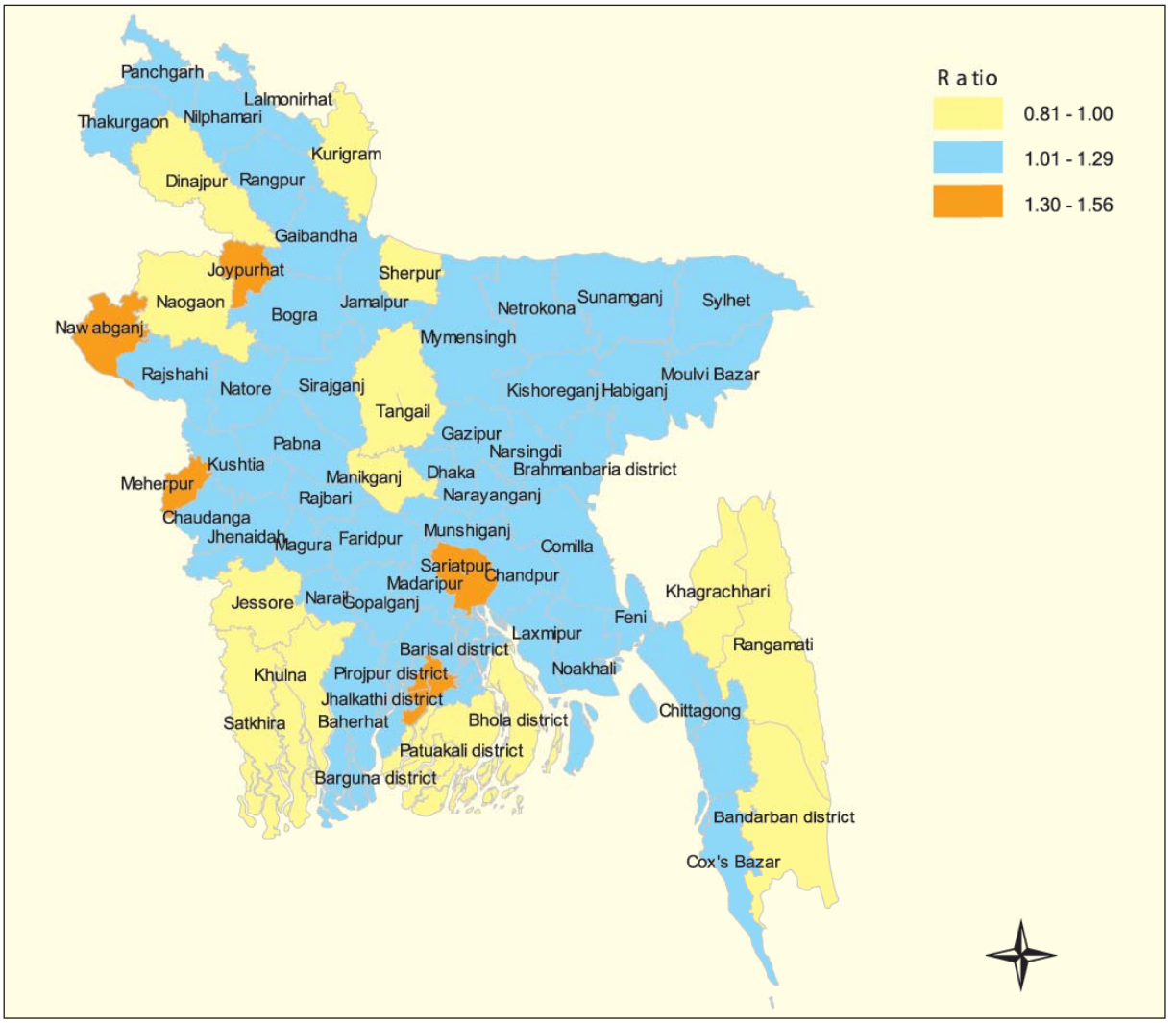


Source: Statistical Yearbook, BBS

Regional Variations

In primary education, all the districts achieved gender parity as per the school survey of 2007 (DPE). Map-3.1 shows gender parity in secondary education among the districts of Bangladesh. In secondary education, the district-wise data in 2006 shows that 15 districts are yet to achieve gender parity and 5 districts have very high GPI (more than 1.3), i.e. the girls-boys ratio is 57:43. However, the Chittagong Hill Tracts, some of the coastal districts with riverine areas and the border regions are lagging behind in achieving gender parity in secondary education. There was no district level data available for tertiary level education.

Map 3.1: Gender Parity Index in Secondary-level Enrolment, 2006



Source: DoPE

Challenges

Although Bangladesh has achieved gender parity at the primary and secondary educational levels, tertiary education is yet to reach the desired level of gender parity (1.0). Attaining the target of full gender parity at the tertiary level seems improbable and requires much more attention in order to reach the goal by 2015. Concerted efforts will be required to address the particular challenges of easing the transition of female students from the secondary level through to the tertiary level, reducing their dropout after the completion of secondary education and promoting greater enrolment into technical, professional and vocational institutions. There is a challenge to involve more women into productive income-generating activities to ensure their better livelihood. In pro-liberal and traditional societies like Bangladesh, women's engagement in politics is not usually encouraged, although the major two parties are led by women, who hold the positions of both prime minister and leader of the opposition at present. Moreover, social stigma, stereotyped gender roles and patriarchal values retard women's participation in politics. There is need for far-sighted policy interventions to provide more space for women in national parliament to create opportunities for women to raise their voices.

Supportive Policy Environment

NSAPR II followed a two-pronged approach for women's advancement to create a society where men and women will have equal opportunities in all spheres of life. Gender is integrated in thematic policy matrices, including a specific one dealing with this issue. There are interventions which create a congenial environment for achieving gender parity in education such as the female students' stipend programs at the primary, secondary and higher education levels, setting up of women's institutes, etc. The National Women's Development Policy (NWDP) of 2008 has suggested reserving one-third of the seats in parliament for women, who are to be elected through direct elections. In addition, there are other interventions for women to empower them and protect them from vulnerability through social protection, eliminating all forms of violence and exploitation, creation of productive employment opportunities for women and establishing an institutional mechanism through the Ministry of Women and Children Affairs (MoWCA).

At a Glance: Goal 3

→ = on Track	↑ = will be achieved before 2015/already achieved	↓ = Lagging behind				
Indicator		**Base Year 1991**	**Current Status**	**Estimate_ 2015**	**Target 2015**	**Remark**
3.1a	Ratio of girls to boys in primary education (Gender Parity Index=Girls/Boys)	0.83	1.08 (2007)		1.0	↑
3.1b	Ratio of girls to boys in secondary education (Gender Parity Index=Girls/Boys)	0.52	1.08 (2006)		1.0	↑
3.1c	Ratio of girls to boys in tertiary education Gender Parity Index=Girls/Boys)	0.37	0.61 (2006)	0.82	1.0	↓
3.4	Share of women in wage employment in the non-agricultural sector	19.1	14.6 (2005)			
3.5	Proportion of seats held by women in national parliament	12.7	19.0 (2009)		33.0	

Source: Indicator 3.1 (BANBEIS), Indicators 3.2, 3.3 (Year Book, BBS), Indicators 3.4 (LFS)

Goal 4

Reduce Child Mortality

Reduce Child Mortality

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

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

Indicators

4.1 Under-five mortality rate

4.2 Infant mortality rate

4.3 Proportion of 1 year-old children immunized against measles

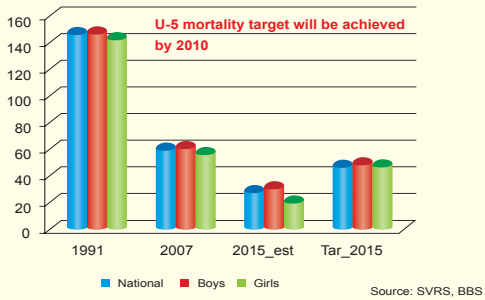
Status and Trends

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

Indicator 4.1 Under-five mortality rate (per 1000 live births)

The under-five mortality rate is the probability of a child born in a specified year dying before reaching the age of five. The indicator, which relates directly to the target, measures child survival. It also reflects the social, economic and environmental conditions in which children live, including their health care. There was a remarkable decline in the under-five mortality rate in Bangladesh since 1991. In 2007, the under-five mortality rate was 60, which in fact is a three-fifths decline from the base year (1991). If this trend continues, it will achieve a rate even below the target within another couple of years, i.e. by 2010. The under-five mortality rate for girls declined by more than the under-five mortality rate for boys during 1991-2007, with 60 and 58 percent respectively.

Fig 4.1: Under-five Mortality by sex (per 1000 livebirths)

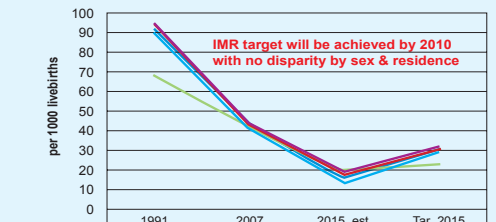


Source: SVRS, BBS

Indicator 4.2 Infant mortality rate (per 1000 live births)

The infant mortality rate (IMR) is typically defined as the number of infants dying before reaching the age of one year per 1000 live births in a given year. Although the MDG target relates specifically to the under-five mortality rate, infant mortality is relevant to the monitoring of the target since it represents an important component of under-five mortality. IMR also measures child survival and it gives a better estimate for understanding child mortality than under-five mortality. Similar to under-five mortality, the decline in the infant mortality rate is remarkable in Bangladesh over the last two decades. Figure 4.2 shows that the IMR was 43 per 1000 live births in 2007. The reduction was 53 percent during 1991-2007 and the target (IMR of 31 per 1000 live births) will be achieved within another two years at this rate.

Fig 4.2: Infant Mortality Rate by sex and residence



	1991	2007	2015_est	Tar_2015
National	92	43	16.71	31
Rural	94	43	17.9	31.0
Urban	69	42	20.6	23.0
Boys	95	44	19.3	32.0
Girls	90	41	13.7	30.

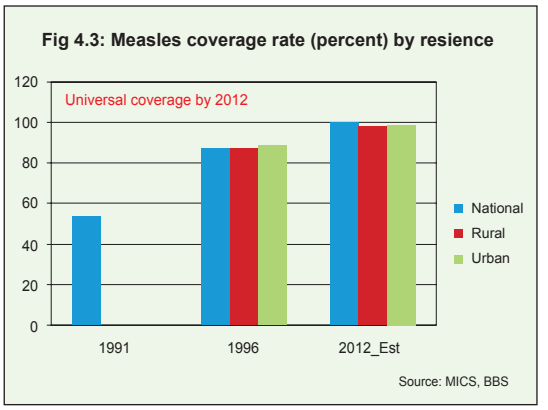
Source: SVRS, BBS

There is no significant variation in IMR by place of residence and by sex at present in the country. The rate of decline was higher in the case of rural areas than in that of urban area i.e. 54 percent and 39 percent respectively. Universal coverage of immunization, improved health services and social awareness are the significant factors that have caused the remarkable improvement in the reduction of the child mortality situation in the country.

Progress in preventing neonatal deaths (deaths within 28 days after births) has been slow in Bangladesh. Most of the deaths of newly born babies occur within this time period. BDHS data show that the neonatal mortality rate per 1000 live births declined from 41 in 1999-2003 to 37 in 2002-2006, showing insignificant improvement compared to the under-five mortality and infant mortality rates.

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

The proportion of one year old children immunized against measles is the percentage of children under one year of age who have received at least one dose of a measles vaccine.



This provides a measure of the coverage and the quality of the child health care system in the country. Immunization is an essential component for reducing under-five mortality. Among the diseases preventable in childhood for which there are vaccines, measles is the leading cause of child mortality. Data from the Multiple Indicator Cluster Survey of BBS show that measles immunization coverage was 88 percent in 2006, while in 1991, the coverage was only 54 percent, indicating an 82 percent increase during 1991-2006. There was no significant rural-urban variation in measles immunization coverage in Bangladesh in 2006.

In order to reach the universal target of measles coverage, Bangladesh has to wait another four years and it will reach the target before the MDG terminal year of 2015. There was no rural-urban disparity in measles coverage in 2006. Data from the National Valid Vaccination Coverage of the Ministry of Health and Family Welfare (MoHFW) show that the measles coverage rate in 2007 was 81 percent in Bangladesh (compared to the 88 percent measles immunization coverage in 2006 as shown by BBS). This data also indicate that the measles immunization target will be achieved by 2015.

Regional Scenario

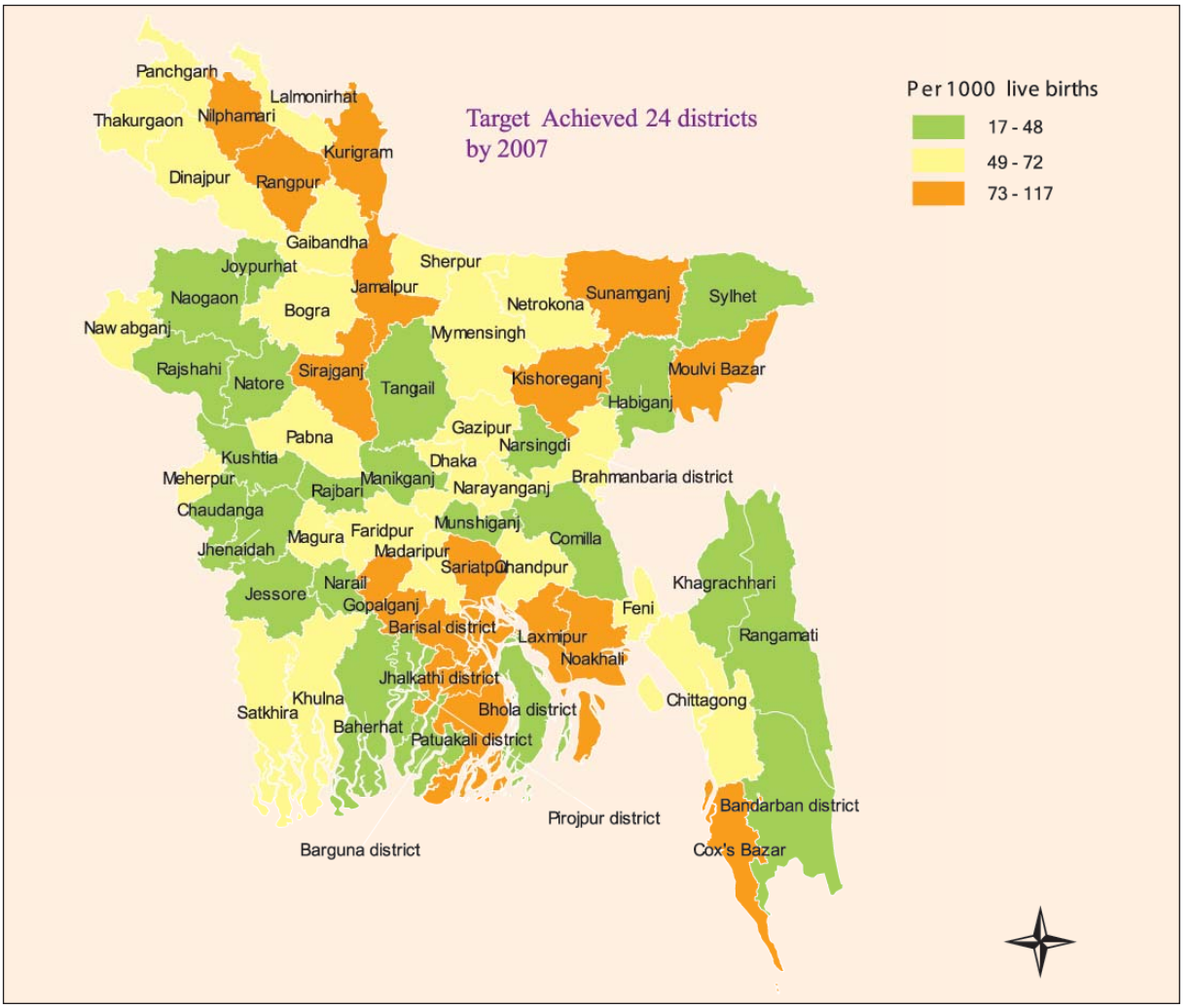
Under-five Mortality: District-wise data for 2007 shows that there is a remarkable disparity in the status of child mortality in the country. The following map and Table 4.1 both show that about 24 districts have already achieved the national target with regard to under-five mortality of 47 or less; most of the districts in the western region are in this group. Another 24 districts carry moderate values and it can be expected that they will achieve the target by 2015. A comparatively high under-five mortality rate exists in only 16 districts and there is apprehension that the target might not be achieved there. These districts need special attention with intensive interventions to curb child mortality there (Barisal, Rangpur and Sylhet regions).

Table 4.1: Current MDG status of under-five mortality by district, 2007

Under-five mortality (per 1000 live births)	**Number of Districts**	**Comment**
<47	**24 (green)**	Already achieved
48-72 (moderately high)	**24 (yellow)**	Achievable by 2015
Over 72 (very high)	**16 (brick)**	Difficult to achieve by 2015

Source: SVRS,BBS 2007

Map 4.1: Under-five Mortality Rate (per 1000 live births), 2007



Source: SVRS, BBS 2007

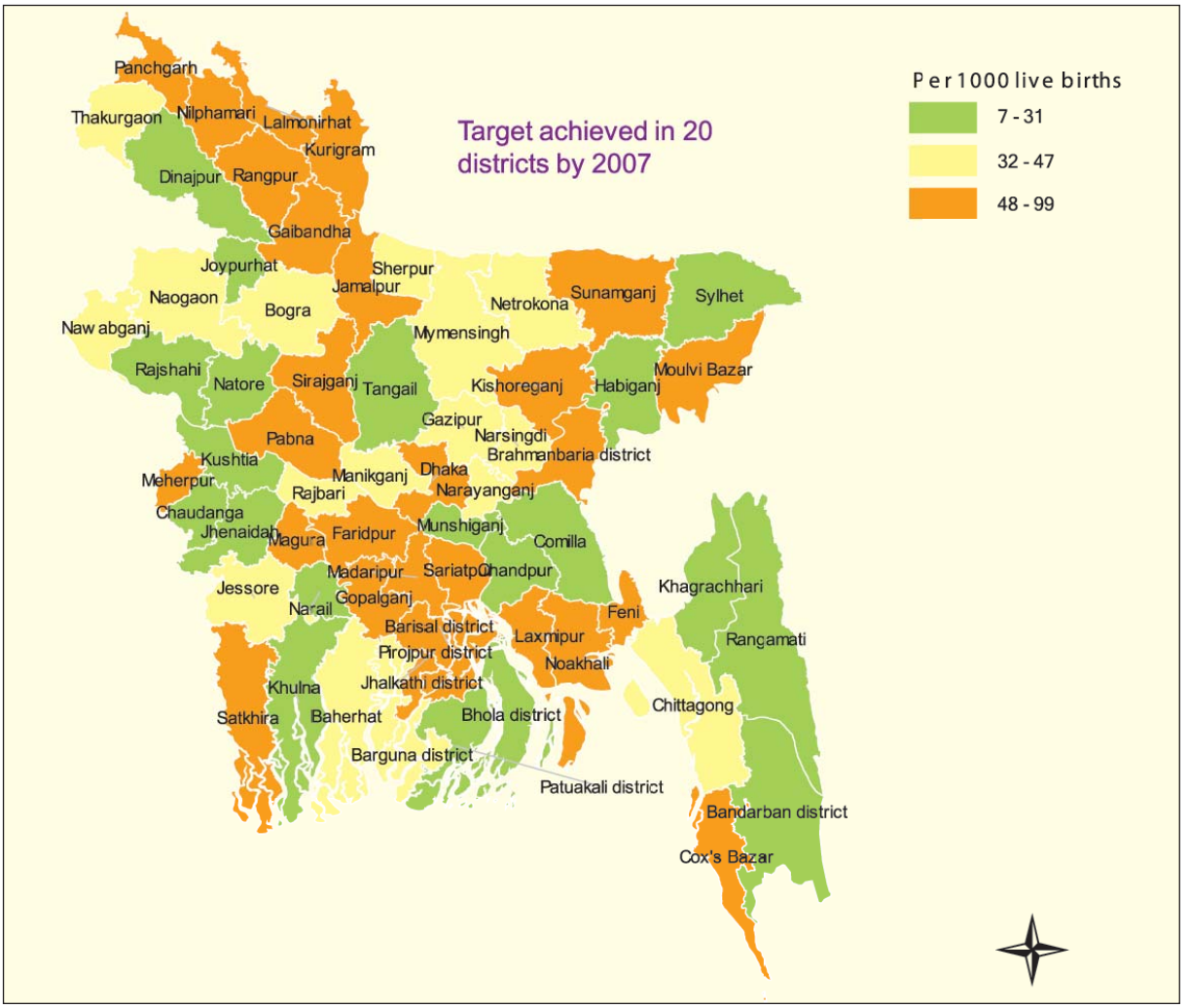
Infant Mortality Rate (IMR): The district wise data for 2007 show that there is significant variation in the status of infant mortality in the country. The following map and Table 4.2 both show that about 20 districts have already achieved the national target, with an IMR of 31 or less per 100,000 live births. Most of the districts in the western part of the country and the Chittagong Hill Tracts have already achieved this MDG indicator. Another 17 districts carry moderate values and expect to achieve the target by 2015. About half of the districts have comparatively high IMRs and the concern is that the target might not be achieved in those districts. There is need for special attention with intensive interventions to curb the infant mortality in those districts (districts in the Padma-Jamuna-Brahmaputra basin). Waterborne diseases and drowning may be the leading causes of child mortality in those areas.

Table 4.2: Current MDG status of IMR by district, 2007

Infant mortality rate (per 1000 live births)	No of Districts	Comment
<31	20 (green)	Already achieved
32-47 (Moderately high)	17 (yellow)	Achievable by 2015
Over 48 (very high)	27 (brick)	Difficult to achieve by 2015

Source: SVRS, BBS 2007

Map 4.2: Infant Mortality Rate (per 1000 live births), 2007



Source: SVRS, BBS 2007

Challenges

The data show that the country is going to achieve all the indicators under Goal 4 nationally. However, there are some lagging districts which need special interventions to reach the target by 2015. The analysis demonstrates that the district level situation analysis is necessary to immediately understand the inherent causes of the high under-five mortality rate in the lagging areas. Taking up holistic action plans in the concerned regions would facilitate a reduction in the mortality rate in the time remaining in order to achieve the target. The maternal health situation is also interrelated with child mortality, particularly in the place of delivery and in regard to the skills of the attendants present during delivery. Other challenges in child mortality include neonatal health and injury-related deaths (drowning in particular among ages one to four) as an increasingly significant cause of child deaths

Supportive Policy Environment

National immunization programs under the Expanded Program on Immunization (EPI) have been observed for many years and have proved very successful. The percentage of fully immunized children (FIC) has increased remarkably. Under the Health, Nutrition and Population Sector Program (HNPSP), there are comprehensive interventions for reducing child mortality and improving maternal health. Integrated maternal, neonatal and child health interventions (including facility and community-based IMCI) aim to address maternal and neonatal mortality reduction in an integrated approach by maximizing the synergies between the two, and the Breastfeeding Campaign for newborns also has a positive impact on child survival, particularly on neonatal mortality.

At a Glance: Goal 4

→ = on Track,	↓ = Lagging behind				
Indicator	**Base Year 1991**	**Current Status**	**Est_2015**	**Target 2015**	**Remark**
4.1 Under-five mortality rate (per 1000 live births)	146	60 (2007)	28	48	→
4.2 Infant mortality rate (per 1000 live births)	92	43 (2007)	17	31	→
4.3 Proportion of 1 year-old children immunized against measles (percent)	54	88 (2006)	100	100	→

Source: Indicator 4.1, Indicator 4.2 (SVRS, BBS); Indicator 4.3 (MICS, BBS)

Goal 5

Improve Maternal Health

Improve Maternal Health

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

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

Indicators

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

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

Indicators

5.3 Contraceptive prevalence rate

5.4 Adolescent birth rate

5.5a Antenatal care coverage (at least one visit)

5.5b Antenatal care coverage (at least four visits)

5.6 Unmet need for family planning

Status and Trends

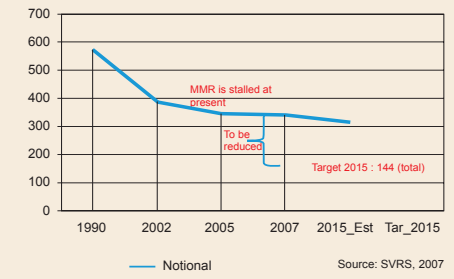
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 5.1 Maternal mortality ratio

The maternal mortality ratio (MMR) is the number of women who die from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, per 100,000 live births. The International Classification of Diseases (ICD) in its 10th revision includes late maternal deaths occurring between six weeks and one year of childbirth. However, here the old definition (maternal death during pregnancy, delivery or within 42 days of termination of pregnancy) is used for calculating MMR. The estimation of MMR is a challenge as the incident has become relatively rare. There needs to be a large sample size to get reliable estimates.

Maternal mortality data from SVRS 2007 show that there was a remarkable decline in MMR from 574 in 1990 to 391 in 2002 and after 2002, the ratio was not reduced at the desired level. In spite of this, the fact is that MMR in Bangladesh is still one of the highest in South Asia. It is estimated that 14 percent of maternal deaths are caused by violence against women, while 12,000 to 15,000 women die every year from maternal health complications.[6]

Fig 5.1: Maternal Mortality Ratio per 100 000 live biths

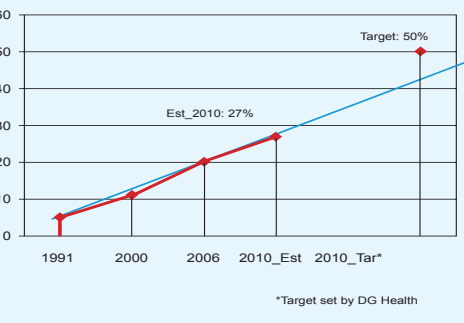


The high incidence of home deliveries, adolescent births and the presence of low-skilled health professional during delivery, non-utilization of delivery kits during home deliveries, etc are some of the significant causes of the high maternal morbidity that also leads to higher fatalities during childbirth.[7]

Indicator 5.2 Proportion of births attended by skilled health personnel

The proportion of births attended by skilled health personnel (SHP) is the percentage of deliveries attended by personnel trained to give the necessary supervision, care and advice to women during pregnancy, labor and the post-partum period, to conduct deliveries on their own and to care for the newborn(s). The SHP include only those who are properly trained and who have appropriate equipment and drugs. Even if traditional birth attendants (TBAs) have received a short training, they are not to be included in this category. In case of Bangladesh, this definition is not strictly followed in collecting data.

Fig 5.2: Health Professional at Delivery (percent)



6 GoB & UNCT, 2005. " MDG Bangladesh Progress Report". Dhaka. P-33

7 Mitra, S, 2007." Reproductive Morbidity in Bangladesh: Patterns, Determinants and Treatment Seeking Behaviour in Dhaka District".

The time series data from MICS show that there was a four-fold increase of SHPs at the time of delivery in Bangladesh during 1991-2006, but the rate is still low (20 percent). Only one woman out of every five was attended by an SHP during delivery. The target set by the DG Health (MoHFW) is 50 percent by 2010, which does not seem achievable unless a rigorous program is launched to motivate pregnant women by facilitating demand-side activities such as vouchers for institutional delivery, health insurance coverage during pregnancy, etc and making good quality services available .

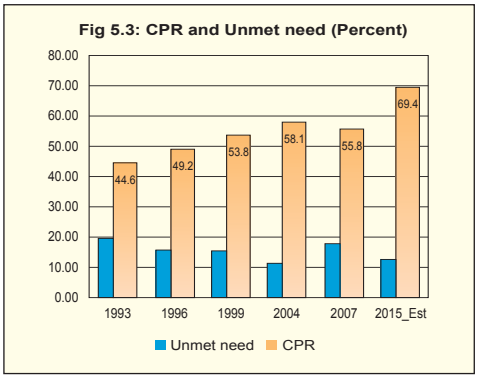
If the present trend continues, the estimated rate of the presence of SHPs at delivery will be 27 percent, which is half the target set for 2010 (for Bangladesh).

Indicator 5.3 Contraceptive Prevalence Rate

Indicator 5.6: Unmet need for family planning

The contraceptive prevalence rate (CPR) and unmet need[8] are interrelated, so the two indicators are covered together.

The contraceptive prevalence rate has been static in Bangladesh since 1999 and the latest data show a slight decline. The CPR in 2007 (BDHS) was 55.8 percent. In fact, after ICPD-94, there was a paradigm shift from target setting to reproductive rights, so there is no coercion involved in reaching the target at present. A couple can use their reproductive rights to choose a method or not to choose any method. It is found that the CPR is around 70 percent in the case of the countries which have replacement levels of fertility (Sri Lanka, TFR-2.0), and Bangladesh also has the same target.



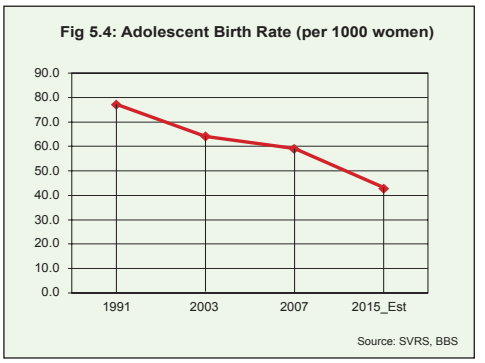
Source: BDHS

Based on the present trends, the estimated figure shows that in 2015, the CPR in Bangladesh will be about 69 percent.

The unmet need is also very close to 20 percent over the last few years. There is a need for more motivational programs to convince these couples who want to use methods for spacing and limiting the number of children. As a result, the CPR would have to increase at a more than expected level to halt the population growth rate to attain a stable population as soon as possible. The CPR is a little lower in rural areas (54 percent) than in urban areas (57 percent).

Indicator 5.4: Adolescent birth rate (per 1000 women)

This is a new indicator included in 2008 under MDG-5. The rate shows the average number of births by women between the ages of 15 and 19 in a given year. The data show that adolescent fertility is slowly declining and at present, 59 births occur for every 1000 teenage mothers. The estimated figure for the year 2015 is 43.



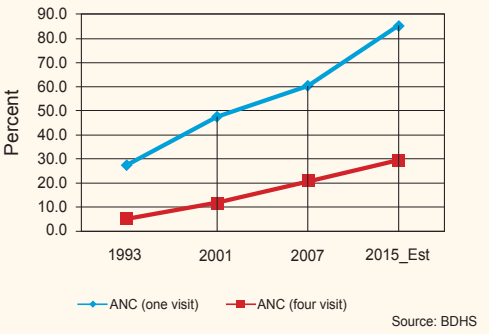
[8] *Unmet need includes women who are not using family planning for spacing and limiting children and want to use methods.*

The country still bears a high rate of teenage marriages and this continues to lead to high adolescent fertility. About fifty percent of the girls are getting married before the age of 18 years even though there is a Child Marriage Act, which prohibits marriage before the legal age of 18 years for girls and 21 years for boys.

Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits)

This is also a new indicator that depicts the status of treatment received by pregnant women. The data show that 60 percent of the women received antenatal care with at least one visit in 2007. On the contrary, only 21 percent of the women made such visits four times or more during their whole pregnancy period in 2007. The World Health Organization (WHO) suggests that there should be at least four visits. The estimate shows that such care (1 visit) will increase over 85 percent by 2015, while the rate of pregnant women who make four visits will reach only about 30 percent in the same time; this a serious concern for maternal health care.

Fig 5.5: Antenatal Care (at least one and four visits)



Source: BDHS

Regional Picture

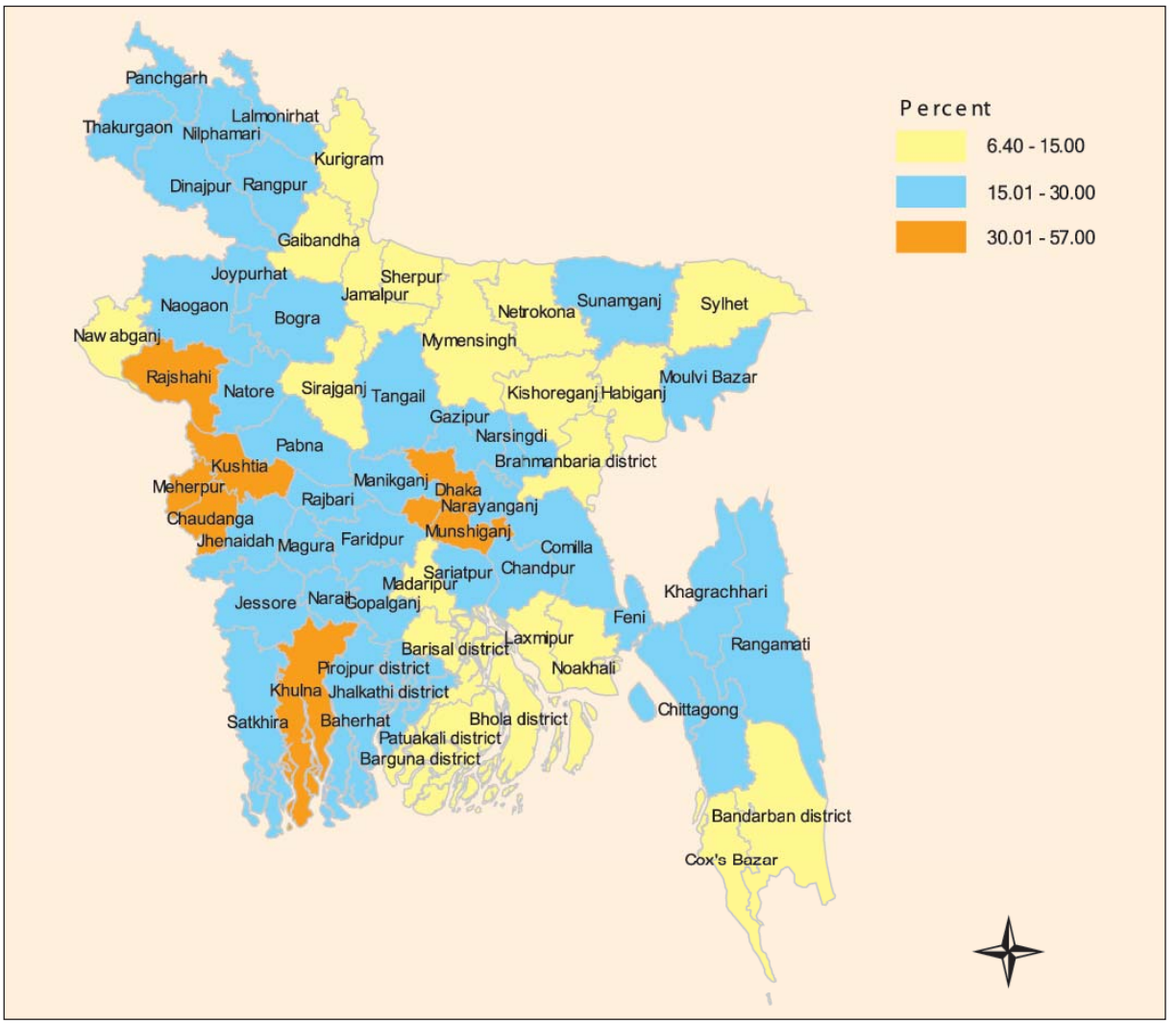
District-wise data show that most of the districts have less than 30 percent SHPs. Fifteen districts have very low-skilled birth attendant rates (less than 15). These districts are mostly from northern areas and districts from Barisal division. Only seven districts have moderate levels of skilled health attendants (more than 30 percent SHPs).

Table 5.1: Current status of SHP by district, 2006

Skilled Birth Attendant	Number of Districts	Comment
<15	21 (Yellow)	Very low
15-30	36 (Sky)	Low
Over 30	7 (brick)	Moderate

Source: MICS,BBS 2007

Map 5.1: Birth Attended by Skilled Health Personnel, 2006



Source: MICS,2006

The district-wise data show that the level of antenatal care varies significantly across the districts in 2006. Only 7 districts have ANC coverage of less than 40 percent. On the contrary, almost half of the districts have ANC coverage of more than 56 percent. The map also shows that institutional delivery is higher in those districts where the ANC coverage is high.

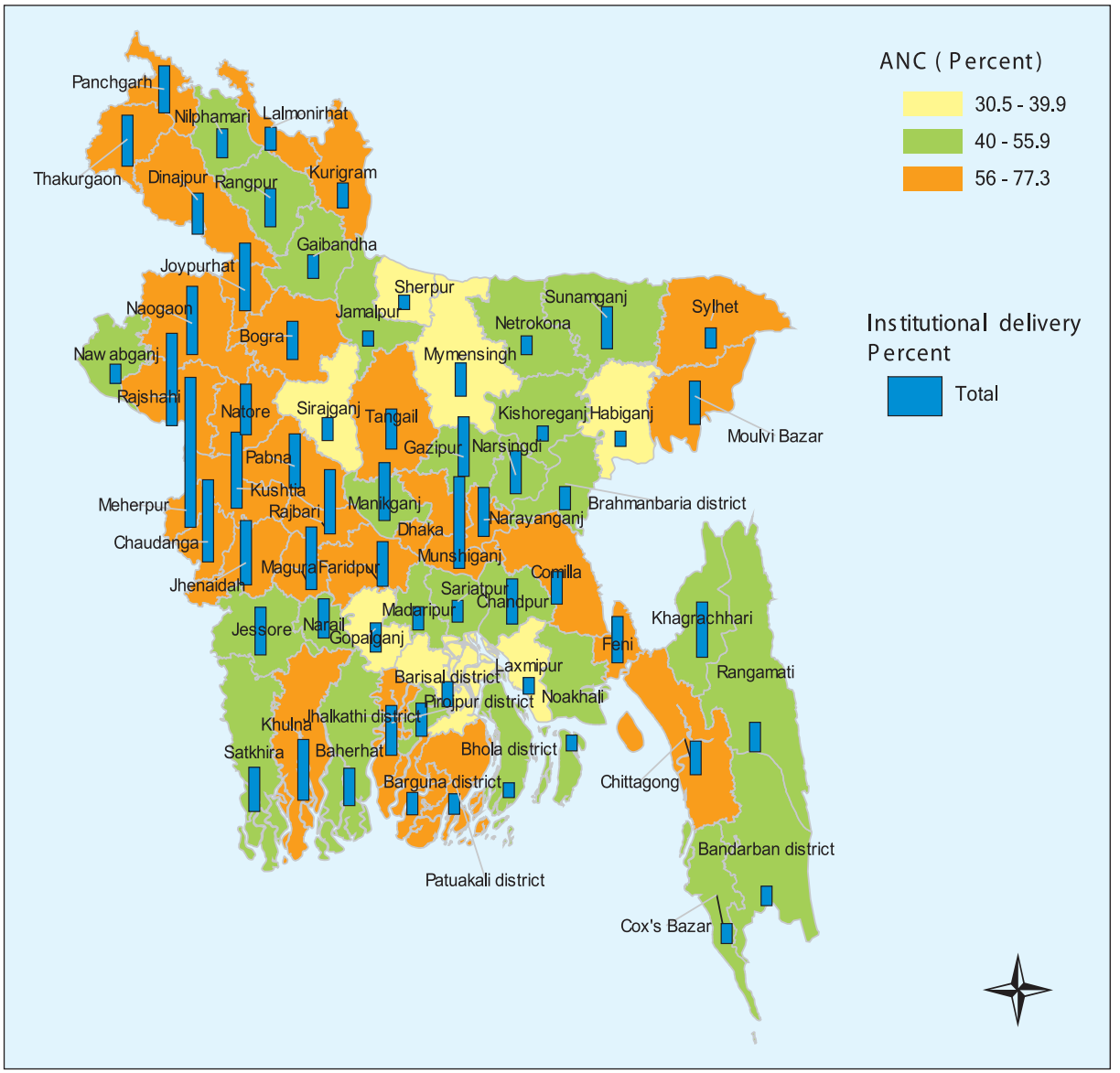
Table 5.2: Current ANC status by district, 2006

ANC	No of Districts	Comment
<40	7 (yellow)	Very Low
40-55.9	26 (green)	Low
Over 56	31 (brick)	Moderate

Source: MICS, 2006

Thus, antenatal coverage is a significant determinant of institutional delivery. There is a need to promote care during pregnancy to save pregnant women from the burden of morbidity as well as mortality during childbirth.

Map 5.2: Antenatal care coverage rate (at least 1 visit), 2006.



Source: MICS, 2006

Challenges

The trend shows that national MMR has almost remained stalled over the last decade in Bangladesh. Rapidly increasing the proportion of skilled births attendants (SBA) in dealing with delivery cases can improve the maternal health situation. However, the number of SBAs is still very inadequate in conducting delivery cases, so in order to meet the MDG target, there needs to be a substantial increase in the number of trained health personnel for ensuring safe deliveries.

The reduction of adolescent fertility can be accelerated by providing greater access to higher education for adolescent girls. Advocacy and awareness raising campaigns on safe motherhood and reproductive health behavior are also needed. There is a dearth of reliable data on maternal morbidity in Bangladesh. The centralized management system of government health services and the prevalent practices at the facility levels have resulted in absenteeism among service providers.

Supportive Policy Environment

HNPSP and NSAPR II have taken appropriate strategies for sustainable improvements in the health, nutrition and family welfare status of women, particularly of the marginal and vulnerable groups. The activities include supply and demand side interventions. The facilities will be further strengthened for providing appropriate reproductive health care to women and adolescents. Ongoing demand-side financing through providing vouchers for institutional delivery will be reviewed and expanded based on lessons learnt. The new initiatives in maternal and reproductive health include the expansion of comprehensive Emergency Obstetric Care (EOC) services to more upazila health complexes, training of community skilled birth attendants and demand-side financing by providing vouchers for institutional delivery in 33 upazilas.

At a Glance: Goal 5

→ = on Track	↓ = Lagging behind				
Indicator	**Base Year 1991**	**Current Status 2007**	**Est_2015**	**Target 2015**	**Remark**
5.1: Maternal Mortality Ratio (per 100000 live births)	574 (1990)	351	317	144	↓
5.2: Proportion of births attended by SHP (percent)	5.0	18.0	26.9	50.0 (2010)	↓
5.3: Contraceptive Prevalence Rate (percent)	39.7	59.0	69.4		
5.4: Adolescent birth rate (per 1000 women)	77	59	43		↓
5.5a: Antenatal care coverage (at least 1 visit) (percent)	27.5 (1993)	60.3	84.5	100	Close to the target
5.5b: Antenatal care coverage (Four+ visits) (percent)	5.5 (1993)	20.6	29.1	100	↓
5.6: Unmet need for family planning (percent)	19.4 (1993)	17.6	12.5		

Source: Indicator 5.1, Indicator 5.3, Indicator 5.4, Indicator 5.6 (SVRS, 2007); Indicator 5.2, Indicator 5.5 (BDHS)

Goal 6

Combat HIV/AIDS, Malaria and Other Diseases

Combat HIV/AIDS, Malaria and Other Diseases

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

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

Indicators

6.1 HIV prevalence among population aged 15-24 years

6.2 Condom use at last high–risk sex

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

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

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

Indicators

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

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

Indicators

6.6a: Incidence of Malaria per 100,000 population

6.6b: Death rate associated with Malaria per 100,000 population

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

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

6.9a: Incidence of Tuberculosis per 100,000 population

6.9b: Death rate associated with Tuberculosis per 100,000 population

6.10: Proportion of tuberculosis cases detected and cured under DOTS

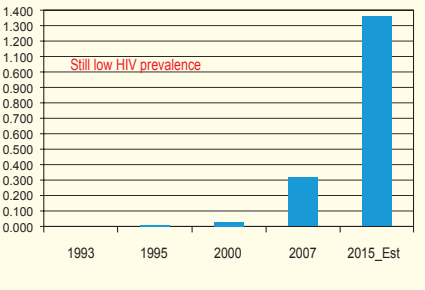
Status and Trends

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

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

The HIV/AIDS data show that the prevalence rate of HIV infections among adults is very low. At present, the prevalence is 0.319 per 100,000 general population. The estimated prevalence is 1.3 per 100,000 population for the year 2015. The national SERO surveillance shows that the disease is at an epidemic stage among the Injecting Drug Users (IDUs) in the large cities. Such a concentrated HIV epidemic can have far-reaching implications on HIV transmission to the other vulnerable segments in society.

Fig 6.1: HIV/AIDS prevalence per 100 000 population



Source: IEDCR, DG Health

Indicator 6.2: Condom use rate

This is used as a proxy for condom use at last high-risk sex. The rate of condom use by married couples is very low from the base year and it continues to be low at present at less than five percent. The estimated figure shows that it will not scale up significantly even by 2015. A condom is called a barrier with double protection i.e. it provides protection against HIV/AIDS and helps avoid pregnancy. It is used to monitor progress towards halting and reversing the spread of HIV/AIDS, as condoms are the only contraceptive method effective in reducing the spread of HIV. An intensified campaign among married couples and risk group population including transport workers and sex workers would definitely promote the rate of condom usage for high-risk sex, i.e. sex with multiple persons.

Table 6.1: Condom use rate in Bangladesh

1993	1996	1999	2004	2007	2015_Est
3.0	3.9	4.3	4.2	4.5	5.3

Source: BDHS

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

The percentage of the population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is the share of women and men aged 15-24 years who can correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner). They should also able to reject the three misconceptions about HIV transmission.

The data from the Multiple Indicator Cluster Survey, 2006 indicate that only 15.8 percent of 15-24 year old women have comprehensive correct knowledge of HIV/AIDS in Bangladesh.

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

Indicators

6.6a: Prevalence of Malaria per 100,000 population

6.6b: Death rate associated with Malaria per 100,000 population

Malaria is one of the major public health problems in Bangladesh. Out of the 64 districts in the country, malaria is highly endemic in 13 districts and 10.9 million people are at risk from the disease in these areas. More than 95 percent of the total malaria cases in the country are reported from these 13 districts, i.e. some districts under Chittagong and Sylhet divisions as well as Jamalpur, Sherpur, Netrakona and Kurigram districts. The three Chittagong Hill Tract districts (Bandarban, Khagrachari and Rangamati) and Cox's Bazar district report more than 80 percent of the malaria cases and deaths every year. These areas experience a perennial transmission of malaria with two peaks, one witnessed during the pre-monsoon (March-May) and the other during the post-monsoon (September-November) period.

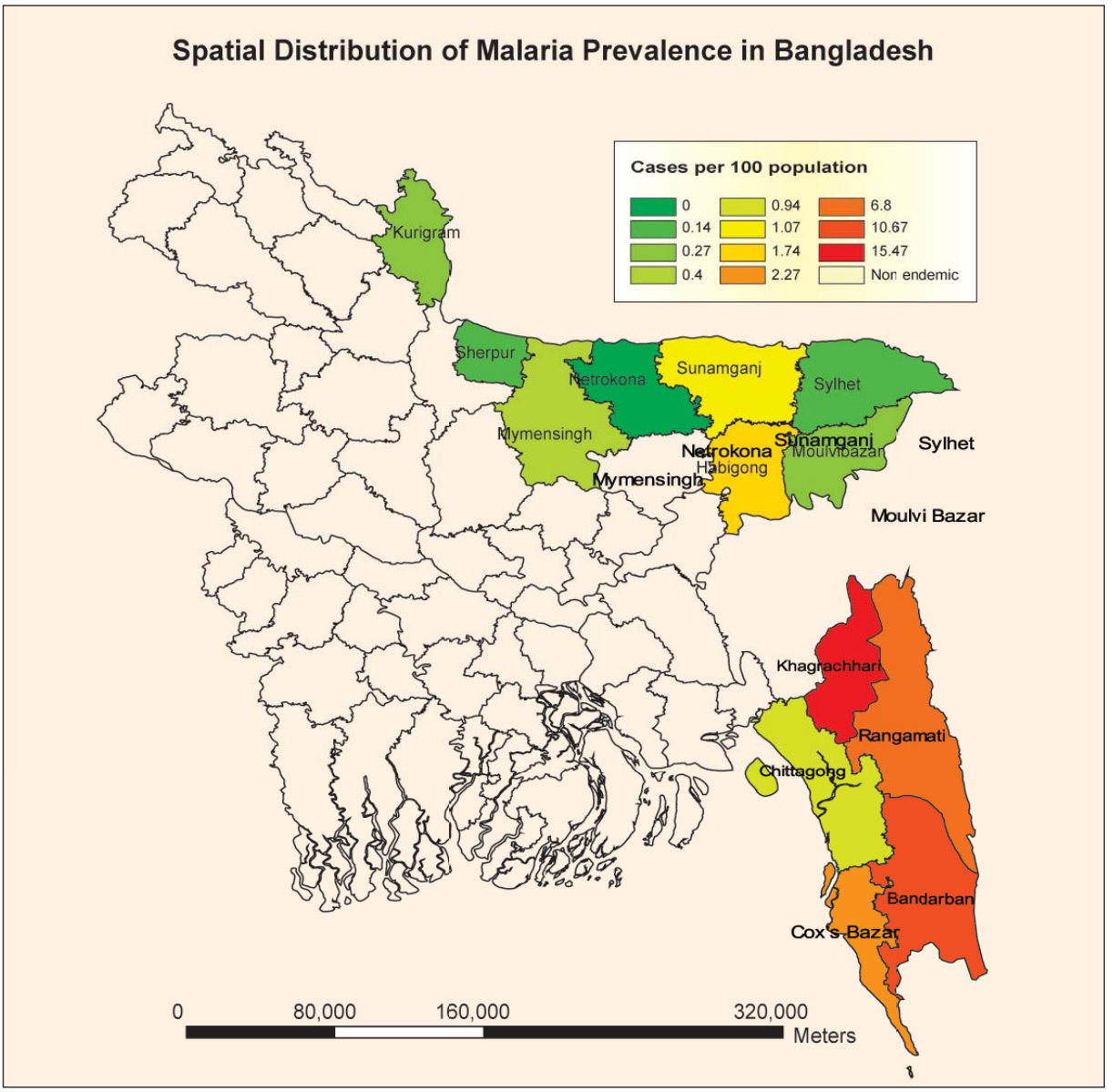
The data from the following table show that the number of malaria cases has been increasing in recent years. In 2005, 48,100 cases had been detected, while in 2008, the number was 84,700. The prevalence of malaria is also increasing in recent years. In 2005, the prevalence was 35 per 100,000 population, while in 2008, it was 59 per 100,000 population in Bangladesh. Estimates from the malaria control program (DG Health) indicate that the prevalence will come down to 21 by 2015. There is tremendous improvement in malaria treatment, so the death cases have been falling since 2005. The roll back malaria program has been implemented in the high-risk zones with an integrated and strengthened surveillance system. Other interventions by the health services are early diagnosis and prompt treatment, selective vector control, promotion of insecticide-treated mosquito nets, epidemic preparedness, community participation, etc. The death rate from malaria is at a halting level at present compared to the base year of 1991.

Table 6.2: Malaria situation in Bangladesh : Incidence and Deaths

	2005	2006	2007	2008	2015_Est
Cases (000)	48.1	48.2	59.9	84.7	33.9
Prevalence (per 100 000)	34.7	34.3	42.0	58.6	21.3
Deaths (per 100 000)	0.36	0.22	0.16	0.11	0.05

Source: Malaria Control Program, DG Health

The malaria endemic districts are shown in the map of Bangladesh below:



Source: MIS Section, DG Health

There are outbreaks of malaria in the bordering districts in the north and northeast of the country from time to time. Both P. Falciparum and P. Vivax malaria are prevalent in the country, of which the number of Falciparum cases is about 80 percent of the total cases. *An. dirus, An. minimus and An.Philipinensis* are the principal vectors.

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

Major interventions for malaria control are: a) expanding quality diagnosis and effective treatment of 80 percent of malaria cases; b) promoting use of long lasting insecticide-treated bednets (LLIN) and insecticide treated bednets (ITN) in 80 percent of the households by 2012; and c) intensive information, education and communication (IEC) for increasing mass awareness of the people for prevention and control of malaria.

Indicators

6.9a: Prevalence of Tuberculosis per 100,000 population

6.9b: Death rate associated with Tuberculosis per 100,000 population

Tuberculosis is also another public health concern in the country, with a substantial number of cases detected each year, which is one of the highest in the world, though the recent data indicate the trend of its declining incidence rate in the country. The Tuberculosis rate fell from 264 (per 100,000 population) in 1990 to 225 in 2007. The same trend was found in tuberculosis death rates. Under HNPSP, tuberculosis control is recognized as a thrust area and there have been changes in the treatment mechanism. Under the new system DOTS (directly observed treatment), the full course of medicine has to be taken in the presence of a health worker. The momentum from this declining trend has to be maintained over the long term to control the disease on a sustainable basis.

Table 6.3: Tuberculosis situation in Bangladesh: Incidence and Deaths

	1990	2007	2015_Est
Prevalence (per 100 000)	264	225	209
Deaths (per 100 000)	76	45	36

Source: DG Health

6.10: Proportion of tuberculosis cases detected and cured under DOTS

As mentioned earlier, DOTS is a new treatment mechanism that has strengthened the detection and treatment strategy, which has been introduced in the whole country since 2003. Under DOTS, the smear-positive case detection rate has increased from 34 percent in 2002 to 71 percent in 2007. The cure rate has also increased remarkably during this time. If the control program continues with such momentum, the cent percent rate of detection and cure will be achieved within a couple of years from now, i.e. by 2010.

Table 6.4: DOTS detection and cured rate (percent)

	2002	2006	2007	2008_Est	2010_Est
Detection Rate	34	46	73	100	
Cure Rate		89	91		100

Source: DG Health

Regional Picture

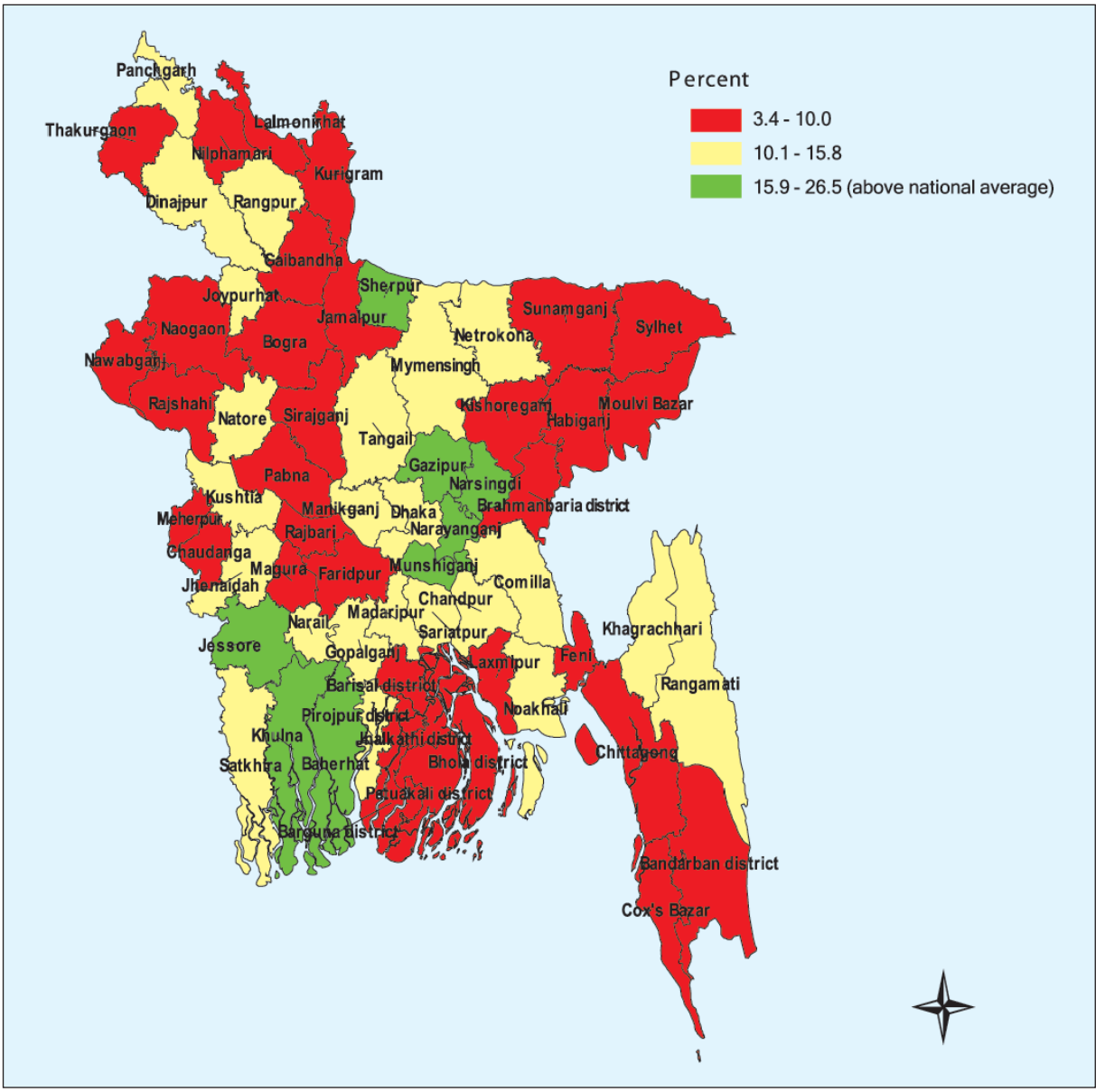
The level of comprehensive correct knowledge of HIV/AIDS varies significantly across districts in 2006, as evident from the district-wise data (MICS, BBS 2006). The comprehensive correct knowledge level among 15-49 year old females in only 8 districts was higher than 15.8 percent. A very low comprehensive correct knowledge level (less than 10 percent) was found in 33 districts of the country, which are the border districts. Thus, there is a need to launch a comprehensive advocacy program through the mass media to scale up the coverage of HIV knowledge in order to maintain a low HIV prevalence rate in the country.

Table 6.5: Current MDG status of HIV knowledge (female) by district, 2006

Knowledge level (%)	No of Districts	Comment
<10	33 (red)	very low
10.1-15.8	23 (yellow)	
Over 15.8	8 (green)	over the national level

Source: MICS,BBS 2006

Map 6.1: Population 15-49 year olds (women) who have comprehensive correct knowledge of HIV/AIDS



Source: MICS, 2006

Challenges

The HIV prevalence rate is still below the epidemic stage. However, the concern is the epidemic status of the high risk group, the IDUs. The low correct knowledge of HIV among youths and the low condom use rate put the country at some vulnerability. Many other countries in Asia had the same pattern as Bangladesh before and have later dramatically witnessed the increase in HIV prevalence. There needs to be a comprehensive advocacy program through the mass and electronic media with the involvement of private partners and the community.

There are a large number of malaria cases in the country and the incidence of malaria is increasing. There is a need to scale up the service delivery of Insecticide Treated Bed Nets (ITN) to the high-risk zones, especially to the remote regions and to the poor and tribal families. Rapid diagnostic tests with an integrated surveillance monitoring is also a prerequisite to halt the burden of malaria in the country in order to roll it back completely.

There are a large number of tuberculosis cases in the country every year. There is a need to ensure universal accessibility to modern treatment, especially for the remote areas of the country and the marginal population, improvements in the quality of the diagnostic services, treatment for the multiple drug resistant cases, etc.

Supportive Policy Environment

NSAPR II initiated a strengthened mechanism for the surveillance of communicable diseases including HIV/AIDS, malaria and tuberculosis. The focus includes reviewing the existing disease surveillance system, strengthening the integrated monitoring mechanism for communicable diseases, setting up a coordinated system for synergistic, effective contribution from the public and private sectors including health related NGOs, etc. In addition, there is a special surveillance system for rolling back malaria and the DOTS program to eradicate malaria and to control tuberculosis with an aim to achieving the MDG target in the country by 2015.

At a Glance: Goal 6

→ = on Track,		↓ = Lagging behind				
	Indicator	**Base Year 1991**	**Current Status 2007**	**Est_2015**	**Target 2015**	**Remark**
6.1:	HIV prevalence among population (per 100,000 population)	0.005	0.319	1.4	Halting	→
6.2:	Condom use rate (percent)		4.5	5.3		↓
6.3:	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (percent)		15.8 (2006)			↓
6.6a:	Prevalence of Malaria per 100,000 population	43 (2000)	58.6 (2008)	22	Halting	→
6.6b:	Death rate associated with Malaria (per 100,000 population)	0.37 (2000)	0.11 (2008)	0.05	Halting	→
6.7:	Proportion of Children under-5 sleeping under insecticide treated bed nets [13 Malaria prone districts] (percent)		89 (2008)	90		→
6.8:	Proportion of Children under-5 with fever who are treated with appropriate anti-malarial drugs [13 Malaria prone districts] (percent)				In sufficient data	
6.9a:	Prevalence of TB per 100,000 population	264 (1990)	225	209	Halting & Reverse	→
6.9b:	Death rate associated with TB per 100,000 population	76 (1990)	45	36	Halving	→
6.10a:	Detection rate of TB under DOTS (percent)	21 (1994)	73		Sustain	→
6.10b:	Cure rate of TB under DOTS (percent)	73 (1994)	91 (2006)		Sustain	→

Source: Indicator 6.1, 6.6 (DG Health), 6.9, 6.10 (NTP, DG Health); 6.2 (SVRS, BBS), 6.3 (MICS, BBS)

Goal 7

Ensure Environmental Sustainability

Ensure Environmental Sustainability

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

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

Indicators

7.1: Proportion of land area covered by forest

7.2: CO_2 emissions (metric tons per capita)

7.3: Consumption of ozone-depleting substances (metric tons per capita)

7.4: Proportion of fish stocks within safe biological limits

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

Indicators

7.5: Proportion of total water resources used

7.6: Proportion of terrestrial and marine areas protected

7.7: Proportion of species threatened with extinction

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

7.8: Proportion of population using an improved drinking water source

7.9: Proportion of population using an improved sanitation facility

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

Indicator

7.10: Proportion of urban population living in slums

Status and Trends

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

Indicators

7.1: Proportion of land area covered by forest (tree cover)

7.6: Proportion of terrestrial and marine areas protected

The proportion of land area covered by forests, as defined by the Food and Agricultural Organization (FAO) in the Global Forest Resources Assessment 2000, includes both natural forest and forest plantations. It refers to land with an existing or expected tree canopy of more than 10 percent and an area of more than 0.5 hectare where the trees should be able to reach a minimum height of 5 meters.

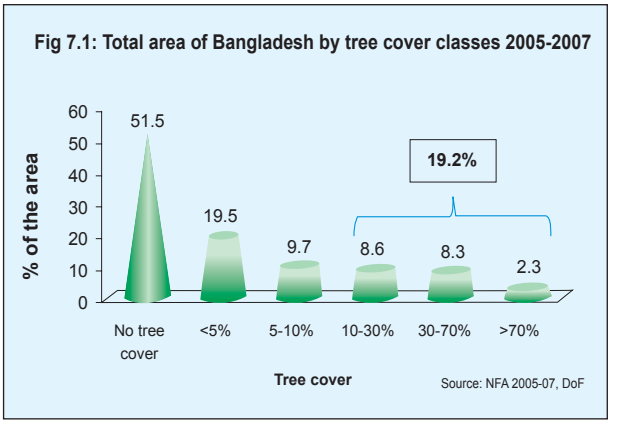


Figure 7.1 indicates that almost half of the area of Bangladesh has some kind of tree cover. There are 19.2 percent of land having tree cover 10 percent and above which is considered as the forest coverage of the country.

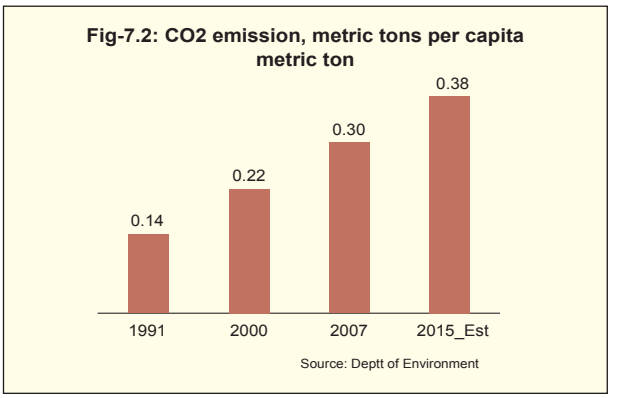
There is 10.6 percent land under medium to very high tree cover (>30 percent). About 8.6 percent land is under roughly low tree cover (10-30 percent), which falls under village forest (land use class). It is estimated that the target of high-density tree coverage of the country (20 percent) will be achieved by 2015.

The protected land under the Forest Department is also low in the country at present. In 2007, the protected forest areas were 1.68 percent, a very small increase from 1991 (0.04 percent). The estimated protected areas in 2015 will be less than 2 percent, which is less than the half of the national target for the protected areas (5 percent).

Indicator 7.2: CO_2 emissions (metric tons per capita)

Indicator 7.3: Consumption of ozone-depleting CFCs (in metric tons per capita)

Carbon dioxide emissions per capita are the total amounts of carbon dioxide emitted by the country because of human activities, divided by the total population of the country. It signifies the commitment to reducing CO_2 emissions and the progress in phasing out the consumption of CFCs. The data show that there has been a steady increase of CO_2 emissions in the country since 1991. In 2007, the emission was 0.3 metric tons per capita and it is expected to go up to 0.38 in 2015, which is very low in the global context.



The consumption of ozone-depleting CFCs in metric tons has been declining in Bangladesh. In 1997, the total consumption was 867 metric tons, which has decreased to 155 metric tons in 2007. The estimated figure for the year 2015 will be less than 100 metric tons. The present country consumption is also negligible compared to the global arena. Cent percent CFCs will be phased out from Bangladesh by 2013.

Table 7.1: Ozone depletion CFC in metric tons

1995	1998	2002	2005	2006	2007
281	831	329	250	191	155

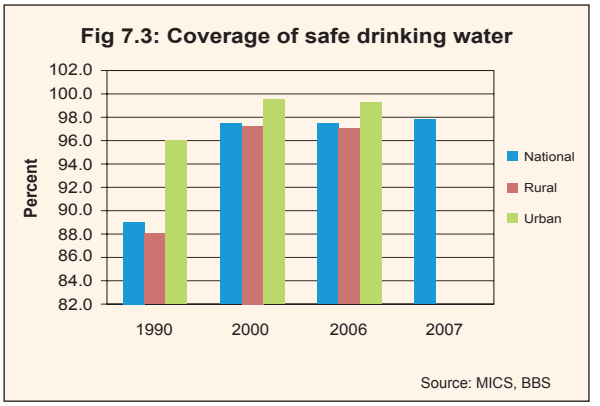
Source: Ozone cell, DoE

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

7.8: Proportion of population using an improved drinking water source

7.9: Proportion of population using an improved sanitation facility

The indictor monitors access to improved water sources based on the assumption that improved sources are more likely to provide safe water. Unsafe water is the direct cause of many diseases in developing countries like Bangladesh. Based on the data from the Multiple Indicator Cluster Survey 2006, the population using an improved drinking water source was 82 percent in the urban and 72 percent in the rural areas. However, the quality of water was not taken into consideration.



The data from BDHS for safe drinking water show that 97 percent of the people used safe drinking water in Bangladesh in 2007 if arsenic contamination is ***not*** taken into consideration.

Sanitation Data from the Sample Surveys

The sanitation data from the MICS, BBS show that 39.2 percent of population used improved sanitation in Bangladesh in 2006. The sanitation coverage for the rural and urban areas was 31.9 percent and 57.8 percent respectively. Here the improved sanitation coverage excluded latrines that have no water seal. The DHS data source is also very consistent with the MICS data. The DHS 2007 shows that 41.9 percent population used improved sanitation of which 60.1 percent are from urban areas and 36.7 percent are from rural

setting. The estimates show that the sanitation coverage will be scaled up to 51 percent in 2015. Likewise, the estimates for rural and urban areas, in 2015, will be 47 percent and 77 percent respectively, which shows that the target of improved sanitation will be achieved in the case of urban areas.

Table 7.2: Improved sanitation coverage (percent)

	1990	2000	2003	2006	2010_Est	2015_Est	Target 2015
National	21	43.0	53.2	39.2	49.5	51.3	60.0
Rural	16.0	41.3	46.2	31.9	44.9	46.6	58.0
Urban	40.0	61.2	70.7	57.8	75.2	76.7	70.0
Disparity: U-R	24.0	19.9	24.5	25.9	30.4	30.1	12.0

Source: MICS, BBS

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

Indicator 7.10: Proportion of urban population living in slums.

The proportion of slum dwellers in the urban areas is available from the census report. According to the most recent population census (2001), 8 percent of the people lived in slums in the urban areas.

Regional Picture

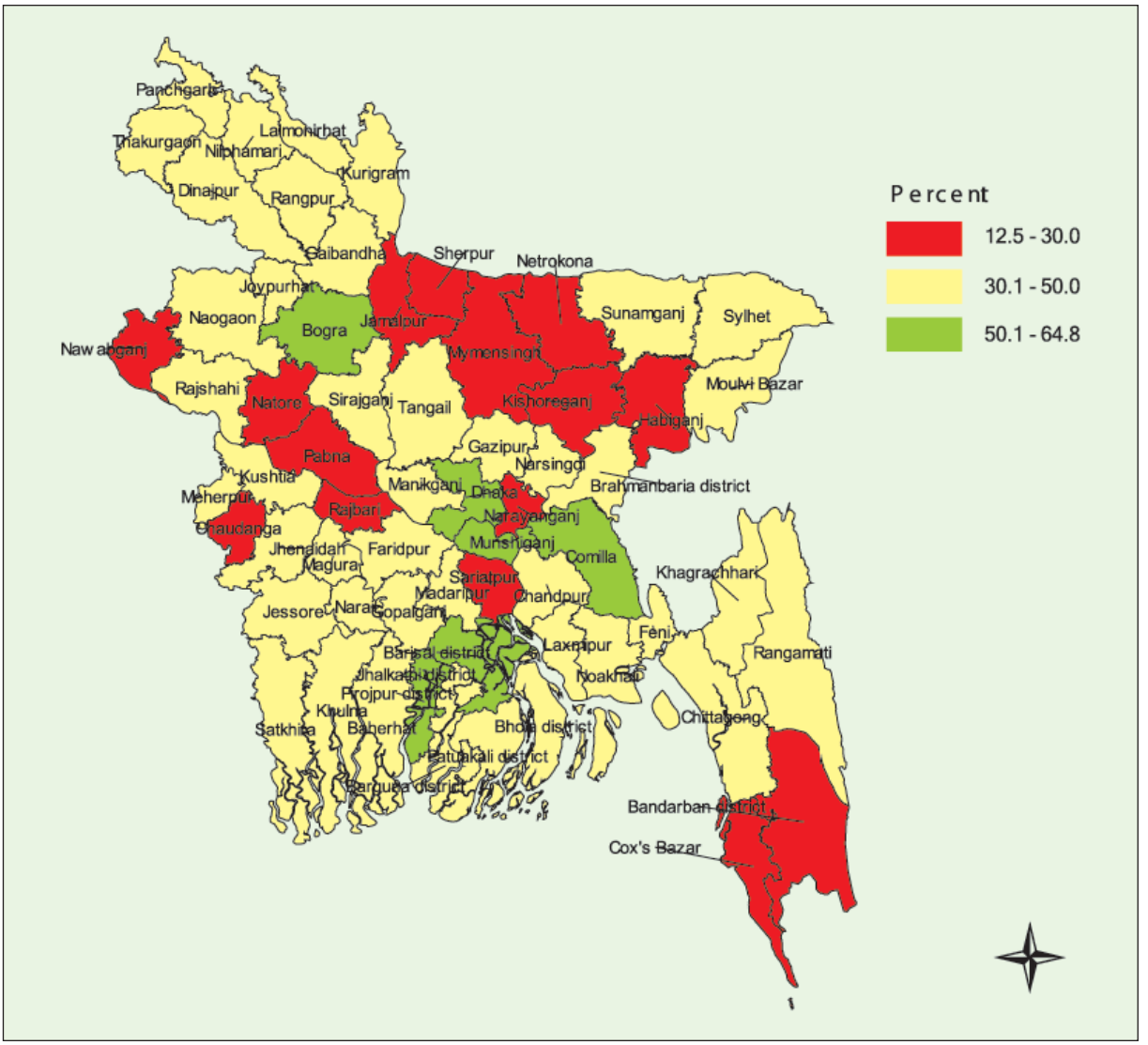
District-wise data reveal that the level of improved sanitation varies significantly across the districts in 2006. Only six districts have improved sanitation coverage of more than 50 percent, which is comparatively better, while 43 districts have sanitation coverage of between 30.1 percent to 50 percent and 15 districts have very low sanitation coverage (less than 30 percent); these are mostly the northern and central areas of the country. There needs to be an awareness-building program among the low sanitation coverage districts to improve the rate.

Table 7.3: Current MDG status of Improved Sanitation coverage, 2006

Improved sanitation Coverage (%)	No of Districts	Comment
<30	**15 (red)**	Very low
30.1 -50.0	**43 (yellow)**	
50.0 +	**6 (green)**	Comparatively Better

Source: MICS,BBS 2006

Map 7.1: Proportion of population using improved sanitation facilities.



Source: MICS,BBS 2006

Challenges and Supportive Policy Environment

The forest coverage of the country is not near the required level. Consumption of wood for fuel has contributed to deforestation and caused environmental problems in Bangladesh. The reforestation and regeneration projects by the Forest Department will definitely promote the coverage. Protection of forest lands is also a major challenge as a very small share of forests is under protection. Such protective measure ensures the protection of wildlife species and floral habitats. Access to quality water for all is a challenge, as arsenic and salinity have drastically reduced safe water availability. NSAPR II has delineated the policy issues and strategies in a diversified way in order to ensure the environmental sustainability of the country. It covers formulation of national policies in the thrust areas, integration of environmental issues into programs, improvement of living conditions in the slums, enacting appropriate laws/regulations to protect the environment and building/increasing capacity through awareness building activities and research, etc.

At a Glance: Goal 7

→ = on Track		↓ = Lagging behind				
	Indicator	**Base Year 1991**	**Current Status**	**Est_ 2015**	**Target 2015**	**Remark**
Ind 7.1:	Proportion of land area covered by forest (%) (tree cover)	9.0	19.2 (Tree density >10%)	20.0 (Tree density >70%)	20.0 (Tree density >70%)	→
Ind 7.2:	CO_2 emissions (metric tons per capita)	0.14	0.30 (2007)	0.38		Low emission
Ind 7.3:	Consumption of ozone-depleting CFCs (metric tons)	195	155 (2007)	0	0	→
Ind 7.4:	Proportion of fish stocks within safe biological limits					In sufficient data
Ind 7.5:	Proportion of total water resources used		6.6 (2000)			In sufficient data
Ind 7.6:	Proportion of terrestrial and marine areas Protected	1.64	1.68 (2007)	1.70	5.0	↓
Ind 7.7:	Proportion of species threatened with Extinction					In sufficient data
Ind 7.8:	Proportion of population using an improved drinking water source	89.0	97.8 (2007)	98.2	100	→
Ind 7.9:	Proportion of population using an improved sanitation facility	21.0	39.2 (2006)	51.3	60.0	
Ind 7.10:	Proportion of urban population living in Slums		7.8 (2001)			

Source: Indicators 7.1, 7.6 (DoF); 7.2., 7.3 (DoE); 7.8, 7.9 (MICS); 7.10 (Population Census, BBS)

Goal 8

Develop a Global Partnership for Development

Develop a Global Partnership for Development

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

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

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

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

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

Indicators

8.1a: Net ODA received by Bangladesh (million US$)

8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI

8.2: Proportion of total bilateral, sector-allocable ODA to basic social services

8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh)

8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes

8.5: ODA received in small island developing states as a proportion of their gross national incomes

8.6: Proportion of total developed country imports (by value excluding arms) from developing countries and from LDCs admitted free of duty

8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from developing country (Bangladesh)

8.8: Agricultural support estimate for OECD countries as a percentage of their GDP

8.9: Proportion of ODA provided to help build trade capacity

8.10: Total number of countries that have reached their HIPC completion points (cumulative)

8.11: Debt relief committed under HIPC and MDRI initiatives

8.12: Debt service as a percentage of exports of goods and services

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

Indicators

8.13: Proportion of population with access to affordable essential drugs on a sustainable basis

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

Indicators

8.14: Telephone lines per 100 population

8.15: Cellular subscribers per 100 population

8.16: Internet users per 100 population

Status and Trends

ODA received:

Indicators

8.1a: Net ODA received by Bangladesh (million US$)

8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI

8.2: Proportion of total bilateral sector-allocable ODA to basic social services

8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh)

Table 8.1 shows the net ODA received by Bangladesh in the base year and in 2006. The data show that ODA inflow into Bangladesh has gone down from US$ 1240 million in 1989-90 to US$ 96.1 million in 2007-08. The percentage of ODA received has declined from 5.7 percent in 1989-90 to only 0.2 percent in 2005-06.

Table 8.1: Current status of Net ODA received by Bangladesh

Indicator	Net ODA	
Net ODA total received by Bangladesh (million US$)	1240.0 (1989-90)	96.1 (2007-08)
Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI	5.7 (1989-90)	0.2 (2005-06)

Source: Flow of External resources into Bangladesh, ERD 2009

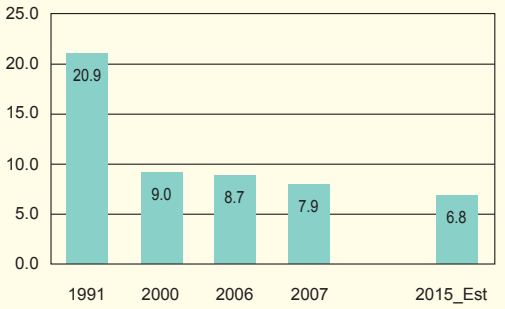
Debt Services:

Indicator 8.12: Debt service as a percentage of exports of goods and services

The indictor provided is debt services as a percentage of exports of goods and services. Monitoring a country's debt situation is an important factor in determining a country's ability for sustainable development. Bangladesh has been performing well in bringing down its debt services from 21 percent in 1991 to 8 percent in 2007.

The reduction rate of debt services was 1.74 percent annually during 2000-2007. If this trend continues, the estimated debt in 2015 will be 6.8 percent.

Fig 8.1: Debt Services as % of exports of goods and services in Bangladesh



Source: Annual Report, ERD 2007

ICT services:

Indicator 8.14: Telephone lines per 100 population

Indicator 8.15: Cellular subscribers per 100 population

Indicator 8.16: Internet users per 100 population

In recent years, the use of telephone services has increased remarkably in Bangladesh with the wide use of cellular phones. However, the growth of land phones was steady. In 1991, 2 telephone sets were used by each 1000 population, which has increased to nine telephone sets per 1000 population. Information on cellular phone use shows that the use has increased sharply from 0.02 percent in 1991 to 30.8 percent in 2008. Internet services are mostly available in metro city areas and at best the district head quarters. Only three connections were available per 100 population in 2008, but in the base year, it was almost nil. The government has initiated steps to promote ICT by taking positive steps such as tax and import duty cuts on computers, promoting ISP services, etc.

Challenges and Supportive Policy Environment

Developed countries have so far failed to perform their responsibility to address the problem of unfair trade and global financial system; providing 0.7 per cent ODA of their GNIs; and transferring new technologies for productive youth employment in developing countries to achieve MDG 8. Developed countries should come forward and assist the least developed countries in exploiting potentials of international trade and should fulfill their obligation as signatories to the MDGs. It would be a huge challenge to bring together the donors and recipient countries to form an effective partnership to attain MDGs in the stipulated period.

The Paris Declaration promotes partnerships that improve transparency and accountability on the use of development resources. This encourages donors and partners jointly assess mutual progress in Bangladesh in implementing agreed commitments on aid effectiveness by making the best use of local mechanisms. There needs to be infrastructural development and technology transfer throughout Bangladesh to diffuse knowledge as soon as possible to spread information and knowledge to the remote regions of the country. There are national strategies to promote ICT with the recent government vision of "*Digital Bangladesh"* by 2021.

At a Glance: Goal 8

Indicator	Base Year 1991	Current Status	Remark
8.1a: Net ODA Total received by Bangladesh (million US$)	1240 (1989-90)	96.1 (2007-08)	
8.1b: Net ODA Total received by Bangladesh, as percentage of OECD/DAC donors' GNI	5.7	0.2 (2006)	Low inflow
8.2: Proportion of total bilateral sector-allocable ODA to basic social services		42% (2005)	
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh)		82% (2005)	
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from developing country (Bangladesh)		12-16% (2006)	
8.12: Debt service as a percentage of exports of goods and services	20.9	7.9 (2007)	
8.14: Telephone lines per 100 population	0.2	0.92 (2008)	Low users
8.15: Cellular subscribers per 100 population		30.8 (2008)	
8.16: Internet users per 100 population	0.0	3.4 (2008)	Low users

Source: Indicator 8.1, 8.2, 8.12 (ERD), 8.14 (BBS), 8.14, 8.15, 8.16 (BTRC)

References

Bangladesh Bureau of Educational Information and Statistics (BANBEIS) 2008. *Educational Statistics 2007*. Ministry of Education

Bangladesh Bureau of Statistics, 2007. *Report of the Household Income & Expenditure Survey 2005*.

Bangladesh Bureau of Statistics, 2008. *Report on Sample Vital Registration System 2007*.

Bangladesh Bureau of Statistics, 2007. *Report on Sample Vital Registration System 2005-06*.

Bangladesh Bureau of Statistics, 1991. *Report on Sample Vital Registration System 1990*.

Bangladesh Bureau of Statistics, 2009. Statistical Pocket Book of Bangladesh 2008.

Bangladesh Bureau of Statistics. *Population Census 2001*.

Bangladesh Bureau of Statistics, 2008. *Literacy Assessment Survey 2008*.

Bangladesh Bureau of Statistics, 2008. *Report on Labour Force Survey 2005-06*.

Bangladesh Bureau of Statistics, 2007. *Multiple Indicator Cluster Survey 2006*.

Bangladesh Bureau of Statistics, 2007. *Child and Mother Survey of Bangladesh 2005*.

Bangladesh Forest Department, 2007. *National Forest and Tree Resources Assessment 2005-2007*.

Directorate of Primary Education, 2008. *Primary School Survey 2007*. Dhaka.

Economics Relations Division, 2008. *Flow of External Resources into Bangladesh*. Dhaka.

General Economics Division, 2007. *Millennium Development Goals: Mid-Term Bangladesh Progress Report 2007*. Dhaka. Planning Commission.

General Economics Division, 2009. *Moving Ahead: National Strategy for Accelerated Poverty Reduction II*. Dhaka. Planning Commission.

Government of Bangladesh and UNCT, 2005. *The Millennium Development Goals: Bangladesh Progress Report*

Malaria and Parasitic Disease Control Unit, 2008. *Annual Report*. Dhaka. DG Health

Mitra, Sadananda, 2007. *Reproductive Morbidity in Bangladesh: Patterns, Determinants and Treatment Seeking Behaviour*. New Delhi. Jawaharlal Nehru University

National Institute of Population Research and Training (NIPORT), 2009. *Bangladesh Demographic and Health Survey 2007*.

National Institute of Population Research and Training (NIPORT), 2005. Bangladesh Demographic and Health Survey 2004.

Official records from the Institute of Epidemiology, Disease Control and Research (IEDCR) and the Department of Environment

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Promote Gender Equality and Empower Women

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Ensure Environmental Sustainability

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General Economics Division
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