



Millennium Development Goals

BANGLADESH PROGRESS REPORT 2012





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General Economics Division (GED)
Bangladesh Planning Commission
Government of the People's Republic of Bangladesh
June 2013



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Minister

Ministry of Planning

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I am happy to learn that the General Economics Division (GED) of the Bangladesh Planning Commission has prepared the 'Millennium Development Goals: Bangladesh Progress Report 2012' taking inputs from relevant ministries and related stakeholders. I hope the report will be helpful to track record of Bangladesh's achievements and status in respect of MDGs attainment. It will also provide inputs to draw the attention of all stakeholders for fulfilling the set goals in stipulated time.

The Government of Bangladesh in its Sixth Five Year Plan (2011-2015) has integrated the Millennium Development Goals within the broader agenda of the economic and social targets. The first implementation report of the Sixth Plan reveals that Bangladesh is on track in achieving the targets set to be implemented by 2015. Our success is also acclaimed globally and our Hon'ble Prime Minister was awarded with 'UN MDG Awards 2010'. She was also awarded the South-South Award 'Digital Health For Digital Development' in 2011 for her innovative idea to use the Information and Communication Technology for progress of the health of women and children.

This is the sixth publication of Bangladesh MDGs Progress Report after 2005, 2007, 2008, 2009 and 2011. The report highlights the current trends of achieving the goals and identified future policy interventions in attaining the set targets. It shows that Bangladesh has already met some targets of MDGs like reducing Poverty Gap Ratio, attaining Gender Parity at Primary and Secondary levels education, Under-five Mortality Rate reduction, containing HIV infection with access to antiretroviral drugs, Children under five sleeping under insecticide treated bed nets, detection and cure rate of TB under DOTS etc. Hence, it can rightly be said that Bangladesh has been convincingly moving towards achieving most of the goals, while some of the goals can be attained with enhanced efforts. However, some goals will need more time to be achieved.

I take the opportunity to thank the GED officials and UNDP Bangladesh for their efforts in preparing and publishing the report which, I am sure, will be beneficial for the policy makers, researchers, academia, planners and development partners dealing with the MDGs. I would also like to offer thanks to various Ministries/Divisions/ Agencies for supplying inputs/data for preparation of the report.

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

FOREWORD

'Millennium Development Goals: Bangladesh Progress Report 2012' is the sixth report monitoring the progress of MDGs in Bangladesh after 2005. This report is prepared and published by the General Economics Division (GED) of the Planning Commission after taking inputs from different ministries/divisions/agencies that are implementing various programmes/projects with the aim to achieving the set goals.

The report shows that Bangladesh has achieved remarkable progresses in the areas of poverty alleviation, primary school enrolment, gender parity in primary and secondary level education, lowering the infant and under-five mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases. The 2010 HIES data reveal that incidence of poverty has been declining at an annual rate of 2.47 percent in Bangladesh during 1991-1992 to 2010. In this context it can be said that the target of halving the population living under the poverty line has already been achieved in 2012.

The report indicates the challenges of achieving MDGs in several key areas. The education sector faces significant challenges in achieving some of the targets which include ensuring survival rate to grade V, improving quality of primary education, increasing share of education in government budget and increasing coverage and improving quality of adolescent and adult literacy programmes.

Notwithstanding the low incidence of the communicable diseases and the progress made, Bangladesh faces challenges in maintaining the trend. These include inadequate coverage of Most at Risk Population, limited technical and managerial capacity and lack of strategic information management.

In case of environment, some of the important challenges are: efficient use of forest resources, lack of facilitating technology, lack of proper regulation and adequate enforcement that reveal the gaps in expected fisheries sector development, lack of information in the area of chemical fertilizer consumption and energy mix, and developing water efficient agricultural practices. All these challenges have to be overcome with concerted efforts by all for sustainable growth and development in achieving MDGs.

The challenges ahead of Bangladesh call for mobilizing required resources and targeted interventions in the areas lagging behind. This report would assist the Government of Bangladesh and other stakeholders to take appropriate measures regarding the off-track targets to bring in line to achieve the MDGs by 2015. A new chapter has been added on the activities and process of preparing new Development Goals beyond 2015 period, so that the relevant stakeholders are informed and be engaged in the preparation process of new goals and targets that will, however, be finalized in 2015.

I am thankful to all including concerned GED officials and other Focal Points in the relevant Ministries who helped us providing timely data/information in preparation of this Report. We all from GED are grateful to our Hon'ble Planning Minister Air Vice Marshal (Retd.) A.K. Khandker M.P. for his intimate support and inspiration in bringing out this Progress Report on MDGs within a short time.



(Prof. Shamsul Alam, Ph.D)

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June, 2013

ACKNOWLEDGEMENTS

'The Millennium Development Goals: Bangladesh Progress Report 2012' is the sixth Bangladesh MDGs Progress Report prepared by the General Economics Division (GED), Planning Commission, Government of Bangladesh.

For the relevant data, different Ministries/Divisions were requested to provide information on the latest status of the implementation of the Millennium Development Goals. The inputs were then compiled and data were analyzed to prepare the draft report by Mr. Mohd. Monirul Islam, Senior Assistant Chief, GED. The draft was then circulated among relevant Ministries/Divisions for comments. The Member, GED has gone through the draft thoroughly and suggested revisions and improvements. Based on their feedbacks and comments, the report has been recast and finalized.

The Bangladesh Bureau of Statistics, Statistics Division under the Ministry of Planning provided information related to poverty and other social sectors. The Ministry of Primary and Mass Education and the Ministry of Education provided information related to universal primary education while the Ministry of Health and Family Welfare furnished information relating to child health, maternal health and communicable diseases. The Ministry of Environment and Forests, and the Local Government Division gave necessary information on sustainable environment. Data provided by the Economic Relations Division and the Ministry of Post and Telecommunication were used to prepare the global partnership write-up of Chapter 9. Gender data were endorsed by the Ministry of Women and Children Affairs. Based on the government data, majority of the targets were analysed, albeit some international sources were also used to make comparison; where government data are not available. The GED acknowledges the contribution of all the officials of the relevant Ministries/Divisions for the help in preparing the report. Mr. Md. Zobih Ullah, Division Chief and Mr. Md. Eakub Ali, Joint Chief, GED; Mr. Richard Marshall and Mr. K.A.M Morshed of UNDP deserve special thanks for guidance and supporting GED efforts in the publication of the report.



MDG related progress reports/studies published by the General Economics Division, Planning Commission

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2. Millennium Development Goals: Mid Term Bangladesh Progress Report, 2007
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10. MDG Financing Strategy for Bangladesh, 2011
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Acronyms

9th SS	9th Serological Surveillance
AAA	Accra Agenda for Action
ACR	Annual Census Report
ADB	Asian Development Bank
ADP	Annual Development Programme
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care Coverage
APIs	Active Pharmaceutical Ingredients
ARI	Acute Respiratory Infections
ASC	Annual School Census
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
BARC	Bangladesh Agriculture Research Council
BBS	Bangladesh Bureau of Statistics
BDF	Bangladesh Development Forum
BDHS	Bangladesh Demographic and Health Survey
BFS	Bangladesh Fertility Survey
BLS	The Bangladesh Literacy Survey
BMMS	Bangladesh Maternal Mortality Survey
BSS	Behavioural Surveillance Survey
BTRC	Bangladesh Telecommunication Regulatory Commission
CBN	Cost of Basic Needs
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CCTF	Climate Change Trust Fund
CCU	Climate Change Unit
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CES	EPI Coverage Evaluation Survey
CFC	Chlorofluorocarbon
CMNS	Child and Maternal Nutrition Survey
COPD	Chronic Obstructive Pulmonary Disease
CPR	Contraceptive Prevalence Rate
CPS	Contraceptive Prevalence Survey
CSBA	Community Skilled Birth Attendant
DAC	Development Assistance Committee
DAE	Directorate of Agricultural Extension
DCI	Direct Calorie Intake
DFID	Department for International Development
DFQF	Duty Free Quota Free
DGDA	Directorate General of Drug Administration
DGHS	Directorate General of Health Services
DoE	Department of Environment
DoF	Department of Forest
DOTS	Directly Observed Treatment Short-course
DP	Development Partner
DPE	Department of Primary Education
DSF	Demand Side Financing
ECR	Environmental Conservation Rules
EmOC	Emergency Obstetric Care

Acronyms

EPI	Expanded Programme of Immunization
FAO	Food and Agriculture Organization of the United Nations
FDI	Foreign Direct Investment
FTA	Free Trade Area
FWV	Family Welfare Visitor
FY	Financial Year
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
GOB	Government of Bangladesh
GPI	Gender Parity Index
GPS	Government Primary School
GTBR	Global Tuberculosis Report
HCR	Head Count Ratio
HES	Household Expenditure Survey
HIES	Household Income and Expenditure Survey
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HPNSDP	Health, Population and Nutrition Sector Development Programme
HRD	Human Resource Development
ICT	Information and Communication Technology
IDU	Injection Drug Users
IEC	Information, Education and Communication
IFAD	International Fund for Agricultural Development
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPCC	Intergovernmental Panel on Climate Change
ITN	Insecticide Treated Net
IUCN	International Union for Conservation of Nature
IUD	Intra Uterine Device
JCS	Joint Cooperation Strategy
Kcal	Kilo calorie
LAS	Literacy Assessment Survey
LCG	Local Consultative Group
LDCs	Least Developed Countries
LFS	Labour Force Survey
LLIN	Long Lasting Impregnated Net
MARPs	Most at Risk Populations
MBDC	Mycobacterial Disease Control
MDGs	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
MH/RH	Maternal Health/Reproductive Health
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MOEF	Ministry of Environment and Forest
MOHFW	Ministry of Health and Family Welfare

Acronyms

MOWCA	Ministry of Women and Children Affairs
MSMEs	Micro, Small and Medium Enterprises
NAC	National AIDS Committee
NARS	National Agricultural Research System
NASP	National AIDS/STD Programme
NER	Net Enrolment Ratio
NGO	Non Government Organization
NIDs	National Immunization Days
NMCP	National Malaria Control Program
NTP	National Tuberculosis Control Program
ODA	Official Development Assistance
ODP	Ozone Depleting Potential
ODS	Ozone Depleting Substance
OECD	Organization for Economic Cooperation and Development
ORT	Oral Rehydration Therapy
PPP	Purchasing Power Parity
PWID	People Who Inject Drugs
R&D	Research and Development
RNGPS	Registered Non-Government Primary School
SBA	Skilled Birth Attendants
SFYP	Sixth Five Year Plan (2011-15)
SMEs	Small and Medium Enterprises
SOFI	State of Food Insecurity
SSN	Social Safety Net
SVRS	Sample Vital Registration System
TB	Tuberculosis
TDS	Total Debt Service
TFP	Total Factor Productivity
TFR	Total Fertility Rate
TRIPS	Trade Related Intellectual Property Rights
UESD	Utilization of Essential Service Delivery
UHFWC	Union Health and Family Welfare Centre
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNJMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
UNSD	United Nations Statistics Division
VAW	Violence Against Women
VCT	Voluntary Counselling and Testing
VGD	Vulnerable Group Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WTO	World Trade Organization
XGS	Export of Goods and Services

Executive Summary

It is encouraging to note that Bangladesh has already met several targets of the MDGs like reducing poverty gap ratio, attaining gender parity at primary and secondary education, under-five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under five sleeping under insecticide treated bed nets, detection and cure rate of TB under DOTS and others. In addition, Bangladesh has made remarkable progress in the areas of poverty reduction, reducing the prevalence of underweight children, increasing enrolment at primary schools, lowering the infant mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases. The Household Income and Expenditure Survey (HIES) 2010 data show that the incidence of poverty is declining at a rate of 2.47 percent per year since 1991-92 in Bangladesh. It can be said that the target of halving the population living below the poverty line is already achieved in 2012.

On the other hand, areas in need of greater attention are hunger-poverty reduction and employment generation, increases in primary school completion and adult literacy rates, creation of decent wage employment for women, increase in the presence of skilled health professionals at delivery, increase in correct and comprehensive knowledge on HIV/AIDS, increase in forest coverage, and coverage of Information and Communication Technology.

Goal 1: Eradicate Extreme Poverty and Hunger

Bangladesh has made commendable progress in respect of eradication of poverty and hunger. It has sustained a GDP growth rate in excess of 6 percent in recent years that has played a positive role in eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indicators such as increased life expectancy and lower fertility rate despite having one of the world's highest population densities. The inclusive growth has resulted in impressive poverty reduction from 56.7 percent in 1991-92 to 31.5 percent in 2010; the rate of reduction being faster in the present decade than the earlier ones. The latest HIES 2010 data show that the incidence of poverty has declined at an annual rate of 2.47 percent in Bangladesh during 1992-2010 against the MDG target of 2.12 percent. Bangladesh has already met one of the indicators of target 1 by bringing down the poverty gap ratio to 6.5 against 2015 target of 8.0. The estimated figures suggest that the MDG target of halving the population living below the poverty line (from 56.7 percent to 29.0 percent) has already been achieved in 2012. Unemployment as well as underemployment is especially dominant among the young people between 15 to 24 years of age. This age group comprises nearly 9 percent of the country's population and 23 percent of the labour force. Moreover, while Bangladesh has demonstrated its capacity for achieving the goal of poverty reduction within the target timeframe, attaining food security and nutritional wellbeing still remains a challenge. The challenges with regard to reducing income inequality and the low economic participation of women also remain as major concerns.

Goal 2: Achieve Universal Primary Education

Significant progress has been made in increasing equitable access in education (NER: 98.7 percent; girls: 99.4 percent, boys: 97.2 percent), reduction of dropouts, improvement in completion of the cycle, and implementation of a number of quality enhancement measures in primary education. Bangladesh has already achieved gender parity in primary and secondary enrolment. Initiatives have been taken to introduce pre-school education to prepare the children for formal schooling. The government is in the process of implementing a comprehensive National Education Policy (2010) to achieve its objectives. The Constitution of Bangladesh has provision for free and compulsory primary education. The challenges under MDG 2 include attaining the targets of primary education

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completion rate and the adult literacy rate. A large part of the physically and mentally retarded children remains out of the schooling system. The quality of education is also a challenge at the primary and higher levels.

Goal 3: Promote Gender Equality and Empower Women

Bangladesh has already achieved this goal i.e. gender parity in primary and secondary education at the national level. This positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend scheme for girls at the secondary level. Bangladesh has made significant progress in promoting the objectives of ensuring gender equality and empowerment of women. There has been steady improvement in the social and political empowerment scenario of women in Bangladesh. The Bangladesh Government is committed to attaining the objective of CEDAW, Beijing Platform for Action and MDGs in conformity with the fundamental rights enshrined in the Bangladesh Constitution and has adopted the National Policy for Women's Advancement (2011) and a series of programs for ensuring sustainable development of women. There has been a sharp increase in the number of women parliamentarians elected (20 percent of total seats) in the last national election. However, wage employment for women in Bangladesh is still low. Only one woman out of every five is engaged in wage employment in the non-agricultural sector.

Goal 4: Reduce Child Mortality

Bangladesh has already met the target of reducing under-five mortality rate: against the target of achieving 48 per 1,000 live births in 2015, it has already achieved 44 per 1,000 live births in 2011. The target of reducing the infant mortality rate is also on track. The successful programs for immunization, control of diarrhoeal diseases and Vitamin A supplementation are considered to be the most significant contributors to the decline in child and infant deaths along with potential effect of overall economic and social development. Despite these improvements, there are challenges ahead. While the mortality rates have improved, major inequalities among the population still need to be addressed. Childhood injuries, especially drowning, have emerged as a considerable public health problem responsible for a full quarter of the deaths among children 1-4 years of age.

Goal 5: Improve Maternal Health

According to the country's first MDG Progress Report, the maternal mortality ratio in 1990 was 574 per 100,000 live births in Bangladesh. However, according to Bangladesh Maternal Mortality Survey (BMMS), maternal mortality declined from 322 in 2001 to 194 in 2010, a 40 percent decline in nine years. The average rate of decline from the base year has been about 3.3 percent per year, compared with the average annual rate of reduction of 3.0 percent required for achieving the MDG in 2015. The BMMS 2001 and 2010 show that overall mortality among women in the reproductive ages has consistently declined during these nine years.

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

Bangladesh has performed well in halting communicable diseases under this goal. Available data show that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1 percent and thus is still below an epidemic level. There was a significant improvement in the reduction of malarial deaths in the country over the years. Major interventions for malaria control undertaken include expanding

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quality diagnosis and effective treatment of 90 percent of malaria cases; promoting use of long lasting impregnated nets (LLIN) and insecticide-treated nets (ITN) in 100 percent households in the three hill districts; and intensive Information, Education and Communication (IEC) campaign for increasing mass awareness of prevention and control of malaria. Bangladesh has already achieved the MDG targets of TB case detection and cure rates.

Goal 7: Ensure Environmental Sustainability

At present there is only 19.4 percent of land in Bangladesh having tree cover with density of 10 percent and above. Based on the spatial dimension, the area having tree cover is much closer to the target (20 percent) set by the government but the density is much less than the target (>70 percent). Since 1991, there has been a steady increase in CO₂ emission in Bangladesh. In 2007, the emission was 0.3 tonne per capita. At present the proportion of terrestrial and marine areas protected is 2.3 percent which is much less than the target of 5 percent. Data show that without considering the issue of arsenic contamination, 98.2 percent of the population of Bangladesh is using improved drinking water source; 63.6 percent of population is using improved sanitation in 2011. However, access to safe water for all is a challenge, as arsenic and salinity intrusion as a consequence of climate change fall out will exacerbate availability of safe water especially for the poor.

Goal 8: Develop a Global Partnership for Development

Between 1990-91 and 2010-11, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 1.6 percent. During this period, per capita ODA disbursement fell from US\$ 15.75 to US\$ 12.01. During the period of 1990-91 to 1996-97, the share of grants and loans in total ODA was about the same. After the period, the share of grants is consistently declining while that of loans is rising. However, in 2010-11, the share of grants has increased to 48 percent of total ODA after a long period.

Out of 34 member states of the Organization for Economic Co-operation and Development (OECD), only nine countries provided US\$ 363.99 million ODA to Bangladesh in 2010-11. The amount was only 20.5 percent of the total ODA received by Bangladesh in the year. It is observed that of the nine OECD countries, only three--Netherlands, Sweden and Norway-- comply with their commitment to provide more than 0.7 percent of their GNI as ODA to the developing countries. If we consider Bangladesh's ODA received from the OECD countries as percentage of their Gross National Income, South Korea is ranked first, followed by the United Kingdom, Denmark and Sweden. Moreover, if we consider ODA received by Bangladesh as percentage of total ODA from OECD countries, South Korea tops the countries followed by Japan, United Kingdom and Denmark.

It is observed that total ODA disbursement in MDG sectors like education, health, social welfare, labour, public administration and social infrastructure have been receiving higher attention. These MDG sectors together along with agriculture and rural development received about 51 percent of total ODA disbursement in 2011. All ODA received from bilateral OECD/DAC donors was fully untied in 2011 against 82 percent in 2005 and 94 percent in 2007.

The Government of Bangladesh has taken up plans to ensure universal access through harmonious development of telecommunication network and building a well-developed, strong and reliable telecommunication infrastructure for effective implementation of its ICT policy and ultimately for complementing the 'Vision 2021' of the government. Cellular subscribers per 100 population are 64.6 in 2012 which was zero in 1990. The internet users per 100 population is 20.5 in 2012, which was 0.15, 0.20 and 3.4 in 2005, 2006 and 2008 respectively.

Introduction

Building on the United Nations (UN) global conferences of the 1990s, the United Nations Millennium Declaration 2000 marked a strong commitment to the right to development, to peace and security, to gender equality, to eradication of many dimensions of poverty and to sustainable human development. Embedded in that Declaration, which was adopted by 147 Heads of State and 189 States, were what have become known as the eight Millennium Development Goals (MDGs).

In line with the Millennium Declaration, to monitor progress towards the goals and targets, the United Nations system, including the World Bank and the International Monetary Fund (IMF), as well as the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD), assembled under the Office of the UN Secretary General and agreed a set of time bound and measurable goals and targets to assess progress over the period from 1990 to 2015. The Secretary General presented the goals, targets and indicators to the General Assembly in September 2001 in his report entitled 'Roadmap Towards the Implementation of the United Nations Millennium Declaration'. A framework of 8 goals, 18 targets and 48 indicators to measure progress towards the MDGs was adopted. However, from January 2008, the following 21 targets and 60 indicators have been used to monitor the MDGs:

Millennium Development Goals (MDGs)	
Goals and targets	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day 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	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	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption

Goal 2: Achieve universal primary education	
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 ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary school 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and 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
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
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 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
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 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

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Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	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	6.6 Incidence and death rates associated with malaria 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 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes 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 7.2 CO ₂ emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 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	7.10 Proportion of urban population living in slums
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and	Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social

<p>poverty reduction – both nationally and internationally</p> <p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>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</p>	<p>services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p> <p>Market access</p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p> <p>Debt sustainability</p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>

CHAPTER 2- ERADICATE EXTREME POVERTY AND HUNGER

MDG 1: Eradicate extreme poverty and hunger

Goal, targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
Goal 1: Eradicate extreme poverty and hunger			
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line			
1.1: Proportion of population below \$1 (PPP) per day, (%)	70.2 (1992)	43.3 (WB ¹ , 2010)	35.1
1.1a: Proportion of population below national upper poverty line (2,122 kcal), (%)	56.7 (1992)	31.5 (HIES 2010)	29.0
1.2: Poverty gap ratio, (%)	17.0 (1992)	6.5 (HIES 2010)	8.0
1.3: Share of poorest quintile in national consumption, (%)	8.76 (2005)	8.85 (HIES 2010)	na
1.3a: Share of poorest quintile in national income, (%)	6.52 (1992)	5.22 (HIES 2010)	-
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.			
1.4: Growth rate of GDP per person employed, (%)	0.90 (1991)	3.43 (WB 2010)	-
1.5: Employment to population ratio (15+), (%)	48.5	59.3 (LFS 2010)	for all
1.6: Proportion of employed people living below \$1 (PPP) per day	55.9 (1992)	50.1 (ILO 2005)	-
1.7: Proportion of own-account and contributing family workers in total employment	40.1 (1996)	21.7 (ILO 2005)	-
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger.			
1.8: Prevalence of underweight children under-five years of age (6-59 months), (%)	66.0	36.4 (BDHS 2011)	33.0
1.9: Proportion of population below minimum level of dietary energy consumption (2,122 kcal), (%)	48.0	40.0 (HIES 2005 ²)	24.0
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal),	28.0	19.5 (HIES 2005) ²	14.0

¹ Though the MDG indicators are \$1 (PPP), WB data are prepared based on \$1.25 (PPP). Throughout the report, whenever WB data are shown for MDG indicators of \$1 (PPP), it refers to \$1.25 (PPP).

² HIES 2010 does not measure poverty using Direct Calorie Intake(DCI) method.

2.1 Introduction

Bangladesh has made commendable progress in respect of eradication of poverty and hunger. The sustained growth rate in excess of 6 percent achieved in recent years has played positive role in eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indicators such as increased life expectancy and lower fertility rate. The inclusive growth has resulted in significant poverty reduction from 56.7 percent in 1991-92 to 31.5 percent in 2010; the rate of reduction was faster in the present decade (2001-2010) than in the earlier decade (1991-2000). The Household Income and Expenditure Survey (HIES) 2010 data reveal that the incidence of poverty has been declining at an annual rate of 2.47 percent in Bangladesh during 1991-92 to 2010 against the MDG target of 2.12 percent. Bangladesh has already met one of the indicators of target-1 by bringing down the poverty gap ratio to 6.5, against the MDG target of 8.0 in 2015. Since the trend of sustained GDP growth is continuing, the MDG target of halving the population living under the poverty line (from 56.7% to 29%) has already been achieved in 2012.

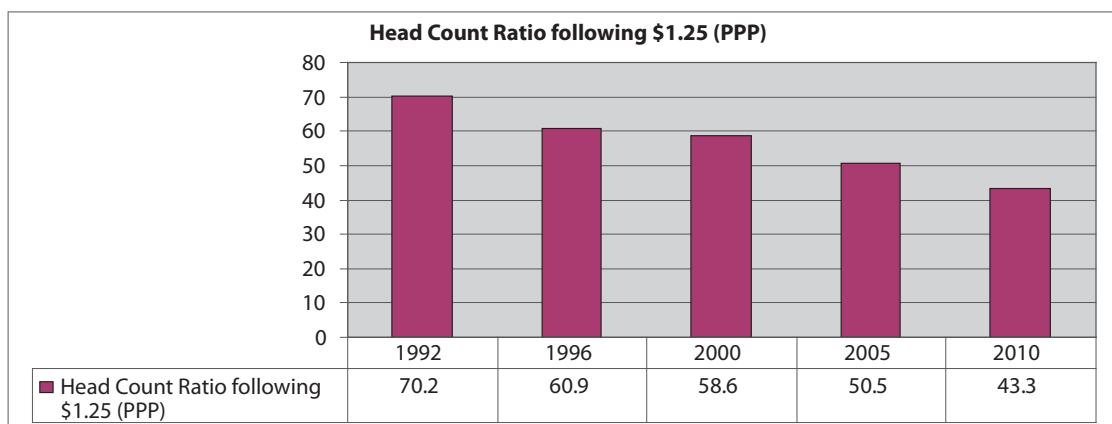
2.2 Progress of achievements in different targets and indicators

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 \$1 (PPP) per day

The proportion of the population below the national poverty line (2,122 kcal/day) is a proxy indicator under this target because of non-availability of data on those who earn \$1 (PPP) per day in Bangladesh. The Household Income and Expenditure Survey (HIES) of Bangladesh Bureau of Statistics (BBS) has been providing data on the incidence of poverty by using the cost of basic needs (CBN) method. The proportion of population below \$1.25 (PPP) per day is shown in Figure 2.1 based on information from the World Bank. It is observed that the head count ratio has reduced, on an average, at 2.13 percent per year during 1992 to 2010 period as against the required rate of 2.17 percent. Thus it can be seen that poverty has been consistently declining in Bangladesh by almost similar rates when poverty is measured by national poverty line and \$1.25 PPP per day although the levels vary due to absolute differences in the poverty line measures.

Figure 2.1: Proportion of Population below \$1.25 (PPP) Per Day, 1992-2010

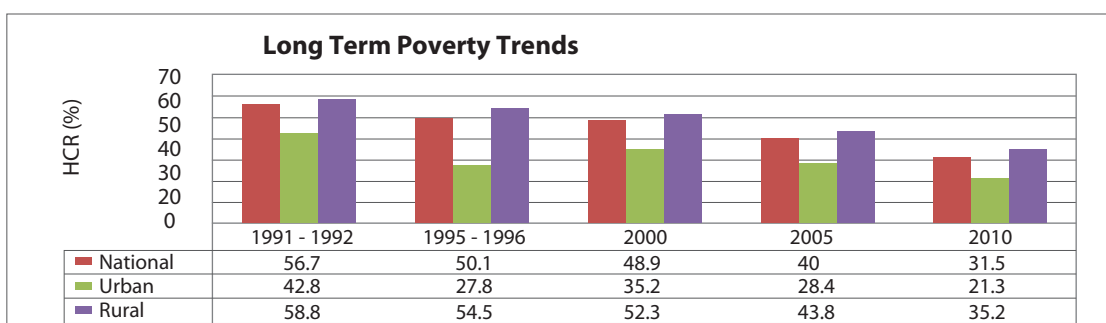


Source: unstats.un.org/unsd/mdg/data.aspx

Indicator 1.1a: Proportion of population below national upper poverty line (2,122 kcal/day)

Bangladesh has been successful in achieving significant reduction in poverty since 1990. This is shown in Figure 2.2. National poverty headcount ratio declined from 56.7 percent in 1991-92 to 31.5 percent in 2010. A notable feature of poverty reduction between 2005 and 2010 was a significant decline in the incidence of extreme poverty. The percentage of population under the lower poverty line, the threshold for extreme poverty, decreased by 29.6 percent (or by 7.4 percentage points), from 25 percent of the population in 2005 to 17.6 percent in 2010. The incidence of extreme poverty declined by 47 percent (or by 7 percentage points) in urban areas and 26 percent (or by 7.5 percentage points) in rural areas.

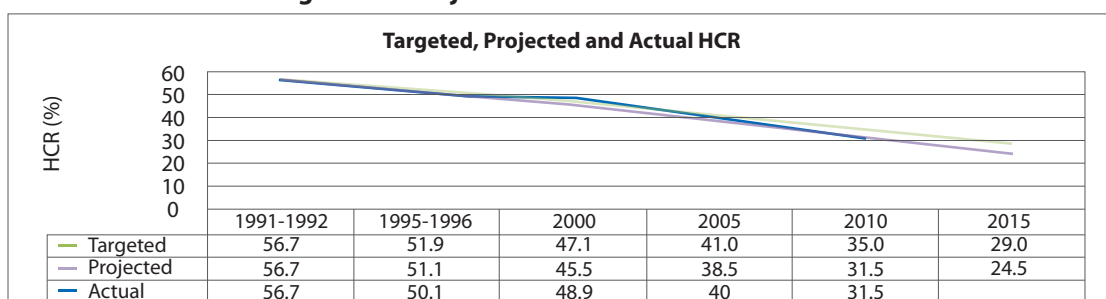
Figure 2.2: Long-Term Poverty Trends (Headcount Ratio)



Source: HES1991-92 and HIES, various years, BBS

The decline in headcount ratio was greater than population growth during 2005-2010 period which led to a decline in the absolute number of the poor people. The size of the population below the upper poverty and the lower poverty lines declined by nearly 8.58 million and 8.61 million respectively during the period. The level and distribution of consumption among the poor improved as well, as is evident from reductions in the poverty gap and squared poverty gap measures by 28 percent and 31 percent respectively. Real per capita consumption expenditure during the 2005-2010 period increased at an average annual rate of 16.9 percent, with a higher rate of increase in rural areas as compared with the urban areas. This shows that the economic conditions and incomes of the rural people, especially the poor, have improved significantly as a result of the pro-poor and pro-rural policies of the government.

Figure 2.3: Projected Head Count Ratio for 2015



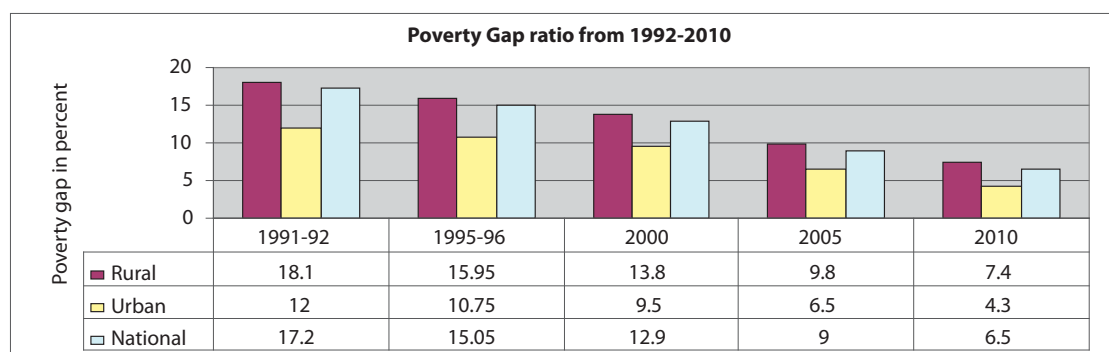
Source: Projection is made based on various rounds of HIES data of BBS

The remarkable progress in respect of eradication of poverty was largely possible due to changes in population structure, increase in labour income, improved infrastructural and telecommunication connectivity, internal migration and government’s targeted safety net programs. Using the long-term decline in poverty incidence between 2000 and 2010 the value of the growth elasticity of poverty turns out to be 0.76. Based on this value, the head count ratio in the terminal year of MDGs is estimated to be 24.5 percent. Inclusive and robust growth has resulted in an impressive poverty reduction at an annual rate of 2.47 percent in Bangladesh during the 1992 to 2010 period.³ The rate of poverty reduction has been faster in the present decade as compared with the previous ones.

Indicator 1.2: Poverty gap ratio

Poverty gap ratio is the mean distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line. The ratio is an indicator of the depth of poverty. It measures the aggregate income deficit of the poor relative to the poverty line, and gives an estimate of the resources needed to raise the poor above the poverty line.

Figure 2.4: Poverty Gap Ratio using Upper Poverty Line, 1992-2010



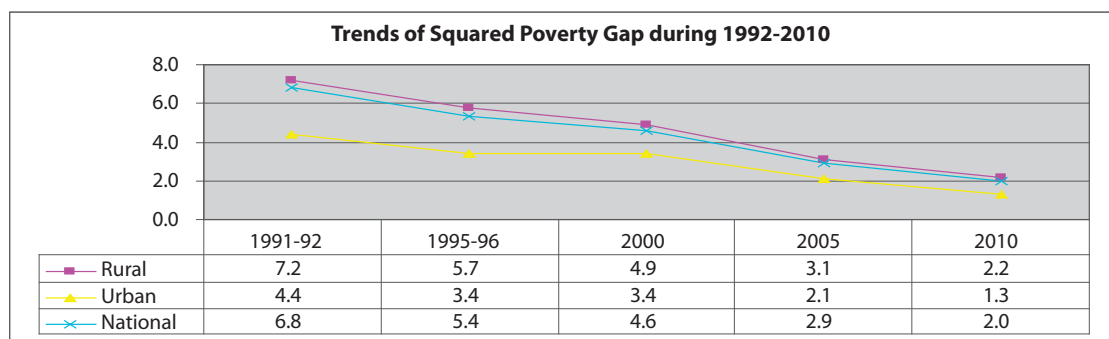
Source: For 1991-92, HES; for other years HIES 2000, 2005, 2010, BBS

It is evident from Figure 2.4 that reduction in the poverty gap ratio in Bangladesh has been quite significant. The poverty gap ratio has declined from 17.20 in 1991-92 to 12.90 in 2000, 9.00 in 2005 and further to 6.50 in 2010. Thus Bangladesh has already achieved the target of halving the poverty gap i.e. 8.6, which was targeted to be achieved in 2015. Moreover, this target is achieved both in rural and urban areas. This suggests that even among the poor, greater proportion of the people are closer to the poverty line now than at the beginning of the 1990s. It is also worth noting that poverty gap ratio declined at a faster rate than the poverty headcount ratio. The pro-poor growth policies along with targeted measures including the safety net programmes of the government have contributed to such an outcome by improving the economic conditions of the extreme poor and disadvantaged groups at a faster rate than the moderate poor groups.

³ Bangladesh has moved to a higher growth trajectory over the last two decades – from 4.8 percent during the 1990s to 5.9 percent during the 2001-2010 period. Moreover, despite global recession and the incidence of natural disasters (Sidr in 2007 and Aila in 2009), the country could achieve GDP growth rate of 6.3 percent towards the end of the last decade (2006-2010).

The squared poverty gap, often interpreted as measuring severity of poverty, takes into account not only the distance separating the poor from the poverty line, but also the inequality among the poor. Under the measure, progressively higher weights are placed on poor households further away from the poverty line. Figure 2.5 shows that the severity of poverty has declined from 6.8 in 1991-92 to only 2.0 in 2010 with similar declining trend in both rural and urban areas. However, both poverty gap and squared poverty gap measures indicate that the depth and severity of rural poverty has always been much higher than those of urban poverty in Bangladesh.

Figure 2.5: Squared Poverty Gap using Upper Poverty Line, 1992-2010

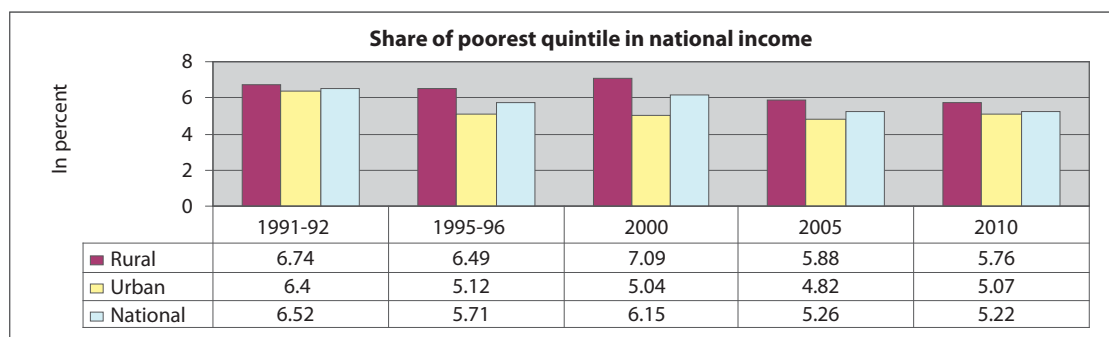


Source: HES 1991-92 and HIES, various years, BBS

Indicator 1.3: Share of the poorest quintile in national consumption

The share of the poorest quintile in national consumption has no benchmark data for 1990 since this indicator was not included in the Household Expenditure Survey conducted by BBS in 1991-92. Hence the share of the poorest quintile in national income was used as a proxy indicator. It is clear from Figure 2.6 that in 1991-92 the poorest quintile had 6.52 percent share of national income. The share fell to 5.26 percent in 2005 and further to 5.22 percent in 2010 implying increasing income inequality between the rich and the poor.⁴ Hence, appropriate interventions are required so that higher benefits of economic growth can reach the poorest quintile.

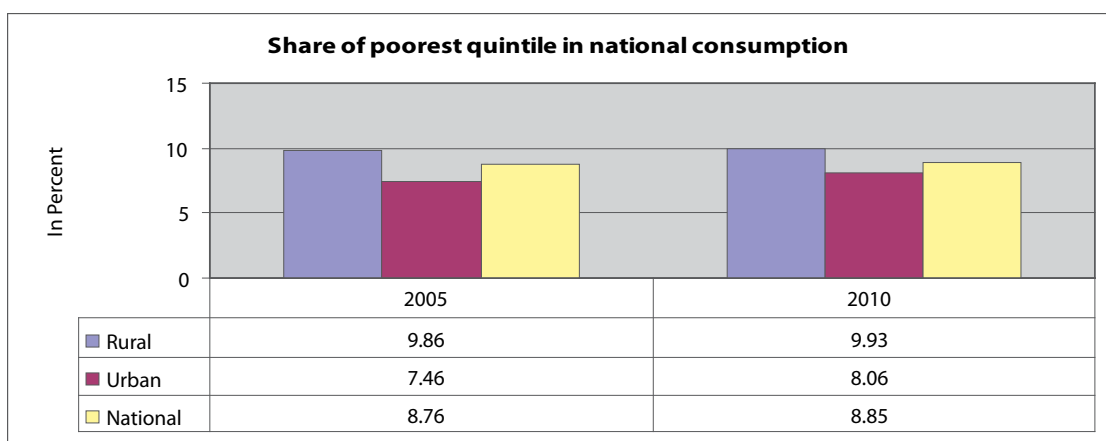
Figure 2.6: Share of Poorest Quintile in National Income, 1992-2010



⁴ There is no one-to-one correspondence between the movement of the share of the poorest quintile in national income and the extent of income inequality as captured in the Gini index, although there is a close relationship between the two.

It is interesting to note, however, that the share of the poorest quintile in national consumption was 8.76 percent in 2005 (Figure 2.7) which marginally increased to 8.85 percent in 2010. The increment is greater in urban areas than in rural areas, although the share of the poorest quintile in national consumption was higher in the rural areas than in the urban areas in both 2005 and 2010. This shows that the present pattern of growth favours the poorest groups more than other groups so that the share of the poorest households in national consumption has been showing a rising trend.

Figure 2.7: Share of Poorest Quintile in National Consumption, 2005-2010



Source: HIES, BBS

To have a better understanding of the trend in inequality, the coefficients of income Gini and expenditure Gini from 1991-92 to 2010 are presented in Table 2.1. It is evident that during these periods inequality has increased in the country. However, the level of inequality has remained somewhat stable over the last ten years at the national level as reflected in the coefficient of Income Gini, although the coefficient of Expenditure Gini slightly reduced during the same period. Rural Bangladesh experienced a moderate increase in income inequality (0.39 in 2000 to 0.43 in 2010), although consumption inequality as reflected in Expenditure Gini remained stable during the same period.⁵

Table 2.1: Coefficients of Income Gini and Expenditure Gini: 1992-2010

Gini	1991-92		1995-96		2000		2005		2010	
	Income	Exp.	Income	Exp.	Income	Exp.	Income	Exp.	Income	Exp.
National	0.388	0.260	0.432	0.310	0.451	0.334	0.467	0.332	0.458	0.321
Urban	-	0.310	-	0.370	0.497	0.373	0.497	0.365	0.452	0.338
Rural	-	0.250	-	0.270	0.393	0.279	0.428	0.284	0.430	0.275

Source: HES 1991-92 and HIES, various years, BBS

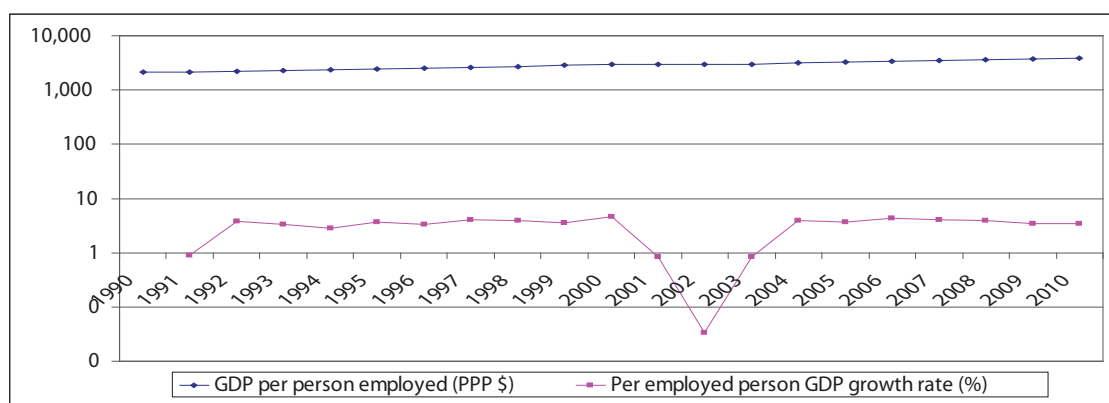
⁵ Both income and expenditure Gini indexes have their separate uses, capturing respectively the inequality in income and consumption in society during a given period of time. Obviously, as poverty is measured in terms of consumption, changes in expenditure Gini would affect poverty trends more than changes in income Gini.

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

Indicator 1.4: Growth rate of GDP per person employed

The information relating to growth rate of GDP per person employed is not available from the National Accounts Statistics of the BBS. However, from the World Bank data, it is observed that the GDP per person employed (constant 1990 PPP dollar) in Bangladesh was \$ 3,917 (PPP) in 2010 with a yearly growth rate of 3.43 percent. The GDP per person employed (PPP\$) with the growth rate is shown in Figure 2.8. It is observed that, the growth of GDP per person employed has been, on an average, 4.04 percent per year, over the last two decades or so. This matches more or less with per capita GDP growth during the 2001-2010 period. It is also observed that while GDP per person employed (PPP\$) displays slight upward trend over the 1991-2010 period, per employed person GDP growth rate show considerable fluctuations, with sudden dip during the 2002-2003

Figure 2.8: Trends of GDP per Person Employed, 1990-2010 period.



Source: <http://data.worldbank.org/indicator/SL.GDP.PCAP.EM.KD>

[Note: GDP per person employed is Gross Domestic Product divided by total employment in the economy and Purchasing Power Parity GDP is GDP converted to 1990 constant international dollars using PPP rates.]

Indicator 1.5: Employment-to-population ratio

In Bangladesh the share of the manufacturing sector in GDP has increased, while that of agriculture has declined. This shows a desirable structural transformation in the economy. However, the service sector has remained the dominant contributor to GDP and has sustained a similar level of contribution throughout the 1990s and 2000s and thus has emerged as the most dynamic sector of the economy. Labour force participation rate in Bangladesh is rather low and has increased from 51.2 percent in 1990-91 to 59.3 percent in 2010 i.e. increased by 8.1 percentage points over the last two decades (Table 2.2).

Table 2.2: Labour Force Participation Rate, 1991-2010

	% among population aged 15 & above		
	All	Male	Female
1990-1991	51.2	86.2	14.0
1995-1996	52.0	87.0	15.8
1999-2000	54.9	84.0	23.9
2002-2003	57.3	87.4	26.1
2005-2006	58.5	86.8	29.2
2010	59.3	82.5	36.0

Source: Labour Force Survey, various years, BBS

[Note: The number of people who are employed is divided by the total number of people in the 15 to 64 years age interval.]

The latest available data based on the Labour Force Survey 2010 reveal that as of 2010, only 59.3 percent (56.7 million) of the population over 15 years of age was economically active. The participation rate of women which has been steadily increasing over the last two decades (1990-2010) is still quite low at 36 percent. The returns from labour force participation rates for female wage earners are lower than those of males, which partially explain their low participation rate. The annual rates of labour force and employment growth have also been rather low and women have contributed more to the annual increment of such growth compared to men (Table 2.3).

Table 2.3: Annual Labour Force and Employment Growth

	Labour force growth (%)			Employment growth (%)		
	All	Male	Female	All	Male	Female
1991-1996	2.4	2.7	1.5	3.1	1.8	12.0
1996-2000	3.2	1.2	14.4	3.0	1.1	14.7
2000-2003	4.4	3.8	6.5	4.4	3.5	7.6
2003-2006	2.2	1.2	5.5	2.2	1.5	4.6
2006-2010	3.6	1.5	10.5	3.5	1.2	10.8

Source: Labour Force Survey, various years, BBS

The reported unemployment rate in Bangladesh is rather low.⁶ This can be attributed to low labour force participation and a large informal sector characterized by widespread underemployment (especially among women). The standard definition of unemployment, as used in Bangladesh following the ILO tradition, is also not capable of capturing fully the nature of unemployment as is prevalent in the country's labour market. However, Gender Statistics of Bangladesh 2008 suggests that the gap in underemployment between men and women has been converging to the national average after 2005-06 indicating similar deprivations for women and men. The large share (nearly 88 percent in 2010) of the informal sector employment in total employment and relatively slow growth in employment especially in the formal sector remain major challenges for Bangladesh.

⁶ The unemployment rates, as reported in various Labour Force Surveys, were 3.5 percent in 1995-96, and 4.3 percent thereafter (1999-2000, 2002-03 and 2005-06). The unemployment rate marginally increased to 4.5 percent in 2010.

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Under such circumstances, it would be difficult to achieve the target of 'employment for all' in the terminal year of the MDGs.

Due to youth bulging in the population, employment–population ratio will be under increasing pressure unless employment expands considerably particularly in the manufacturing sector along with much needed improvement in the total factor productivity (TFP). Overseas migration of predominantly less-skilled labour and remittances comprising almost 10.5 percent of GDP in 2011, has had a major positive development impact on the economy.

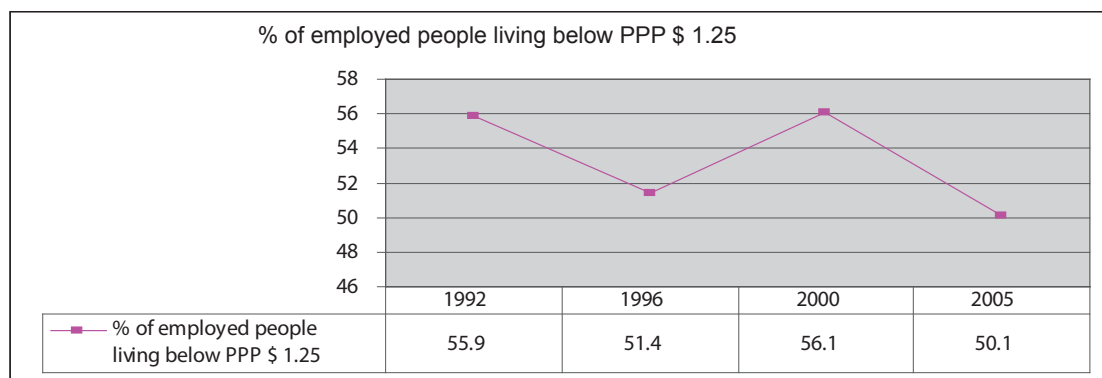
Indicator 1.6: Proportion of employed people living below \$1 (PPP) per day

The proportion of employed persons living below \$1 (PPP) per day, or the working poor, is the share of individuals who are employed, but nonetheless live in a household whose members are living below the international poverty line of \$1.25 a day, (measured at 2005 international prices), adjusted for purchasing power parity (PPP). Thus one can calculate

Working poverty rate = Employed persons living below poverty line divided by total employment

Employment is defined as persons above a specified age who performed any work at all, in the reference period, for pay or profit (or pay in kind), or were temporarily absent from a job for such reasons as illness, maternity or parental leave, holiday, training or industrial dispute. Unpaid family workers who work for at least one hour is included in the count of employment, although many countries use a higher hour limit in their definition. There is no official data in Bangladesh on this indicator. However, the UN data is presented in Figure 2.9, which displays considerable fluctuations in this indicator between 1992 and 2005.

Figure 2.9: Proportion of Employed People Living Below \$1.25 (PPP) per Day



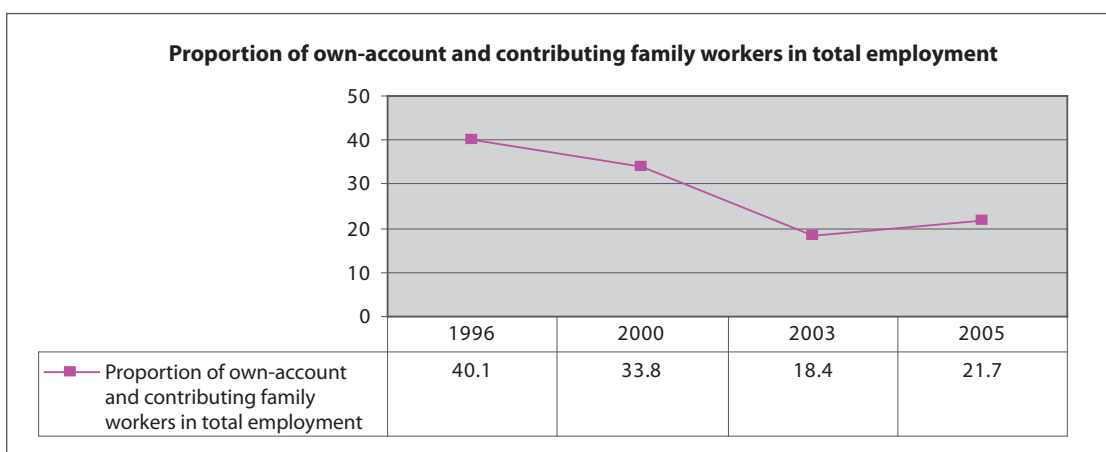
Source: <http://mdgs.un.org/unsd/mdg/Data.aspx>

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

Own-account workers are those who, working on their own account or with one or more partners, hold the type of jobs defined as self-employment (i.e. remuneration is directly dependent upon the profits derived from the goods and services produced), and have not engaged on a continuous basis any employees to work for them during the reference period. Contributing family workers, also known as unpaid family workers, are those

workers who are self-employed, as own-account workers in a market-oriented establishment operated by a related person living in the same household. The share of vulnerable employment is calculated as the sum of contributing family workers and own-account workers as a percentage of total employment. There is no official data in Bangladesh to monitor the progress of this indicator. However, the UN data, as shown in Figure 2.10, exhibit a declining trend between 1996 and 2003 but the proportion increased somewhat in 2005. The Labour Force Survey 2010 shows that nearly 63 percent of all employed persons in Bangladesh are either self-employed or unpaid family workers. Obviously, an important concern for the BBS, the national statistical agency, is to identify the MDG indicators for which no data are available and take urgent measures for generating the required information for regular monitoring.

Figure 2.10: Proportion of Own-Account and Contributing Family Workers in Total Employment



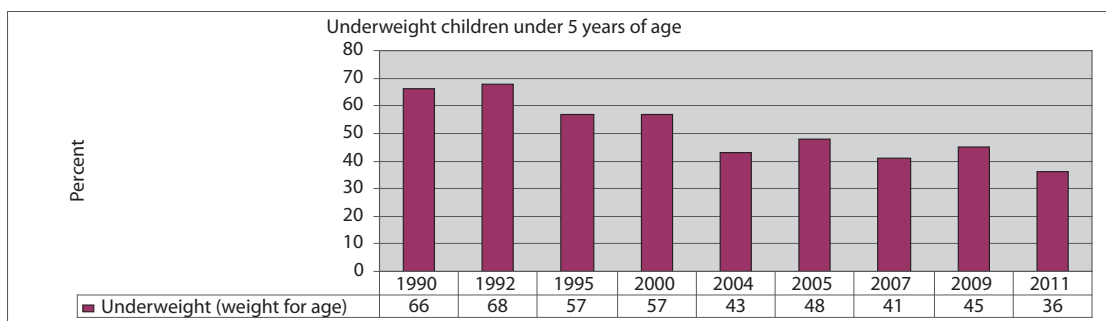
Source: <http://mdgs.un.org/unsd/mdg/Data.aspx>

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 (6-59 months)

Nearly two-thirds (66 percent) of Bangladesh's children under-five years of age were underweight in 1990. According to BDHS 2011, it came down to 36 percent in 2011 (female: 38.5 percent, male: 34.3 percent) indicating a reduction rate of 2.16 percent per year against the MDG target requirement rate of 2 percent per year. Underweight prevalence rates fell sharply between 1992 and 2004. However, since 2004, there has been a fluctuation in the rates of reduction of underweight children under-five years of age. In view of recent progress made in reducing underweight prevalence rates for children, it seems likely that Bangladesh will reach the MDG target of 33 percent prevalence rate by 2015. Increased literacy of women (45.54 percent), reduction of fertility rate, enhanced measles vaccination coverage (84 percent), smaller family size (4.35 persons per household), spread of vitamin A supplementation coverage (88 percent), increased food production and energy intake have been the probable causes contributing to the success.

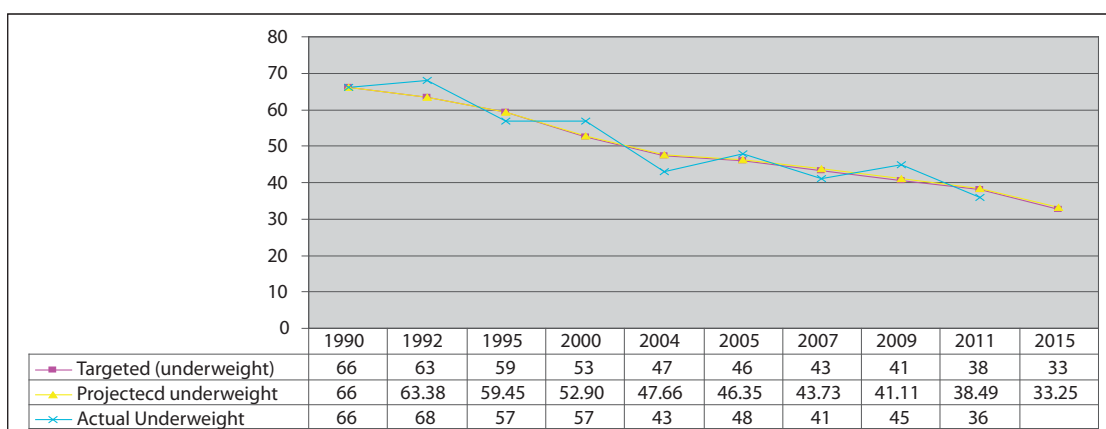
Figure 2.11: Underweight Rates for Children under 5 Years



Source: BDHS for 2004, 2007, 2011, others CMNS, BBS

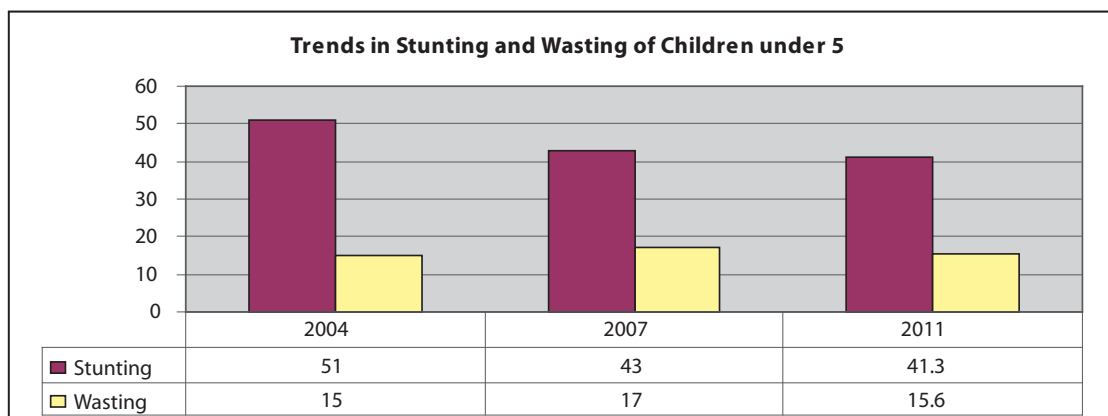
There has been some improvement in child nutritional status in recent years. The proportion of underweight children has been declining from 43 percent in 2004 to 41 percent in 2007 and further to 36 percent in 2011. If the current rate of decline is sustained, then the MDG target is likely to be achieved.

Figure 2.12: Projected and Actual Underweight Rates for Children under 5 Years (1990 to 2015)



Source: BDHS for 2004, 2007, 2011, others CMNS, BBS

According to BDHS 2011, at the national level, 41 percent of children under age 5 are stunted, and 15 percent are severely stunted. Stunting is slightly higher among female children (42 percent) than among male children (41 percent). Children in rural areas are more likely to be stunted (43 percent) compared with those in urban areas (36 percent). Stunting is lowest in Khulna and Rajshahi divisions (34 percent). In other divisions, stunting varies from 41 percent in Chittagong to 49 percent in Sylhet. Children of mothers with no education are more than twice as likely to be stunted (51 percent) compared with the children of mothers who have completed secondary and higher education (23 percent). Similarly, children from the lowest wealth quintile are twice as likely to be stunted as the children from the highest wealth quintile (54 percent in the lowest quintile compared with 26 percent in the highest quintile). Figure 2.13 shows that children's nutritional status has improved somewhat since 2004. The level of stunting has declined from 51 percent in 2004 to 41.3 percent in 2011, although that of wasting remained almost the same as before (15.6 percent in 2011 as compared with 15 percent in 2004).

Figure 2.13: Trends in Stunting and Wasting of Children under Age Five, 2004-2011


Source: BDHS 2011

According to BDHS 2011 (NIPORT 2013), overall, 15.6 percent of children in Bangladesh are wasted. Male children are slightly more likely to be wasted (16 percent) than female children (15 percent). Children who are very small at birth are almost twice as likely to be wasted as children who are of average size or larger at birth. Children residing in urban areas are less likely to be wasted (14 percent) than children living in rural areas (16 percent). Wasting in children ranges from 13 percent in Rangpur division to 18.5 percent in Sylhet division. However, wasting prevalence does not show a linear relationship with mother's education and wealth quintile. Figure 1.13 shows that the pattern and change in wasting has been small and inconsistent. Wasting increased from 15 percent in 2004 to 17 percent in 2007, and then declined to 15.6 percent in 2011.

Indicator 1.9: Proportion of population below minimum level of dietary energy consumption (2,122 kcal/day and 1,805 kcal/day)

The information from the HIES 2005 using Direct Calorie Intake (DCI) method indicates that there was a modest decrease in the proportion of population not having the minimum level of dietary energy consumption (2,122 kcal/day) from 47.5 percent in 1990 to 40.4 percent in 2005 (Table 2.4). More than one quarter (28 percent) of the population consumed less than 1,805 kcal/day in 1991-92; and the proportion reduced to 19.5 percent in 2005. Since HIES 2010 has not estimated the percentage of the poor based on DCI method, recent data on this indicator are not available.

Table 2.4: Percentage of Poor in Bangladesh estimated using the DCI Method

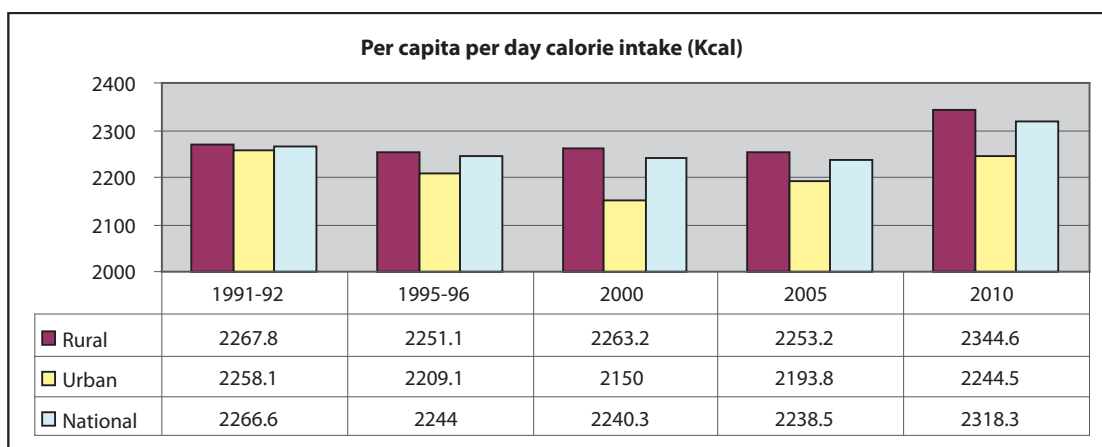
Year	Absolute poverty			Hardcore poverty		
	Rural	Urban	National	Rural	Urban	National
1991-92	47.6	46.7	47.5	28.3	26.3	28.0
1995-96	47.1	49.7	47.5	24.6	27.3	25.1
2000	42.3	52.5	44.3	18.7	25.0	20.0
2005	39.5	43.2	40.4	17.9	24.4	19.5

Note: HIES 2010 does not provide poverty estimates using DCI method.

Source: HES 1991-92 and HIES, various years, BBS

However, HIES 2010 shows that per capita daily calorie intake at the national level has significantly increased from 2,238.5 kcal in 2005 to 2,318.3 kcal in 2010 thereby reversing the declining trend reported in previous surveys. Significant increase in per capita daily calorie intake might be due to changing food habit of the people as well as to increase in quantity of food consumption (Figure 2.14).

Figure 2.14: Per Capita per Day Calorie Intake (kcal), 1992-2010



Source: HES 1991-92 and HIES, various years, BBS

According to the 'State of Food Insecurity (SOFI) 2012' jointly prepared by the FAO, IFAD and WFP, Bangladesh has halved the prevalence of hunger over the last two decades. However, due to a large population, the absolute number of the hungry people still remains high. The report indicates that the proportion of hungry people in total population of Bangladesh has reduced from 34.6 percent in 1990 to 16.8 percent in 2012. The SOFI 2012, also reports that during the same period (1990-2012), the number of hungry people in Bangladesh has reduced from 37 million in 1990 to 25 million in 2012.

According to SOFI 2012, Bangladesh fared well when compared in the global and regional perspective. In 1990, the number of global hungry population was one billion, which now stands at 868 million, while the number of hungry people in South Asia was 325 million in the base year, which still remains as high as 304 million. The prevalence of hunger in terms of proportion of total population is 17.6 percent in South Asia, which is higher than the hunger prevalence of 16.8 percent in Bangladesh as mentioned earlier.

The Global Hunger Index (GHI) Report 2012, reports that global hunger has declined since 1990 but still remains at a level characterised as 'serious'. According to the GHI 2012 Report, Bangladesh has improved its rank two steps up in the GHI in 2012 to 68th position from 70th position in 2011.

2.3 Challenges to Achieving the Targets

- Structural realities and constraints such as limited land for cultivation, high population density and a growing population represent significant challenges. To meet the future demand of a growing population, agricultural productivity growth, especially for rice and other crops, need to be sustained.

- The lack of diversity in Bangladesh's food crop sector also poses a challenge and more emphasis on the production of non cereal crops, such as pulses, fruits, and vegetables is needed. Crop diversification strategies should be demand driven for success and sustainability.
- Protein and micronutrient deficient diets have serious implications for both maternal and child malnutrition. Intergenerational malnutrition dynamics whereby undernourished mothers give birth to underweight children or raise undernourished children, is a major hurdle to reducing hunger.
- Ensuring proper targeting and delivery of assistance to intended beneficiaries, continues to remain as major problem for both food and cash based social safety net (SSN) programmes.
- Ensuring food security to different groups of poor such as moderate poor, extreme poor and potential 'climate refugees' during sudden increase in food prices continues to be a challenge.
- Three major interventions required for achieving MDG 1 are agriculture and rural development, employment generation and development of road infrastructure.
- A major concern in the country is the pervasive underemployment which has prevented the country from fully meeting the MDG 1. The challenge is to ensure pro-poor economic growth that can lead to creation of more jobs, better employment and higher household income.
- There is considerable empirical evidence that inflation particularly food inflation hurts the poor relatively more than the rich. So, higher inflation, especially food inflation, since 2009 still remains a matter of concern.

2.4 Way Forward

- The effectiveness of GO-NGO collaboration, especially in the areas of micro finance, in creating rural employment and reducing poverty.
- Agricultural research efforts and other technological developments need to be strengthened and redirected towards cereal and non-cereal crops that are resistant to the stresses of climate change. Crop agriculture in lagging regions like the south-west and coastal belts should be expanded. The linkage between the National Agricultural Research System (NARS) and the Directorate of Agricultural Extension (DAE) should be strengthened for successful dissemination of technology. Effective support including credit has to be provided to the farmers to boost crop production and diversification.
- Crop sector diversification strategies need to consider future demand for food commodities; the food based nutritional needs and desired outcomes; nutrient availability from domestic crop production, geographical considerations related to soil and agro-ecological suitability as well as access to markets.
- A comprehensive land management policy needs to be adopted to ensure proper balance between different uses of land like crop production, rural roads, urban settlements, access of the poor to lands such as *khas* land, *char* and water bodies,

CHAPTER 2- ERADICATE EXTREME POVERTY AND HUNGER

- access to urban settlements with basic urban utilities and protection of coastal areas from rising sea levels and intrusion of salinity.
- The SSN programmes can ameliorate poverty and food security through reducing inclusion targeting errors as well as by improving size and type of assistance. Livelihoods oriented SSNs that emphasize productive assets, as well as other key livelihood components such as health, access to credit, and social capital, demonstrate that a more generous and multi-faceted package of assistance has positive impacts on food security.
- The priority interventions for nutrition are age specific complementary feeding and micronutrient supplements for children, early initiation and exclusive breast feeding up to six months of age, community management of severely acute malnutrition in children through therapeutic and supplementary feeding, supplementary feeding for malnourished and marginalized pregnant and lactating women through strengthening and scaling up maternal iron and foliate supplementation, access to safe water and improved sanitation in urban slums and rural areas, local homestead food production and nutrition education to promote diet diversity and use of fortified food in nutrition and health interventions.
- Food processing and the subsequent transport and marketing of agricultural products, is a good example of agricultural and nonfarm sector *forward* linkages. Investments in rural agricultural infrastructure, sales, maintenance or servicing of farm machinery provide good examples of agricultural and nonfarm sector *backward* linkages.
- A steady and sustainable reduction of poverty in Bangladesh will require a pro-poor policy regime and to operationalize such a regime an efficient administration is needed. The practice of good governance should reflect participation, especially of the vulnerable and marginalized, to ensure their engagement in local public institutions.
- Poverty targets face serious downside risks that require careful monitoring and policy actions to increase investment in infrastructure, strengthening agricultural diversification, reducing food inflation and improving the level and quality of social safety net spending.
- The social sector programmes need more attention. The priority given to health, education and social protection is appropriate but the budgetary allocations to these programmes need to be enhanced and sustained.
- Institutional reforms to strengthen the urban management, local governments and public administration need to be bolstered. The implementation of these strategies and policies require urgent attention.
- The Ministry of Health and Family Welfare should involve relevant ministries and other stakeholders for a meaningful multi-sectoral approach to improve food security, safety nets for the marginalized, hygiene and sanitation and creation of livelihoods.

In the context of eradicating extreme poverty and hunger, it is important to recognize that just as poverty is multidimensional, hunger also has many faces relating to inadequate energy intake, undernutrition, increased vulnerability to diseases and disability that often leads to premature death. The key determinant of hunger is of course poverty. Poor households do not have the capacity to ensure the required food and lack the resources to meet nutrition and health care needs. Even if the extreme poor households may succeed in securing some food, the quality of their diet is unlikely to meet dietary energy requirements and lack essential micronutrients. Extreme poverty and hunger are thus entwined in a vicious cycle since undernourished people would be less productive, would have lower lifetime earnings, and would be more prone to chronic illness and disability. For the children in the extreme poor households, malnutrition can have severe and permanent consequences for their physical and intellectual development and they will never make up for the nutritional shortfalls at the beginning of their lives. Among others, this leads to persistence of inter-generational transmission of poverty.

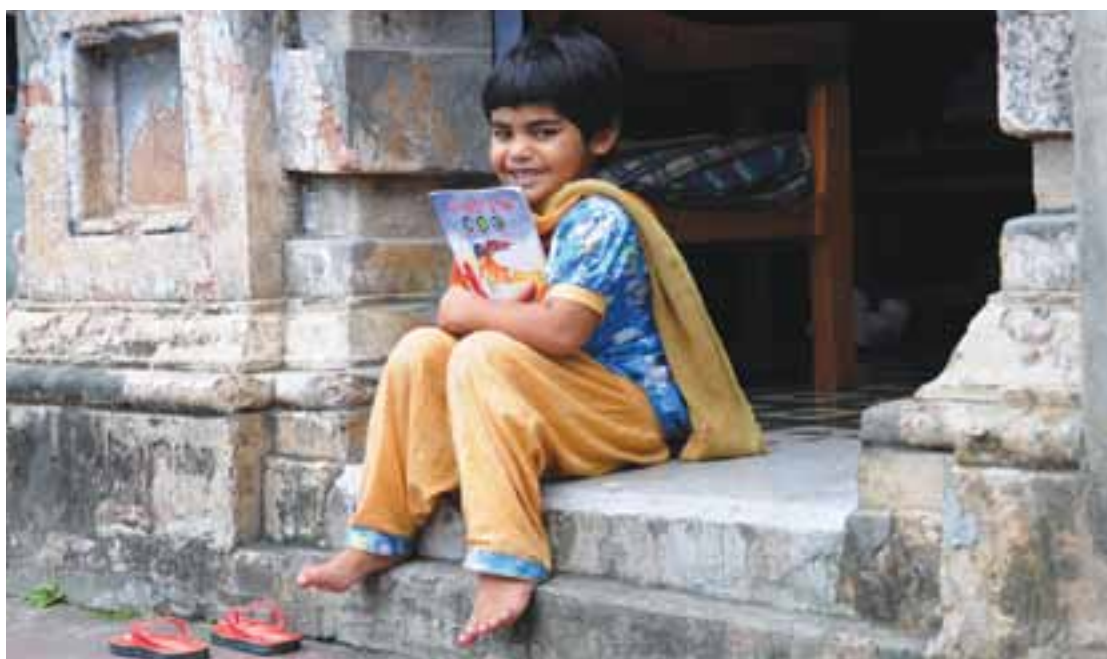
The process of transmission of extreme poverty into hunger is, however, complex. As mentioned above, there are several dimensions such as insufficient availability of food and shortfalls in nutritional status. Moreover, sufficient dietary availability at the household level does not guarantee that food intake meets the dietary requirements of individual household members (especially children and women) nor does it imply that health status permits the biological utilization of food. Along with income to raise the level of food consumption, preventing hunger needs investments in other areas including basic health and education services, sanitation and safe water, and changes in health knowledge and behaviours especially of women and care givers. In addition, the relationship between food and nonfood prices may influence how extreme poverty translates into hunger. Thus while extreme poverty and hunger do overlap, these two aspects of deprivation are not identical.

For improving economic access of the extreme poor groups to food, Bangladesh runs one of the largest food stocking and public system of food for distribution through different subsidized and other channels under the Public Food Distribution System (PFDS). In view of the complex nature of the problems of extreme poverty and hunger, the government's approach should be to adopt comprehensive and broader strategies for exploring new paths for future growth which would also focus on environmental sustainability and climate resilience of the production system. In so far as food and agriculture is concerned, the policies should aim to promote agricultural growth that is employment generating, spatially broad based, economically efficient and ecologically sustainable. In particular, the policy framework should seek to address the issues of natural resource sustainability on the one hand and the livelihood of the rural poor people depending on agriculture (as the main user of natural resources) on the other.

CHAPTER 3- ACHIEVE UNIVERSAL PRIMARY EDUCATION

MDG 2: Achieve universal primary education

Goal, Targets and Indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
Goal 2: Achieve universal primary education			
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, %	60.5	98.7 (DPE 2011)	100
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	79.5 (DPE 2011)	100
2.3: Literacy rate of 15-24 year olds, women and men, %	-	Total 74.9 Women: 81.9 Men: 67.8 (BDHS 2011)	100
2.3a: Adult literacy rate of 15+ years old population, % (proxy indicator)	37.2	59.82 M: 63.89, F: 55.71 (BLS 2010) 58.8 (SVRS 2011)	100



3.1 Introduction

Bangladesh has made good progress in increasing equitable access to education, reducing dropouts, improving completion of the cycle, and implementing a number of quality enhancement measures in primary education. It has already achieved gender parity in primary and secondary enrolment. The government is in the process of implementing a comprehensive National Education Policy (2010) to achieve its comprehensive objectives. The present challenges under MDG 2 include attaining the targets of primary education completion rate, adult literacy rate and quality of education.

3.2 Progress of achievements in different targets and indicators

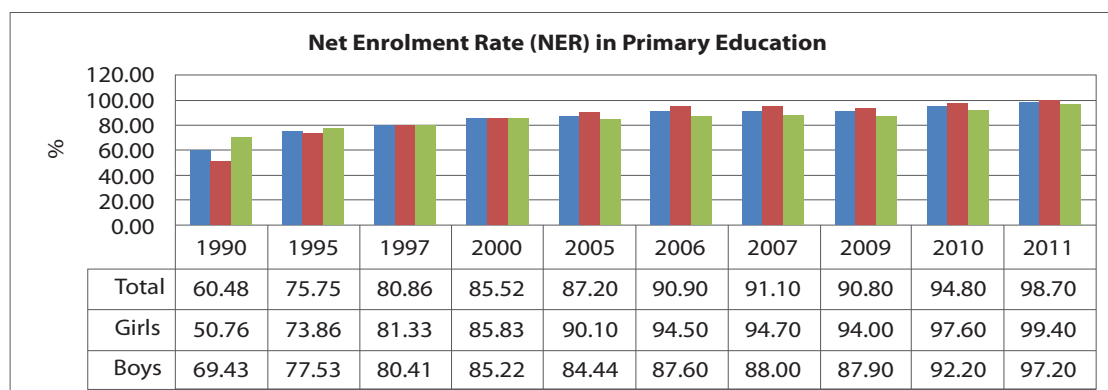
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator 2.1: Net enrolment ratio in primary education

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

In terms of bringing primary school age children to schools, the country is well on track of the MDG target. The net enrolment ratio in 2011 is 98.7 percent (Girls: 99.40%, Boys: 97.2%). It was 60.5 percent in 1990 and 87.2 percent (90.1% for girls) in 2005. The faster and relatively consistent growth in girls' enrolment vis-à-vis boys has been an important driver of the observed improvement in NER. Focused and substantive initiatives undertaken by the government such as distribution of free textbooks among students up to the secondary level, providing scholarship to female students up to the higher secondary level, holding public examinations and announcing results within the stipulated time and creation of the Education Assistance Trust Fund for the poor and meritorious students, food for education, stipends for primary school children, media outreach, and community or satellite schools have all helped in boosting the NER. The government has been working to improve the quality of education alongside increasing literacy rate to build an illiteracy-free Bangladesh by 2014.

Figure 3.1: Trends in Net Enrolment Ratio, 1990-2011

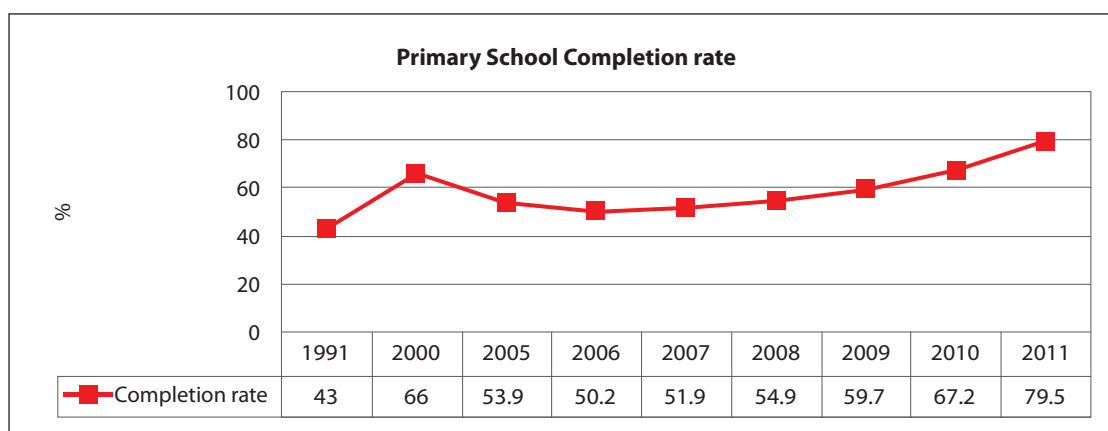


Sources: BANBEIS and DPE

Indicator 2.2: Proportion of pupils starting grade 1 who reach last grade of primary (grade 5)

Survival to the last grade of primary schooling (grade 5) has, however, not kept pace with the impressive progress achieved so far in the case of net and gross enrolment rates. The primary school grade 5 survival rate in 2011 was 79.5 percent which indicates a modest increase from 43 percent recorded in 1991. Since 2000, there has been a declining tendency of the primary school completion rate or in the growth of primary school grade 5 survival rates; the rate has, however, shown a positive trend after 2007. While large numbers of children certainly do fail to complete the primary cycle in government schools, substantial numbers continue their education in non-formal or unregistered schools such as madrasas and under the non-formal education projects. Figure 3.2 shows the trend of primary school grade 1 to 5 survival rates.

Figure 3.2: Proportion of Pupils Starting Grade 1 who Reach Grade 5, 1991-2011



Source: Annual Census Report, DPE, Ministry of Primary and Mass Education

The low primary completion rate or the high dropout rate at the primary level can be ascribed to several reasons. Household poverty leads to student absenteeism in general due to high opportunity costs of retaining children in the schools. Similarly, other hidden costs have been identified by several studies as major factors. The 2005 DPE baseline survey data estimate a rate of absenteeism of 20 percent in three major categories of schools: government primary schools, registered non government primary schools and community schools.

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

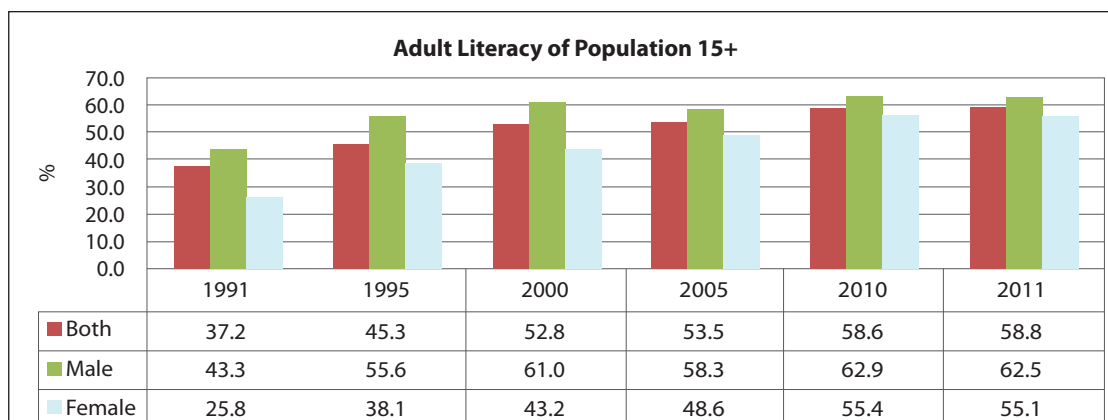
The baseline data are not available on the literacy rate of 15-24 year olds in Bangladesh. Hence, literacy rate of 15+ year olds has been used as a proxy indicator to estimate the current literacy status. However, from 2006, Multiple Indicator Cluster Survey (BBS and UNICEF) started to calculate literacy rate of women aged 15-24 years. The literacy rate of those aged 15-24 is the percentage of persons aged 15 to 24 who show their ability to both read and write by understanding a short simple statement on their everyday life. By asking women aged 15-24 to read a short simple statement, Multiple Indicator Cluster

Survey 2009 (BBS/UNICEF 2010) reports that the literacy rate of women aged 15-24 is 72.0 percent, which is slightly higher than the 69.9 percent recorded in Multiple Indicator Cluster Survey 2006 (BBS/UNICEF 2007). However, the BDHS 2011 (NIPORT 2013) finds the literacy rate of 15-24 year olds in Bangladesh at 74.9 percent, being 81.9 percent for females and 67.8 percent for males.

Indicator 2.3a: Adult literacy rate of 15+ years old population

According to Sample Vital Registration System 2011 (BBS 2012) the adult male and female literacy rates are 62.5 percent and 55.1 percent respectively, while the overall literacy rate is 58.8 percent. On the other hand, Bangladesh Literacy Survey 2010 (BBS and UNESCO 2011) estimates the adult literacy rate based on persons who can write a letter. For the population over 15+ age groups, the survey finds the literacy rate to be 59.82 percent (male 63.89 percent and female 55.71 percent).

Figure 3.3: Trends of Adult Literacy of Population 15+, Women and Men



Source: SVRS, BBS

It is evident from Figure 3.3 that adult literacy rates have increased by 58.1 percent over the period 1991-2011 implying an average growth rate of 2.9 percent per annum against the required rate of 7.03 percent for achieving the target. If this trend continues, the adult literacy rate at the terminal year of MDGs will be about 74 percent, falling considerably short of the targeted 100 percent. To achieve the target by the year 2015, the required average annual growth rate over the remaining years (2012-15) needs to be as high as 17.5 percent. However, the gender parity index for adult literacy has increased from 0.60 in 1991 to 0.71 in 2000 and further to 0.88 in 2011.

3.3 Challenges to Achieving the Targets

- Making required progress in the survival rate to grade 5 poses a big challenge in achieving MDG 2. The trend growth rate for primary cycle survival at present is considerably below the warranted rate for achieving the 100 percent target. In this context, high repetition and dropout rates pose serious challenges for accelerating progress in survival to the last grade. On average, 8.6 years of pupil inputs are

- required to produce a 5 year primary school graduate. Improvement in the learning environment and learning achievement of children is imperative to retain children in school until the last grade of primary education.
- Despite a dearth of comprehensive information on education quality, experts widely agree that the quality of education needs to be appreciably improved for the vast majority of the primary school children.
- While it is true that Bangladesh has managed to achieve high enrolment rate at a low cost, there is a link between the quality of education and investment in the education sector. Bangladesh has so far not been able to invest more than 2.5 percent of its GDP in education. In the Sixth Five Year Plan (2011-2015), the adopted target is to increase investment in education progressively to 4 percent of GDP by 2015.
- Ensuring meaningful and quality life-long learning for adolescents and the adult population has always been a challenge in the country. Poor quality adult literacy programmes discourage sustained participation of adults in literacy and ongoing adult education programmes. Limited staff development opportunities and low compensation provide little incentives for sustained quality teaching.
- Extreme poverty, marginal population groups, special need children, child labour, hard to reach areas, natural disaster such as cyclone and floods are several major hindrances for achieving the NER target.
- High repetition and dropout rates are the major barriers for achieving the targets of survival rate across different grades.
- There exist serious gaps between the learning that emerges from the education system and the skills demanded in the market place.

3.4 Way Forward

Although the overall progress towards MDG 2 has been commendable, significant challenges still persist in the case of several targets. For achieving the required targets, it remains critical to sustain and further deepen the current efforts and adopt new and innovative initiatives.

- In terms of the education target, the country's longer term development agenda, Vision 2021, aims to reach 100 percent net enrolment in primary schools as soon as possible after 2010, ensure free tuitions up to the degree level soon after 2013, eradicate illiteracy by 2014, and turn Bangladesh into a country of educated people with adequate skills in information technology by 2021. The Vision 2021 has also made commitments to developing human resources, which include allocating progressively higher proportion of the budget to education, improving the quality of education, increasing the salary of teachers, and providing particular attention to the disadvantaged groups including urban working children.
- To achieve the NER target, the government has adopted several initiatives. Under the new Operational Framework on Pre-Primary Education, the government has planned to add one additional class in the existing schools. Expanding the stipend

coverage to the hardcore population has also been approved with the target population for stipend increasing from 4.8 million to 7.8 million students. To ensure enrolment and primary cycle completion, the school feeding programme is being expanded from 0.2 million to one million students. The government also plans to cover 87 Upazilas under the school feeding program. To address the special needs of physically challenged children, ramps are being constructed in the schools.

- Improving the quality of primary education, creating a child friendly environment at the primary schools, creating adequate physical infrastructure provisions, finding ways of reducing opportunity costs of school attendance, providing incentives for key players at both demand and supply levels, and creating mass awareness are some of the priority areas that need particular attention for achieving the primary education targets. In the above context, the focus needs to be given on the following areas:
 - A carefully planned infrastructure initiative to make available sufficient child friendly classrooms in existing government primary schools, registered non government primary schools, and community schools so that universal primary education by 2015 can be made physically achievable;
 - Build new child friendly schools to ensure access to education;
 - Ensure the availability of adequate number of qualified skilled teachers with better social and economic status along with capacity development inputs;
 - Put emphasis on quality of learning as measured in learning achievement of children;
 - Provide Second Chance Education for the non-enrolled and drop-outs through a non-formal mode of delivery;
 - Ensure equivalency and bridging between formal and non-formal education;
 - Create technical and vocational education opportunities for the disadvantaged population;
 - Provide school feeding for the pre-primary and primary students;
 - Develop a national unified curriculum with a core (compulsory for all) portion and an elective portion for all categories of schools and madrasas;
 - Adopt effective Adult Education Programme for illiterate adults to create opportunities for meaningful and quality life-long learning with more resources allocated to it;
 - Create opportunities for Continuing Education for new literates to prevent them from relapsing into illiteracy and enable them to apply their literacy to develop life skills, vocational skills and standard of living; and
 - Ensure social protection for the under-privileged population.

CHAPTER 3- ACHIEVE UNIVERSAL PRIMARY EDUCATION

While the government's commitment is firm on ensuring education for all by 2015, more efforts are needed to expand the access to basic education especially in difficult-to-reach areas and enhance the quality of education including the coverage of pre-primary stipend programmes. The scope and outreach of special programmes such as projects for reaching out-of-school children, basic education for hard-to-reach urban working children, drop-outs in the primary education system, and post-literacy and continuing education need to be effectively designed and implemented to derive the stipulated goals. In appropriate cases, life skill training components could be included in the curricula for the benefit of the students.

For mitigating the hurdles, important policy concerns would be to reprioritize education expenditures, introduce right set of reforms in existing education system to consolidate the ongoing programmes and expand the scope, coverage and quality of the primary education programmes. Two major challenges in this context are to (i) realize required investments and implement effective policies; and (ii) focus on inclusiveness and equity. In terms of equity, three aspects need to be prioritized: gender equity especially in the case of quality of education; greater investment in the rural areas in both qualitative and quantitative terms; and equitable access of the poor children to quality education and training.



CHAPTER 4- PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

MDG 3: Promoting Gender Equality and Empowering Women

Goal, targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
Goal 3: Promote gender equality and empower women			
Target 3.A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015			
3.1: Ratios of girls to boys in primary, secondary and tertiary education			
3.1a: Ratio of girls to boys in primary education (Gender Parity Index = Girls/Boys)	0.83	1.02 (ACR, DPE 2011) 1.10 (BDHS 2011)	1.00
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/Boys)	0.52	1.13 (BANBEIS 2011) 1.10 (BDHS 2011)	1.00
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/Boys)	0.37	0.66 (BANBEIS 2011) 0.60 (BDHS 2011)	1.00
3.2: Share of women in wage employment in the non-agricultural sector, (%)	19.10	19.87 (LFS 2010)	50.00
3.3: Proportion of seats held by women in national parliament, (%)	12.70	20.00 (MOWCA 2012)	33.00

4.1 Introduction

Bangladesh has already achieved gender parity in primary and secondary education at the national level. This positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend scheme for girls at the secondary level. This has contributed to promoting the objectives of ensuring gender equality and empowerment of women. There has been steady improvement in the social and political empowerment scenario of women in Bangladesh. The government has adopted the National Policy for Women’s Advancement 2011 and a series of programs for empowerment of women. Women participation in the decision making process has also marked significant improvement in the country. There has been a sharp increase in the number of women parliamentarians elected (20 percent of total seats) in 2012. However, wage employment for women in Bangladesh is still low. Only one out of every five women is engaged in wage employment in the non-agricultural sector.

4.2 Progress of achievements in different targets and indicators

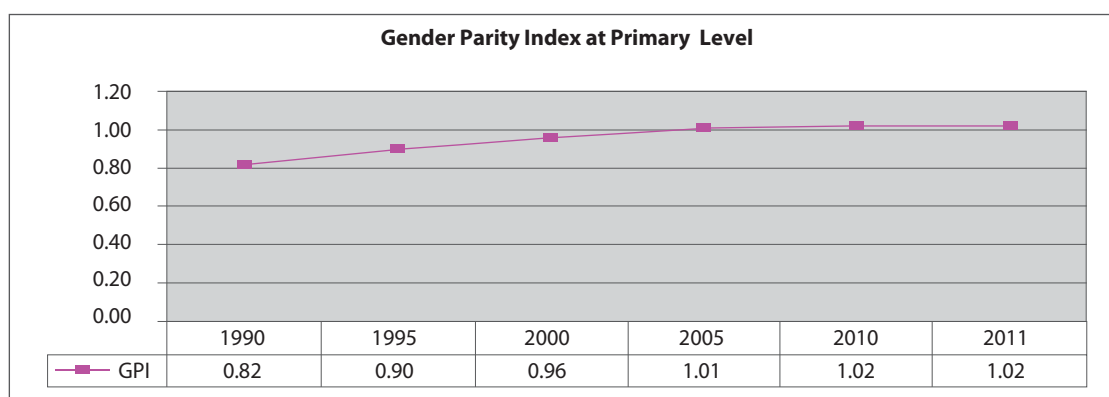
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 3.1: Ratios of girls to boys in primary, secondary and tertiary education

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

Bangladesh has already achieved the target for gender parity in primary school enrolment. Since 1990, the primary school enrolment has increased from 12.00 million in 1990 (with 6.6 million boys and 5.4 million girls) to 18.40 million in 2011, half of whom are girls. Gender Parity Index from 1990 to 2011 in primary schools is shown in Figure 4.1.

Figure 4.1: Gender Parity Index at Primary Education, 1990-2011



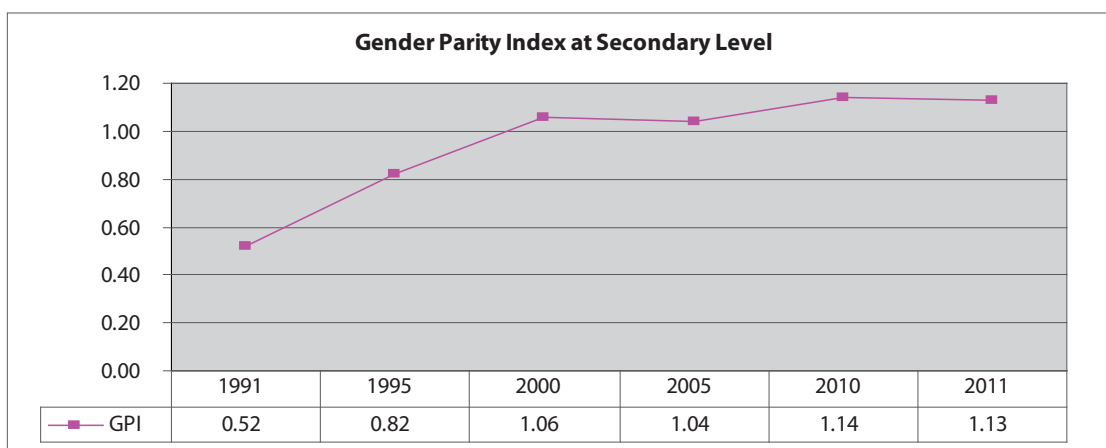
Source: BANBEIS, MOE and DPE, MOPME.

It is evident from Figure 4.1 that gender parity was achieved in 2005 and sustained till 2011. However, this success conceals significant regional disparities. Data from the latest Literacy Assessment Survey 2008 (BBS/UNICEF 2008) indicate that the lowest literacy rate for female (15 years and above) exists in Sylhet (42.80 percent) and the highest in Chittagong (54.60 percent). The urban–rural gap is wide in Barisal (19.1 percentage points) while male–female gap is more pronounced in Khulna (7.5 percentage points).

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

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

Figure 4.2: Gender Parity Index at Secondary Education, 1991-2011



Source: BANBEIS, MOE.

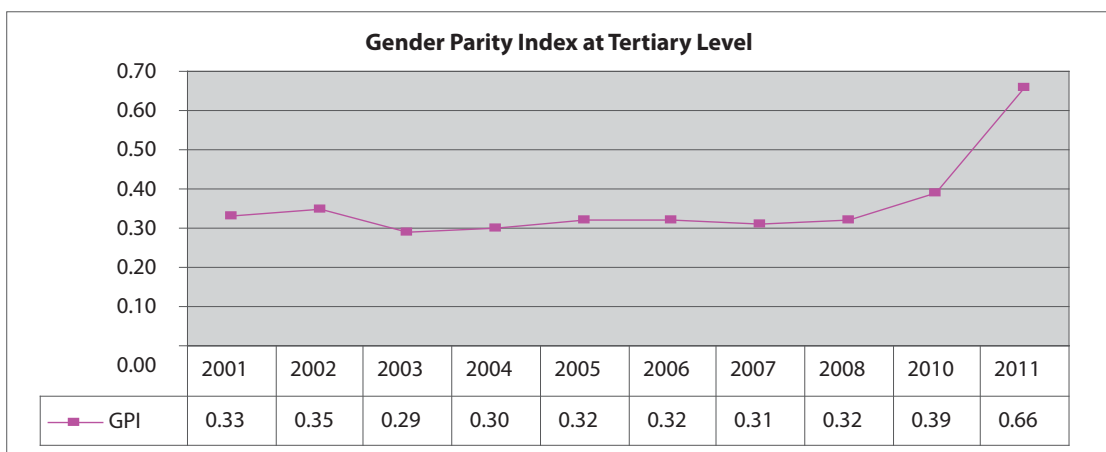
Bangladesh has also been maintaining gender parity at secondary education level since 2000. Female education has been encouraged to empower women and to increase their involvement in the socio-economic activities through providing stipend to the female students at secondary and higher secondary level, financial support to purchase books and payment of fees for the public examination. Although primary and secondary education is free for girls in the country, dropout still exists, especially among girls. The challenge in completing the full cycle of primary and secondary education requires attention as it results in lower level of female enrolment at the higher secondary and tertiary levels. Poverty and other hidden costs of education are major causes for dropouts especially in rural areas. Other factors that contribute to dropouts of the girl students at the secondary level include violence against girls, restricted mobility, lack of separate toilet facilities for girls, lack of female teachers at secondary level, and lack of girls' hostel facilities. Another concern is the quality of education. In order to reduce dropouts, it is important to ensure good quality education through improving the course curricula and effectively addressing learning needs of diversified groups of students.

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

Gender Parity Index (GPI) in the tertiary education is 0.66 in 2011. This figure is more than double compared with what it was in 2005. In fact, GPI was hovering around 0.30 between 2001 and 2008 but increased to 0.39 in 2010 and shot up to 0.66 in 2011. This is mainly due to measures that have been taken to increase female participation in tertiary and higher education in recent years. An international university 'Asian University for Women' has been established in Chittagong. It has been planned to make girls education free up

to graduation level. The number and amount of general scholarship for the meritorious students and scholarship for technical and vocational education have also been increased.

Figure 4.3: Gender Parity Index at Tertiary Education, 2001-2011



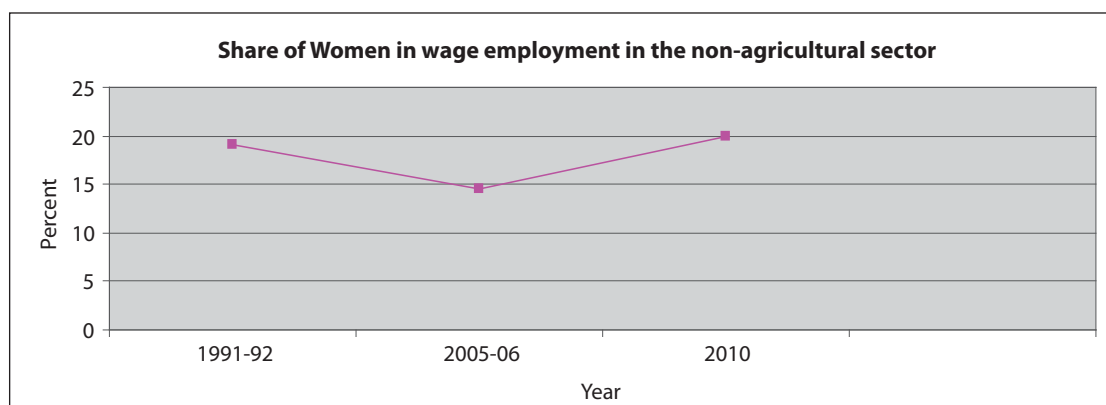
Source: BANBEIS, MOE

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

The share of women in wage employment in the non-agricultural sector is the number of female workers in wage employment in the non-agricultural sector expressed as a percentage of total wage employment in the sector. The non-agricultural sector includes industry and services. This indicator shows the extent to which women have access to paid employment. It also indicates the degree to which labour markets are open to women in industry and services sectors which affect not only equal employment opportunities for women but also economic efficiency through flexibility of the labour market and the economy's capacity to adapt to changes over time.

The Labour Force Survey 2010 shows that labour force participation rate for females is around 36 percent. In Bangladesh, the share of women in wage employment in the non-agricultural sector was 19.1 percent in 1990, which declined to 14.6 percent in 2005-06. However, the share increased to 19.9 percent in 2010 (Figure 4.4).

Figure 4.4: Share of Women in Wage Employment in the Non-Agricultural Sector



Source: Labour Force Survey, various years, BBS

The creation of opportunities for women labour force remains the major bottleneck for wage employment for women in the non-agricultural sector with an exception of the garments industry. The participation of labour force in mainstream economic activities by gender is shown in Table 4.1. Several features are worth reporting. First, the share of women in wage employment in agricultural and non-agricultural sectors shows contrasting trend over the last two decades. While the share of the former (women in wage employment in agricultural sector) has increased between 1990 and 2005 (from 25.5 percent to 66.5 percent), the share of the latter (women in wage employment in non-agricultural sector) has declined (from 19.1 percent to 14.6 percent) as reported earlier. Between 2005 and 2010, however, while the share of the former has declined (from 66.5 percent to 40.8 percent) the share of the latter has increased (from 14.6 percent to 19.9 percent). Second, while the share of women in wage employment in agricultural sector has been higher than that in non-agricultural sector over the entire 1990-2010 period, the gap between the two has significantly increased between 1990 and 2005 but declined thereafter (between 2005 and 2010). Third, while labour force participation rate of female has steadily increased over the last two decades, that of male, although much higher than female, has displayed fluctuation between 1990 and 2010. Finally, unemployment rate of female has steadily declined, while that of male, although lower than that of female, fluctuated somewhat over the last two decades. What is encouraging is that the gap in unemployment rate between male and female has narrowed down over the years.

Table 4.1: Participation of Labour in Mainstream Economic Activities: 1990-2010

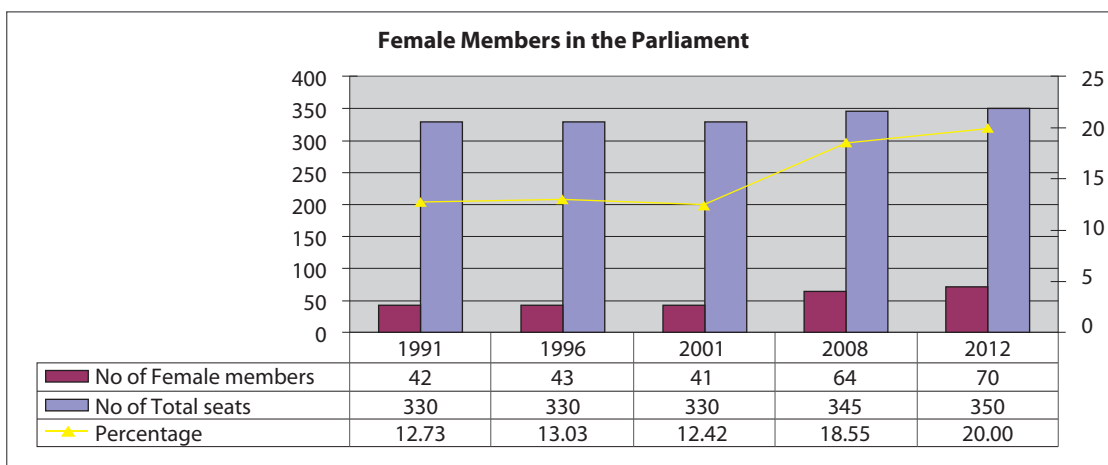
No	Indicator	Gender	1990	2005	2010
1	Share of women in wage employment in agricultural sector	Female	45.50	66.54	40.84
2	Share of women in wage employment in non-agricultural sector	Female	19.10	14.60	19.87
3	Labour force participation rate	Female	23.90	29.20	36.00
		Male	84.00	86.80	82.50
4	Unemployment rate	Female	7.80	7.04	5.80
		Male	3.40	3.35	4.10

Source: Gender Compendium of Bangladesh 2009, BBS and LFS 2010, BBS

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

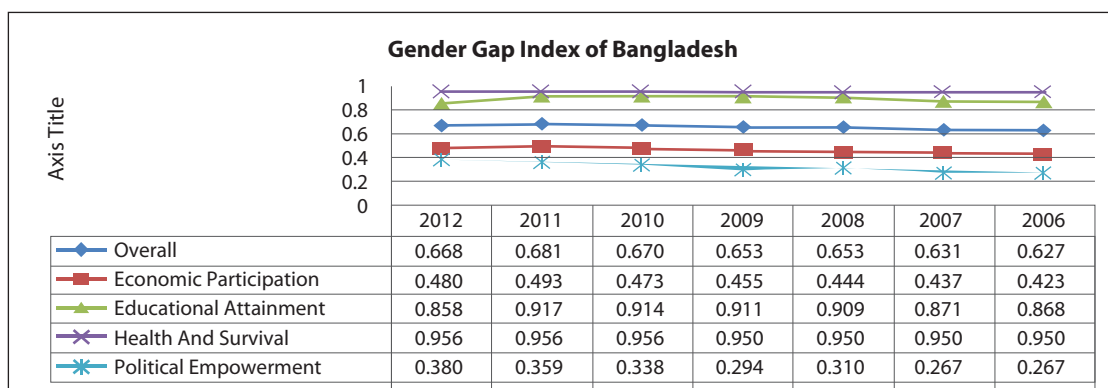
The situation of women empowerment and gender equality appears promising when one looks at the share of women in the highest policy making elected body—the National Parliament. During the last four governments of parliamentary democracy, women's participation in the Parliament was 12.7 percent in 1991-95; and 13 percent, 12.4 percent, 18.6 percent and 20.0 percent in 1996-2000, 2001-06, 2008 and 2012 respectively. In the current Parliament, the share of reserved seats for women has also been increased from 45 to 50. Moreover, the current Parliament has got 20 directly elected women Parliamentarians. The present government has also the highest number of women members (six in total) in the cabinet including the Prime Minister. The Speaker of the National Parliament is now a woman as well.

Figure 4.5: Proportion of Female Members in the Parliament, 1991-2012



While there exist highly supportive laws and policies to encourage women’s participation in development activities and decision making, initiatives are underway to increase the representation of women in the legislative, judiciary and executive branches of the government.

Figure 4.6: Evolution of Gender Gap Index of Bangladesh, 2006-2012



Source: The Global Gender Gap Report 2012, World Economic Forum

The Global Gender Gap Index, introduced by the World Economic Forum in 2006, is a framework for capturing the magnitude and scope of gender-based disparities and tracking their progress. The Index benchmarks national gender gaps on economic, political, education and health criteria, and provides country rankings that allow for effective comparison across regions and over time. The rankings are designed to create greater awareness among the global audience of the challenges posed by gender gaps and the opportunities created by addressing them. The highest possible score is 1 (equality) and the lowest possible score is 0 (inequality). Figure 4.6 depicts the Gender Gap Index of Bangladesh from 2006 to 2012. The gaps have been reduced on all counts. According to the Global Gender Gap Report 2012, Bangladesh ranks 86th out of 135 countries with an overall score of 0.668. However, on the political empowerment sub-index, Bangladesh ranks 8th among all countries.

In terms of ranking of sub-index, health and survival (0.956) comes out top, followed by educational attainment (0.858), economic participation (0.480) and political empowerment (0.380) in 2012. In fact, the ranking has remained unchanged over the last seven years (between 2006 and 2012), for which data are available (Figure 4.6). The improvement of sub-index in all four categories, however, has been rather slow, with political empowerment recording the fastest improvement in score and educational attainment the slowest.

4.3 Challenges to Achieving the Targets

- The national level primary enrolment shows that Bangladesh has achieved gender parity in 2005. However, regional variation in terms of primary enrolment exists; Barisal is yet to achieve desired position while negative growth exists for Rajshahi and Khulna.
- Increased enrolment of girls at secondary schools has been a significant achievement in Bangladesh. The challenge is to sustain the twin objectives of keeping increasing number of girl students at secondary schools and retain them until graduation.
- Despite many improvements in primary and secondary school enrolments, considerable disparity exists between male and female literacy rates. The challenge is to narrow the gap through intensive public and private initiatives. Absence of bridging between formal and non-formal education and lack of opportunities for technical and vocational education for the disadvantaged women are barriers to meaningful and quality life-long learning, and thus participation in formal workforce.
- The challenge is to involve women more in productive income generating work to ensure improvement in their livelihood.
- Given that overseas employment creates the second largest source of income for Bangladesh and that currently only around 4 percent of the total Bangladeshi migrant workforce are women, the government is exploring options for increasing female labour migration from Bangladesh by examining areas, such as care-giving and hospitality, particularly in the European countries where 'ageing' is the issue.
- Awareness raising and mobilization programmes are needed to encourage direct involvement of women in mainstream politics. Comprehensive policy interventions may include changes in attitudes of the decision makers, amendment of laws, and promoting greater nomination of women candidates by political parties.
- In other areas of decision making such as the bureaucracy and high level jobs, which entail visibility and exercise of authority, women's presence is negligible. The ground realities must conform to and reflect the spirit of gender equality and non-discrimination as enshrined in the Constitution.

- Addressing underlying socio-cultural factors that make women vulnerable is a challenge that requires immediate attention and long-term commitment. The Parliament has passed a number of laws against child marriage, acid-throwing, dowry, cruelty and violence against women and children with provision of speedy and summary trials and exemplary punishment. Nevertheless, the effective implementation of these laws and policies remains a major challenge.
- In order to change the deep rooted gender norms and attitudes among individuals and in society, well coordinated bottom-up and top-down approaches are necessary to mobilize the entire society involving men, women, boys, girls, policy makers, civil servants, judiciary, police, public leaders and media personnel. Sensitization of various groups is important and needs to be done in a culturally sensitive manner so that they emerge as advocates for gender equality.
- Strengthening the capacity of the national statistical system and the ministries in generating and reporting data, especially data disaggregated by gender is identified as a major challenge confronting the government.

4.4 Way Forward

- The capacity of the government in the formulation, adoption and implementation of laws and policies aimed at promoting gender equality and women's empowerment needs to be strengthened. At the same time, advocacy and monitoring by civil society needs to be promoted. The National Policy for Women's Advancement 2011 needs to be implemented as well.
- Many of the harmful practices in Bangladesh like child marriage, dowry, and weak legal and social protection in the event of divorce and abandonment, and gender based violence are largely due to cultural practices that favour boys over girls. They are deep rooted in the traditional patriarchal society of Bangladesh, which must be changed to make gender sensitive policies and legal frameworks effective.
- To address the barriers for girls to access tertiary education, interventions such as financial support for the poor girls, quality improvement of education, development of gender balanced curricula, and promotion of girl-friendly schools could be implemented. Similarly, for women's increased economic participation, small scale entrepreneurship with incentives and access to market and finance for women, workforce safety measures, child care support, vocational and technical education while reducing their vulnerability to violence and trafficking could be implemented.
- In order to provide immediate relief, rehabilitation, and protection of the survivors of discrimination, violence, and trafficking, or those vulnerable to such events, a comprehensive package including medical, psycho-social and legal services as well as shelter and livelihood support needs to be introduced.

CHAPTER 4- PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

- sensitive by accounting for gender differences in labour market participation, access to information and unpaid care responsibilities.
- The Ministry of Women and Children Affairs (MOWCA) is in the forefront of promotion of gender equity and equality in the country. The MOWCA has focal points which encourage all sectoral ministries to have gender screening of their policies and to implement gender sensitive and/or gender focused programmes. The capacity of MOWCA and other concerned ministries needs to be enhanced to enable them to formulate and implement gender sensitive policies and programmes.
- Capacity building for system strengthening, conducting quality studies and surveys and promoting effective use of information needs to be undertaken on an urgent basis.
- Eradication of poverty with special emphasis on eradication of feminization of poverty by strengthening the social safety net programmes and other measures is an important agenda of the government. Programmes such as Allowance to Widows and Destitute Women, Maternity Allowance to poor mothers, and Vulnerable Group Development Programme have been providing food security to a large number of poor women. Extensive training programmes in income generating skills in sectors such as crop agriculture, fisheries and livestock, computer, sewing, handicrafts etc. are being conducted. Also necessary support is being given to women entrepreneurs engaged in small and medium enterprises (SMEs).



CHAPTER 5- REDUCE CHILD MORTALITY

MDG 4: Reduce Child Mortality

Goal, targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
Goal 4: Reduce child mortality			
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.			
4.1: Under-five mortality rate (per 1,000 live births)	146	53 (BDHS 2011) 44 (SVRS 2011)	48
4.2: Infant mortality rate (per 1,000 live births)	92	43 (BDHS 2011) 35 (SVRS 2011) 37.3 (Sample Census 2011 BBS)	31
4.3: Proportion of 1 year old children immunized against measles, %	54	87.5 (M:88.3, F:86.8) (BDHS 2011) 85.5 (CES 2011)	100



5.1 Introduction

Bangladesh has made considerable progress in child survival rate as the mortality has declined rapidly over the last 10-12 years. The successful programs for immunization, control of diarrhoeal diseases and Vitamin A supplementation are considered to be the most significant contributors to the decline in child and infant deaths. Despite these progresses, there still remain challenges. While the mortality rates have declined substantially, inequalities in terms of access and utilization of health services among the populations still need to be addressed.

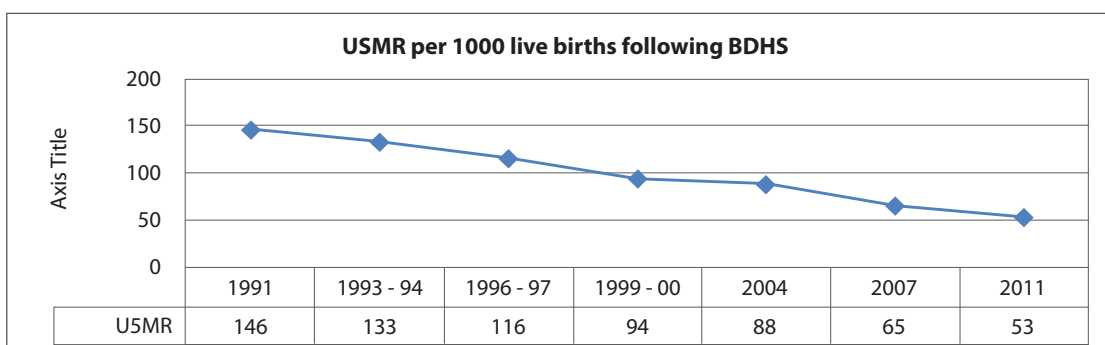
5.2 Progress of achievements in different targets and indicators

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

Indicator 4.1: Under-five mortality rate (per 1,000 live births)

Under-5 mortality rate is the number of deaths among children under 5 years of age per 1,000 live births in a given year. The data from the Bangladesh Demographic and Health Survey (BDHS) 2011 show that there has been a remarkable decline (53 per 1,000 live births) in the under-five mortality rate since 1990. This means that one in nineteen children born in Bangladesh dies before reaching the fifth birthday. Between the 1989-1993 and 2007-2011 periods, more impressive (71 percent) decline was seen in post-neonatal mortality and 60 percent decline was evident in under-five mortality. The corresponding decline in neonatal mortality was only 38 percent. Comparison of mortality rates over the last four years shows that infant, child, and under-5 mortality declined by about 20 percent. As a consequence of this rapid rate of decline, Bangladesh is on track to achieve the MDG 4 target for under 5 mortality (48 per 1,000 live-births) by the year 2015.

Figure 5.1: Trends of Under-Five Mortality Rate 1991-2011 (following BDHS)

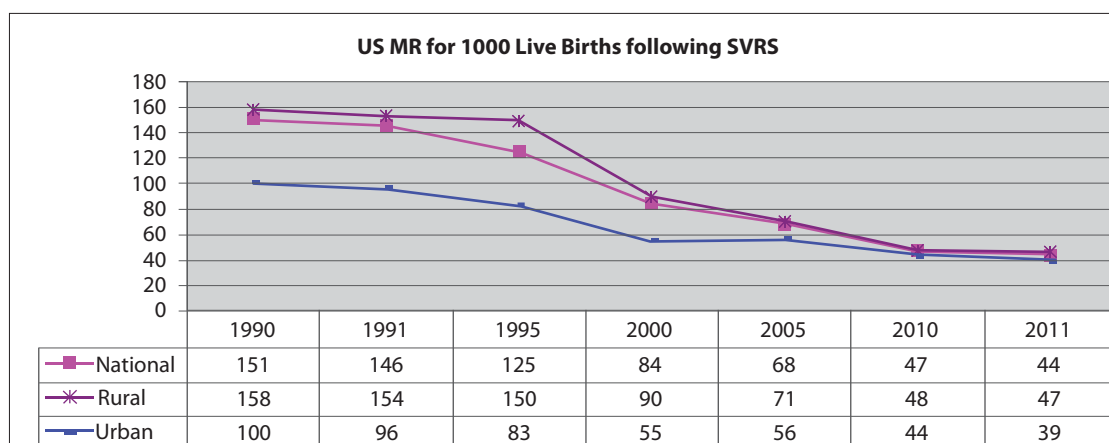


Source: BDHS, NIPORT, MOHFW (1993-94 to 2011)

On the other hand, data provided by the Sample Vital Registration System (SVRS) 2011 show that the under-five mortality rate was 44 per 1,000 live births in 2011 as compared with 146 in 1991. This figure suggests that Bangladesh has already achieved the MDG target. In the case of rural areas, the under-five mortality rates for both sexes, male and female were 47, 50 and 43 respectively and, in the case of urban areas, these were 39, 37 and 41 respectively. The levels and trends in under-five mortality rate can be seen in Figure 5.2. At the national level the reduction was 70.9 percent for both sexes; while this was 70.8 percent for males and 71.1 percent for females, during 1990 to 2011. In the rural

areas, under-five mortality rate for both sexes declined by 70.3 percent, the decline being 68.8 percent for males and 72.3 percent for females during 1990-2011. Over the same period, the reduction in the urban areas was 61 percent for both sexes, while it was 64.1 percent for males and 57.3 percent for females.

Figure 5.2: Trends of Under-Five Mortality Rate, 1990-2011 (following SVRS)



Source: SVRS, BBS, various years

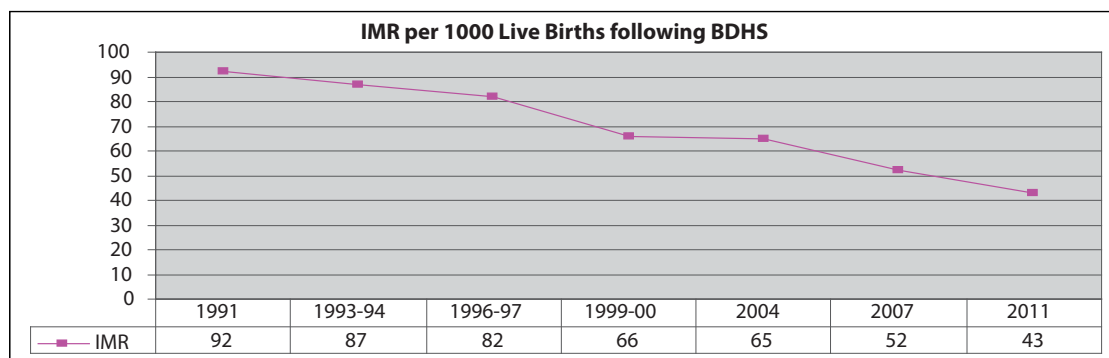
Division level divergence of under-five mortality is also documented in the SVRS 2011. According to the survey, under-five mortality was the highest in Chittagong division (52) and lowest in Khulna division (41). In the case of males, it was the highest in Chittagong division (57) and lowest again in Khulna division (44). In case of females, it was the highest in Sylhet division (48) and lowest in Khulna division (40). In the rural areas, the highest under-five mortality was observed in Chittagong division (52) and the lowest in Khulna division (42) while, in the case of urban areas, again the highest was in Chittagong division (52) and the lowest in Khulna division (39). There exist many socioeconomic including behavioural and health related factors which underlie the regional differences in the under-five mortality rates across divisions. Also the rates differ for the 1-11 months and 12-59 months age groups as well as for the neonatal period. The surveys moreover show a sharp decline in under-five mortality with increase in wealth with the risk of dying by the age of five in the top quintile much lower than that for the bottom quintile.

Indicator 4.2: Infant mortality rate (per 1,000 live births)

Similar to the under-five mortality rate, substantial reduction has been documented in the infant mortality rate (IMR) in the BDHS 2011 (NIPORT 2013) report (from 87 per 1,000 live births in 1993-94 to 43 in 2011). During infancy, the risk of dying in the first month of life (32 deaths per 1,000 live births) is three times greater than in the subsequent 11 months (10 deaths per 1,000 live births). It is also notable that deaths in the neonatal period account for 60 percent of all under-five deaths. Childhood mortality rates obtained for the five years preceding BDHS surveys conducted in Bangladesh since 1993-1994 confirm a declining trend in mortality. Between the 1989-1993 and 2007-2011 periods, infant mortality declined by half from 87 deaths per 1,000 live births to 43 deaths per 1,000 live births.

The survey shows that mother's level of education is inversely related with IMR. The IMR is the highest among mothers with the lowest education (71 per 1,000 live births) as compared with those with secondary or higher education (26 per 1,000 live births).

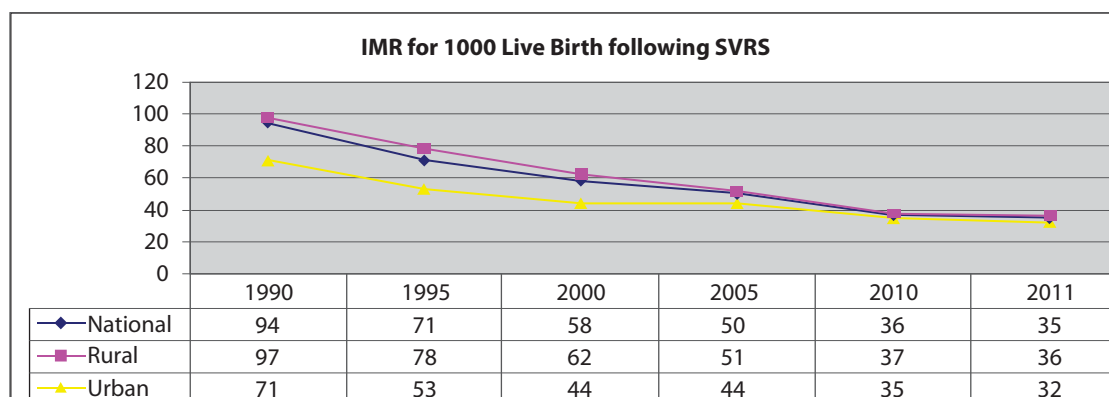
Figure 5.3: Trends of Infant Mortality Rate, 1991-2011 (following BDHS)



Sources: BDHS, NIPORT, MOHFW, 1993-94 to 2011

On the other hand, recent data available from the SVRS 2011 show that the IMR is 35 per 1,000 live births in 2011 as compared with 94 in 1990. In the case of males, IMR declined from 98 to 36 while, for females, it was reduced from 98 to 33 during the period. At the national level, IMR declined by 62.8 percent for both sexes; for males by 63.3 percent and for females by 63.7 percent. In the rural areas, the decline in IMR was by 62.9 percent for both sexes during 1990-2011, which were 62.4 percent for males and 64.5 for females. In the urban areas, the reduction of IMR for both sexes was 54.9 percent during the same period; 57.5 percent for males and 50 percent for females.

Figure 5.4: Trends of Infant Mortality Rate, 1990-2011 (following SVRS)



Source: SVRS, BBS

The IMR differs across different divisions in the country. According to SVRS 2010, IMR was the highest in Chittagong and Sylhet divisions (38) and lowest in Khulna division (33) for both sexes. In the case of males, IMR was the highest in Rajshahi and Chittagong divisions (41) and lowest in Khulna division (33). In the case of females, it was the highest in Sylhet division (37) and lowest in Khulna and Barisal divisions (32). In the case of rural areas, IMR was the highest in Chittagong division (39) and lowest in Khulna division (33); while in urban areas, it was the highest in Sylhet division (39) and lowest in Khulna division (30).

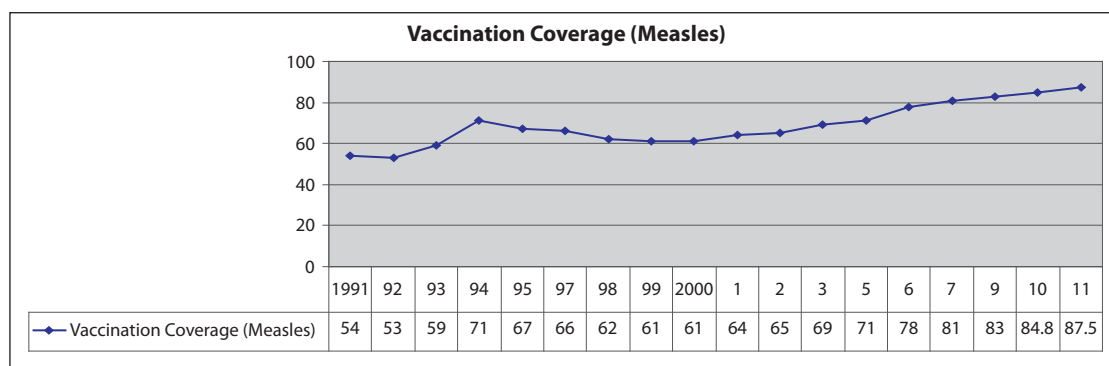
CHAPTER 5- REDUCE CHILD MORTALITY

It is evident IMR has declined substantially during 2001-2011 in both urban and rural areas of all divisions for both males and females. Overall, it declined by 39 percent in Barisal division, 17 percent in Chittagong division, 39 percent in Dhaka division, 28 percent in Khulna division, 33 percent in Rajshahi division and 35 percent in Sylhet division. The existence of geographical disparities in infant mortality indicates the strong influence of underlying factors that affect mortality among which mother's level of education and nutritional status are key determinants. There also exist regional variations in neonatal mortality rate which is higher among younger mothers (less than 20 years of age), among infants born less than two years after a previous birth, and in regions having low availability of newborn care practices such as immediate drying and wrapping.

Indicator 4.3: Proportion of 1 year-old children immunised 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 the measles vaccine. The BDHS 2011 shows that there has been a remarkable increase in the proportion of one year-old children immunised against measles which rose from 54 percent in 1991 to 87.5 percent in 2011 (Male: 88.3 percent, Female: 86.8 percent). The coverage was the highest in Rangpur Division (92.9 percent) and the lowest in Sylhet Division (82.9 percent). Mothers who completed grade 10 or higher education had coverage of 97.2 percent of their children against 78.3 percent of children of mothers having no education. For the richest income quintile, the coverage was 93.6 percent compared with 79.2 percent for the lowest quintile.

Figure 5.5: Proportion of One Year Child Immunized against Measles, 1991-2011



Source: EPI Coverage Evaluation Survey, DGHS and BDHS, NIPORT, MOHFW

The EPI Coverage Evaluation Survey (CES 2011), on the other hand, reports the proportion of one year-old children immunised against measles at 85.5 percent in 2011. The coverage was the highest in Rajshahi Division (90.3 percent) and lowest in Sylhet Division (79.5 percent). Thus there has been a steady increase in immunization coverage especially after adoption of the Reach Every District (RED) strategy targeting the low performing districts. While further efforts are needed to ensure full coverage and remove regional disparities in the vertical programmes such as EPI, this needs to be supplemented by better access to and utilization of health services especially by the poorer quintiles.

5.3 Challenges to Achieving the Targets

Although Bangladesh has high prospects of achieving the MDG 4 targets, the country has to overcome a number of challenges.

- Drowning in water is the leading cause of deaths among children of age between 1-4 years (42%). Thus efforts are needed to test and scale up effective interventions for preventing drowning related deaths.
- Lack of quality services is the major bottleneck in facility-based child and newborn healthcare. Quality service is frequently inadequate in health facilities because of insufficient number of skilled or trained personnel. Moreover, a lack of routine supportive supervision and monitoring is a major cause of poor quality of services.
- Reducing the neonatal mortality remains a challenge and which may also impact on infant and under-5 mortality. Thus high evidence based intervention for newborn services need to be scaled up rapidly across the country.
- Adequate availability of essential drugs is a major impediment in providing relevant services. The Bangladesh Health Facility Survey 2009 (World Bank 2010) found that, on average, only 58 percent of 19 essential drugs were present in health facilities. Moreover, a mere 9 percent of all facilities surveyed at the district level and below had more than 75 percent of essential drugs in stock.
- The achievements of universal health coverage, the removal of rural-urban, rich-poor and other form of inequities and the provision of essential services for the vast majority of the population are the key concerns for which effective strategies are to be adopted.
- The issues such as poverty related infectious diseases, mothers suffering from nutritional deficiency, children suffering from malnutrition, pregnant women not receiving delivery assistance by trained providers, poor maternal and child health, unmet need for family planning and the rise in STD infections constitute major challenges for achieving the health related targets.

5.4 Way Forward

The government needs to improve the health and development of children through universal access and utilization of quality newborn and child health services. In this context, the government's plan covers the following measures:

- Establish an enabling policy environment and advocate for adequate resource allocation for neonatal and child health interventions, including injury prevention. Rapid scaling up of evidence based effective intervention for prevention of major killers of under five children i.e. pneumonia and drowning are high on the agenda.
- Increase valid immunization coverage of all vaccine preventable diseases and maintain polio free status, maternal and neonatal tetanus elimination status and reduce measles morbidity by (i) keeping continued focus on low performing districts and urban municipalities; (ii) undertaking NIDs, measles and other supplementary immunization campaigns, e.g., tetanus; and (iii) introducing new and under-used vaccines.

CHAPTER 5- REDUCE CHILD MORTALITY

- Ensure the provision of quality home and facility based newborn and child care services including inpatient management of sick newborn/children and prevention and management of malnutrition with equitable access in high priority districts and focused facilities.
- Promote demands for services, particularly by the poor and the excluded. Support increased household and community capacity to identify danger signs and seek care for sick newborn and children.
- Promote practices by parents, caretakers and community people in specific safety behaviours and equip them with life saving skills to protect their children from being injured.
- Strengthen pre-service education for improving delivery and usage of quality child and newborn health services for disadvantaged and excluded groups.
- Develop and update technical guidelines and support operational research in creating evidence base for accelerated survival of sick newborn and children.
- Put emphasis on the human dimension of poverty, i.e. deprivation in health, deprivation in nutrition including water and sanitation, as well as related gender gaps.
- Continue to progressively increase allocations to the health sector in the annual budget and put more emphasis on enhancing access to priority health services for the less served areas and deprived populations.

The government's ongoing sector-wide approach in health, population and nutrition puts special emphasis on human dimension of poverty relating to deprivations in health and nutrition especially for children and women. The programme sets out the sector's strategic priorities and spells out how these will be addressed taking into account the strengths, lessons learned, and challenge in implementation of the past programmes. The comprehensive Health, Population, and Nutrition Sector Development Programme (HPNSDP), while targets to achieve improved health sector service delivery including stronger partnership with the private sector, puts special focus on reducing childhood deaths through effective health interventions including immunization, vitamin A and oral rehydration which also take care of equity issue, both gender and economic. The emphasis needs to be on further expansion of integrated management of childhood illness with more effective engagement of the communities.

MDG 5: Improve Maternal Health

Goal, targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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	194 (BMMS 2010) 209 (SVRS 2011) 218 (Sample census, 2011 BBS)	143
5.2: Proportion of births attended by skilled health personnel (%)	5.0	31.7 (BDHS 2011)	50
Target 5.B: Achieve by 2015, universal access to reproductive health.			
5.3: Contraceptive prevalence rate (%)	39.7	61.2 (BDHS 2011) 58.4 (SVRS 2011)	72
5.4: Adolescent birth rate (per 1,000 women)	77	118 (BDHS 2011) 59 (SVRS 2010)	-
5.5: Antenatal care coverage (at least one visit and at least four visits) (%)			
5.5a: Antenatal care coverage (at least one visit), (%)	27.5 (1993-94)	67.7 (BDHS 2011)	100
5.5b: Antenatal care coverage (at least four visits), (%)	5.5 (1993-94)	25.5 (BDHS 2011)	50
5.6: Unmet need for family planning (%)	21.6 (1993-94)	13.5 (BDHS 2011)	7.6

6.1 Introduction

According to the Bangladesh Maternal Mortality Survey 2010 (NIPORT 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, showing a 40 percent decline which gives an average rate of decline of about 3.3 percent per year. The overall proportion of births attended by skilled health personnel increased by more than six-folds in the last two decades, from 5.0 percent in 1991 to 31.7 percent in 2011.

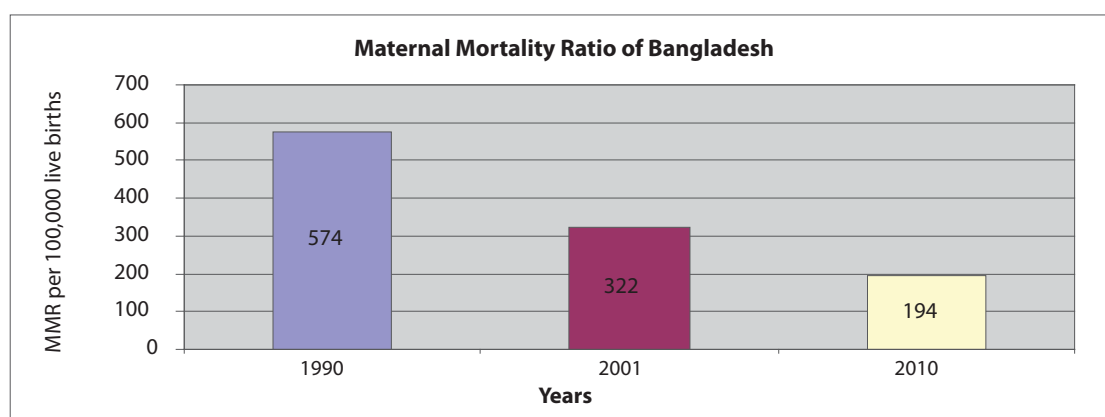
6.2 Progress of achievements in different targets and indicators

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

Indicator 5.1: Maternal mortality ratio (per 100,000 live births)

The maternal mortality ratio (MMR) is a very important mortality index of mothers who are exposed to the risk of death during child birth. It is generally expressed as the ratio of maternal death in a period to live birth during the same period expressed per 100,000 live births. According to the first MDG Progress Report published in 2005, the MMR in 1990 was 574 per 100,000 live births in Bangladesh. However, according to Bangladesh Maternal Mortality Survey (BMMS) 2010 (NIPORT 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, a decline of about 40 percent. The average rate of decline was about 3.3 percent per year, compared with the average annual rate of reduction of 3.0 percent required for achieving the MDG in 2015. The BMMS 2001 and 2010 show that the overall mortality rate among women in the reproductive age has consistently declined during this period. Cancers (21 percent), cardio-vascular diseases (16 percent) and maternal causes (14 percent) are responsible for more than half of all deaths among Bangladeshi women in the reproductive age.

Figure 6.1: Trend of MMR in Bangladesh, 1990-2010

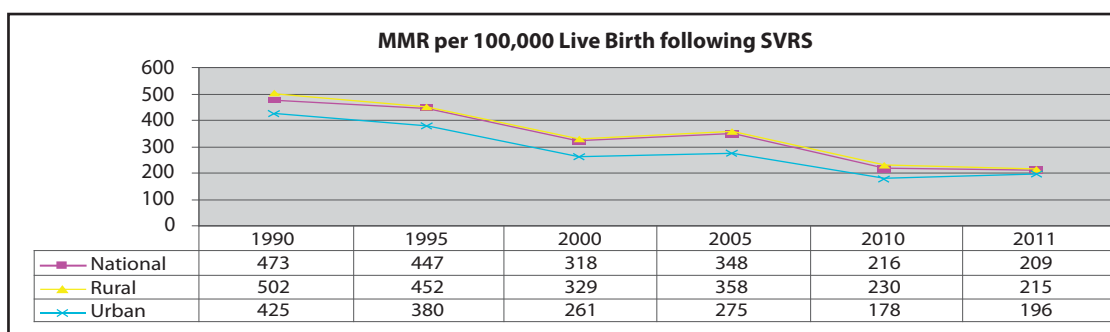


Source: BMMS 2001, 2010

The decline in MMR has been mainly due to reductions in direct obstetric deaths. Mortality due to indirect obstetric causes have somewhat increased. Maternal mortality during pregnancy and during delivery has also declined by 50 percent. In contrast, the reduction in post partum maternal deaths has been 34 percent. The BMMS 2010 data show that haemorrhage and eclampsia are the dominant direct obstetric causes of deaths; together they were responsible for more than half of the MMR.

It should be mentioned that the Sample Vital Registration System (SVRS) of BBS found relatively higher MMR during 1990 to 2011 period. Although MMR came down to 315 per 100,000 live births in 2001 from 478 in 1990, the ratio increased to 348 in 2005 and then gradually decreased; it stood at 209 in 2011. The reduction of MMR was observed both in rural and urban areas; from 502 and 425 in 1990 to 215 and 196 respectively in 2011. According to this set of data, MMR has declined by 56.3 percent at the national level; by 57.2 percent in rural areas and by 53.9 percent in urban areas during the 1990-2011 period.

Figure 6.2: Trend of MMR in Bangladesh, 1990-2011

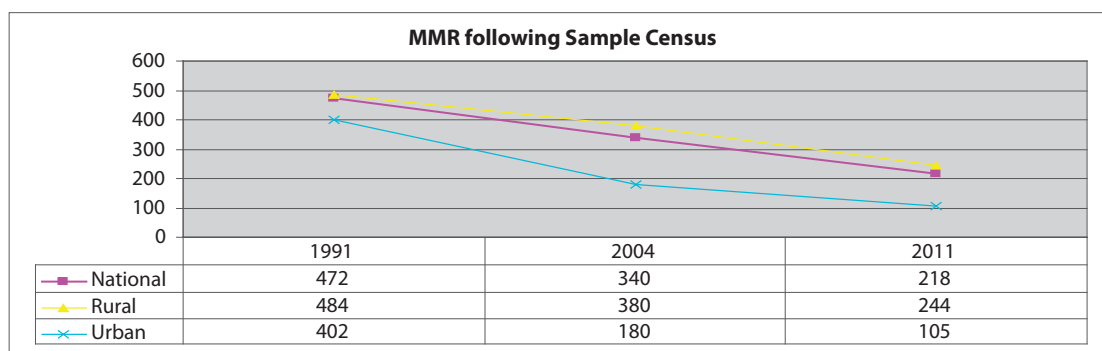


Source: SVRS, BBS, different years

The regional level variation of MMR is reported in the SVRS 2010. It is evident from SVRS 2010 that nationally MMR in 2010 was the highest in Sylhet Division (285) and the lowest in Rajshahi Division (182). In case of rural areas, MMR was the highest in Chittagong Division (276) and the lowest in Rajshahi Division (197). In case of urban areas, MMR was the highest in Sylhet Division (429) and the lowest in Rajshahi Division (139).

Maternal Mortality Ratio reported by the Bangladesh Bureau of Statistics by conducting Sample Census following successive Population Census is shown in Figure 6.3. The results of Population Census of 2011 reveal that MMR in 2011 was 218 per 100,000 live births as compared with 340 in 2004 and 472 in 1991. The reduction in MMR is observed, as in the case of SVRS, in both rural and urban areas; from 484 and 402 in 1991 to 244 and 105 respectively in 2011.

Figure 6.3: Trend of MMR of Bangladesh, 1991-2011

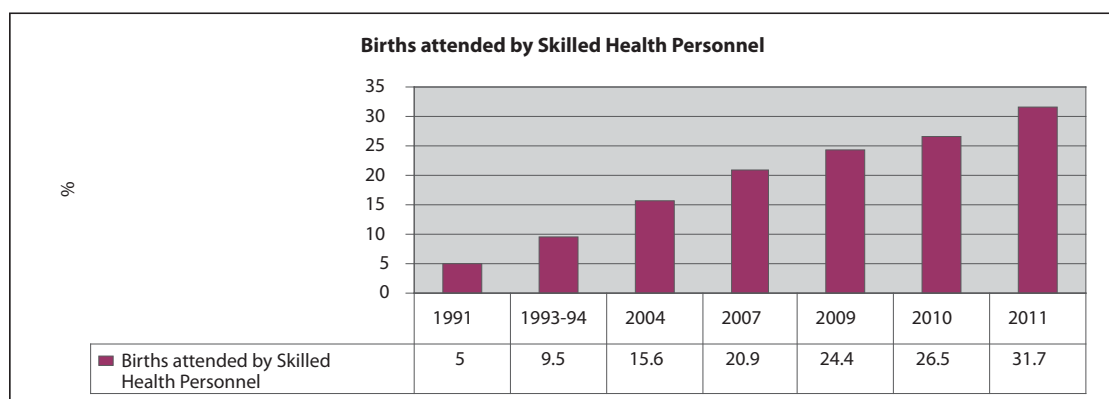


Source: Various Sample Censuses, BBS

Indicator 5.2: Proportion of births attended by skilled health personnel

According to Bangladesh Demographic and Health Survey (BDHS) 2011 (NIPORT 2013), 31.7 percent of births in Bangladesh are attended by medically trained personnel, e.g., a qualified doctor, nurse, midwife, family welfare visitor (FWV), or community skilled birth attendant (CSBA). Additionally, trained birth attendants assist in 11 percent of deliveries. However, more than half of births (53 per cent) in Bangladesh are assisted by *dais* or untrained birth attendants, and 4 percent of deliveries are assisted by relatives and friends. Medically-assisted deliveries are much more common among young mothers and first births. The births in urban areas and in Khulna are much more likely to be assisted by medically trained personnel than births in other areas. Delivery by medically trained personnel is more likely for births to mothers with secondary or higher education as well as births to mothers in the highest wealth quintile. The proportion of deliveries by medically trained providers has doubled from about 16 percent in 2004 to about 32 percent in 2011, mostly due to improvement in institutional delivery mechanism.

Figure 6.4: Births Attended by Skilled Health Personnel, 1991-2011



Source: BDHS1993-94, 2004, 2007, 2011; MICS 2009; UESDS 2010

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

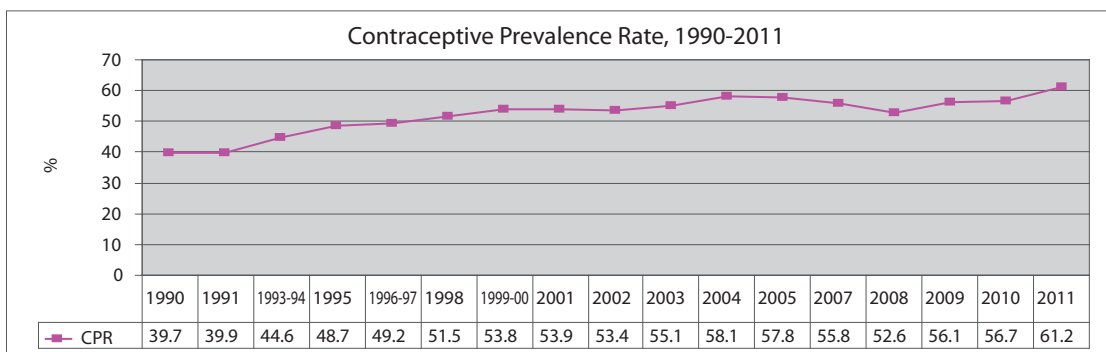
Indicator 5.3: Contraceptive prevalence rate (%)

The contraceptive prevalence rate (CPR) is defined as the percentage of couple who has been currently using any method of contraception in total married women of reproductive age. According to BDHS 2011, 61.2 percent of married women in Bangladesh are currently using contraceptive methods. The majority of women use modern methods (52 percent) and only 9 percent use traditional methods. Use of contraception among married women in Bangladesh has increased from 8 percent in 1975 to 61.2 percent in 2011, more than sevenfold increase in less than four decades.

Contraceptive use varies by place of residence. While contraceptive use continues to be higher in urban areas (64 percent) than in rural areas (60 percent), the gap is narrowing. The urban-rural difference in contraceptive use is primarily due to the greater use of condoms in urban areas than in rural areas. Contraceptive use ranges from 69 percent in Rangpur division to 45 percent in Sylhet division.

The trend shown in Figure 6.5 reveals a steady increase of CPR between 1991 and 2004. The CPR temporarily declined due to the decline in injectables as a result of supply shortages and inadequate domiciliary services during the 2007-08 period. The CPR increased again in 2009 which continued till 2011. A linear projection indicates that the CPR in Bangladesh may increase to 68 percent by 2015.

Figure 6.5: Trend in Contraceptive Prevalence Rate, 1990-2011



Source: SVRS 1991, 1995, 1998, 2001-03, 2005, 2008-10; BDHS 1993-94, 1996-97, 1999-00, 2004, 2007, 2011

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

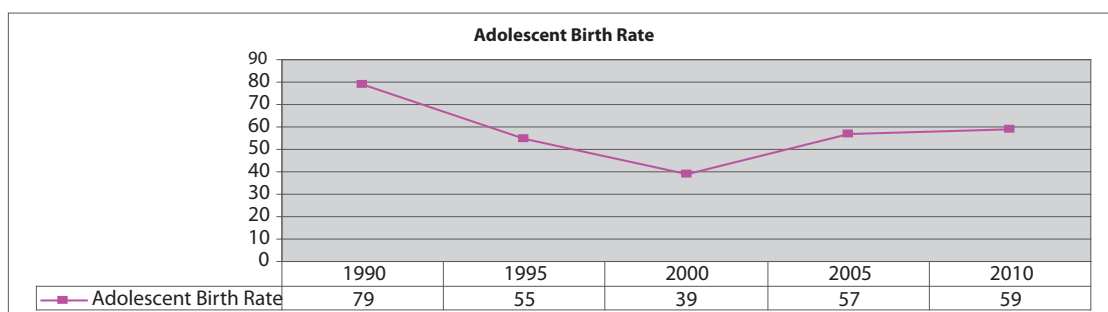
The adolescent birth rate shows the average number of births by women between the ages of 15 and 19 in a given year. The adolescent birth rate per 1,000 women is shown in Table 6.1. According to current fertility rates as reported in the Bangladesh Demographic and Health Survey 2011, on average, women have 25 percent of their births before reaching twenty years of age, 57 percent during their twenties, and 17 percent during their thirties.

Table 6.1: Adolescent Birth Rate, 1975-2011

Year	Adolescent birth rate	Source
1975	109	BFS
1989	182	BFS
1991	179	CPS
1993-94	140	BDHS
1996-97	147	BDHS
1999-00	144	BDHS
2004	135	BDHS
2007	126	BDHS
2011	118	BDHS

However, according to SVRS 2010, the adolescent birth rate has declined, from 79 per 1,000 women in 1990 to 59 in 2010 (Figure 6.6). As expected, early childbearing is more common in rural areas, among the poor and the less educated. The Bangladesh Maternal Mortality Survey 2010, on the other hand, found adolescent birth rate to be 105 per 1,000 women.

Figure 6.6: Adolescent Birth Rate following SVRS, 1990-2010



Source: SVRS, various years, BBS

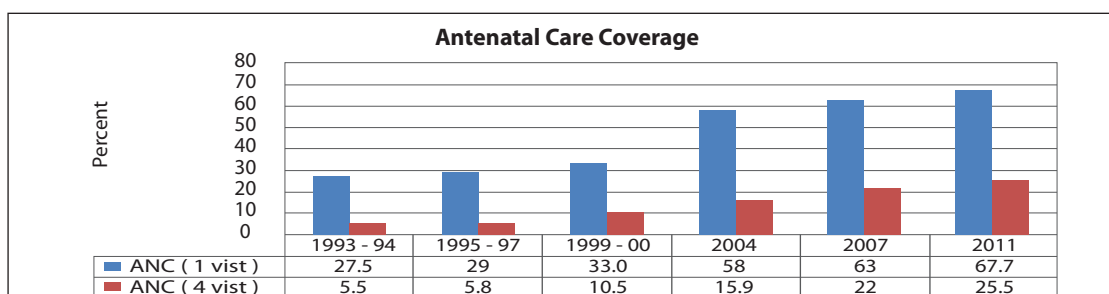
Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits)

Indicator 5.5a: Antenatal care coverage (at least one visit)

Antenatal care from a medically trained provider is important to monitor the status of a pregnancy and identify the complications associated with the pregnancy. According to BDHS 2011, 67.7 percent of women with a birth in the three years preceding the survey received antenatal care at least once from any provider. Most women (54.6 percent) received care from a medically trained provider, e.g., doctor, nurse, midwife, family welfare visitor (FWV), community skilled birth attendant (CSBA), medical assistant (MA), or sub-assistant community medical officer (SACMO).

The urban-rural differential in antenatal care coverage continues to be large: 74.3 percent of urban women receive antenatal care from a trained provider, compared to only 48.7 percent of rural women. Also, regional variation persists. Mothers in Khulna are most likely to receive antenatal care from a medically trained provider (65 percent), while those in Sylhet are least likely to receive care (47 percent). The likelihood of receiving antenatal care from a medically trained provider increases with the mother's education level and wealth status. Coverage of antenatal care from a trained provider increases from 26 percent for mothers with no education to 88 percent for mothers who have completed secondary school or higher education. Similarly the proportion of women who received ANC from a medically trained provider is lowest among those in the lowest wealth quintile (30 percent), and increases with each wealth quintile to a high of 87 percent among women in the highest wealth quintile.

Figure 6.7: Antenatal Care Coverage (1 and 4 visits) from any Providers



Source: BDHS various years, NIPORT, MOHFW

[1996-97 & 1999-00 represent services received from medically trained provides, others represent any providers]

Indicator 5.5b: Antenatal care coverage (at least four visits) (%)

The BDHS 2011 findings show that not only more women are receiving antenatal care, but that they are also receiving care more often. The percentage of women who had no ANC visit has declined from 44 percent in 2004 to 32 percent in 2011. At the same time, the percentage of pregnant women who made four or more antenatal visits has increased from 15.9 percent in 2004 to 25.5 percent in 2011. Urban women are more than twice (44.7 percent) as likely as rural women (19.8 percent) to make four or more antenatal visits in 2011. However, although the number of women who receive at least four ANC has increased steadily, these gains will not be sufficient to reach the MDG target set for 2015. Inequalities in ANC coverage exist according to rural/urban settings, administrative divisions and household wealth status.

Indicator 5.6: Unmet need for family planning

The definition of unmet need for family planning has been recently revised in the Bangladesh Demographic and Health Survey (BDHS) 2011. Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrhea for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhea for up to two years following an unwanted birth and not using contraception.

Women who are classified as in-fecund have no unmet need because they are not at risk of becoming pregnant.

According to the latest available estimate, 13.5 percent of currently married women in Bangladesh have an unmet need for family planning services, 5.4 percent for spacing of births and 8.1 percent for limiting births (BDHS 2011).

Unmet need for family planning decreases with increasing age, ranging from 17 percent among women aged 15-19 to 8 percent among women aged 45-49. Women in rural areas have a higher unmet need (14 percent) than women in urban areas (11 percent). Unmet need is highest in Chittagong (21 percent) and lowest in Khulna and Rangpur (both 10

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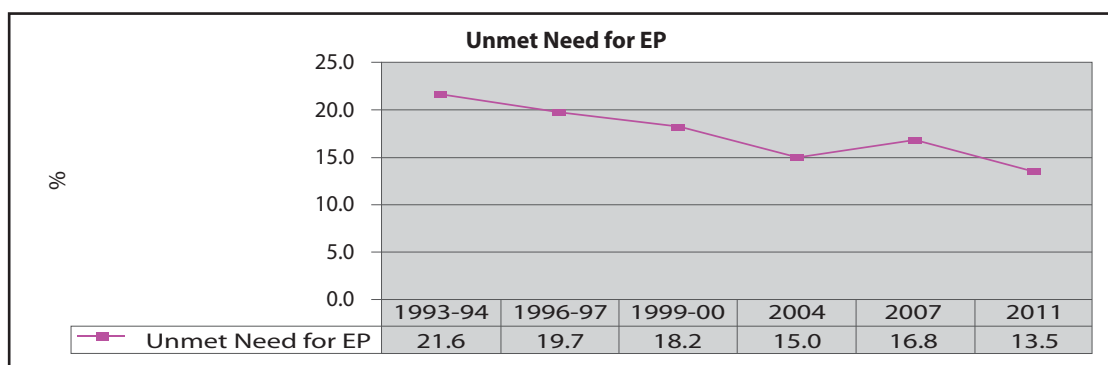
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Unmet need increased from 15 percent of currently married women in 2004 to 17 percent in 2007 and then decreased to 14 percent in 2011. The BDHS 2011 reports that the demand for family planning services is 75 percent and the proportion of demand satisfied (total contraceptive use divided by the sum of total unmet need and total contraceptive use) is 82 percent.

Figure 6.8: Unmet Need for Family Planning: 1993-94 to 2011



Source: BDHS 2011, NIPORT, MOHFW

6.3 Challenges to Achieving the Targets

- Inadequate coordination between health, family planning and nutrition services prevent the effective use of limited resources and frequently result in inefficiencies and missed opportunities.
- Human resource capacities remain a major obstacle to quality health service delivery. Key challenges include acute shortage of manpower of all categories, insufficient skills-mix and insufficient numbers of health workers especially in the rural areas.
- Further progress with CPR will require consistent and reliable access to contraceptives to reduce unmet need and dropout rates.
- Overall, public spending on health has remained relatively low due, in part, to conditionality in project aid and government procedures. Allocation of public resources continue to be based on historical norms for facilities and staffing, rather than on accurate indicators of individual and household health needs, incidence of poverty, disease prevalence and population.
- Despite expansion of physical facilities, use of public health facilities by the poor remains low due to supply-side barriers such as lack of human resource capacities, inadequate drug supplies and logistics, and management inadequacies.
- Underlying socio-cultural factors contribute to the lack of knowledge about maternal health complications among women and families. Social marginalisation, low socio-economic status of women and lack of control over their personal lives make it difficult for many women to seek reproductive health care. Other contributing factors include early marriage and child bearing, poor male involvement in reproductive health issues and poor community participation in issues relating to maternal health.

- For all indicators, with the exception of CPR, significant disparities is observed in terms of the services women receive according to rural/urban residence, mother's education level, household wealth status and geographic location. It remains a big challenge to reduce the regional disparities.
- The legal age of marriage in Bangladesh is 18 years for women, but a large proportion of marriages still take place before the legal age. Hence enforcement of *the Child Marriage Restraint Act 1984* remains a big challenge for Bangladesh.
- More than 90 percent of the poorest women have not been exposed to any family planning (FP) messages via mass media compared with half of the richer women who are more likely to own a television. This inequality hinders adoption of FP methods among the poor.

6.4 Way Forward

To achieve the MDG5 goal and targets, Bangladesh must effectively address the three pillars within the health care system for reducing maternal deaths. These include: family planning (FP), skilled birth attendants (SBAs) and emergency obstetric care (EmOC).

- The life-cycle approach should be used to address the general and reproductive health needs of women and to ensure reproductive health and rights in all phases of life. Essential health services should be provided in an integrated manner.
- Strong government commitment through national policies and programme implementation needs to be continued for reduction in maternal mortality in Bangladesh.
- A holistic population planning programme that addresses the challenges of the future and taking lessons from the past should be contemplated to attain replacement fertility by 2015 for population stabilization. The promotion of contraceptives along with FP services should continue and be expanded to poor and marginalized population in both rural and urban areas to respond to unmet needs. Procurement and supply management should be strengthened to avoid contraceptive shortages. Long-acting and permanent reproduction control methods should be promoted to increase the CPR and ensure further decline in the total fertility rate.
- The vast network of state facilities should be strengthened for appropriate women, adolescents and reproductive health service delivery for better utilization of MH/RH services. A mainstreamed nutrition programme should target adolescents, particularly girls. Adolescents should be provided with required life-skills education and access to accurate information about health issues.
- Comprehensive emergency obstetrical care (EmOC) facilities should be expanded by establishing such facilities in more upazila health complexes. More community skilled birth attendants (SBA) should be trained.

- The demand of ante-natal care (ANC), institutional delivery or delivery by trained personnel, post-natal care (PNC) should be created through strengthened health promotion involving community and different stakeholders.
- Communities should be mobilized to stimulate demand, improve care seeking behaviours and overcoming barriers to access health care. Door to door service providing may also be encouraged for greater participation.
- Demand side financing (DSF) schemes have also contributed to positive results. A recent evaluation reveals that DSF programmes have had an unprecedented positive effect on utilization of safe maternal health services by poor pregnant women, including antenatal care, delivery by qualified providers, emergency obstetric and post natal care. The DSF can be expanded to all areas of Bangladesh with some modifications.
- In support of the Human Resource Development Master Plan for 2010-2040 to close large human resource gaps over the next 10 years, the government will need to focus on the following areas:
 - Reviewing the skills mix and deployment model for midwifery/MH/RH services.
 - Improving the quality of education and training of health workers especially midwives.
 - Ensure necessary regulations to protect the public from unsafe and incompetent care.
 - Addressing recruitment, career development, performance management, and retention issues to reduce staff shortages, particularly in rural areas.



CHAPTER 7- COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

MDG 6: Combat HIV/AIDS, malaria and other diseases

Goal, targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
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, %	0.005	0.1 (9th SS 2011)	Halting
6.2: Condom use rate at last high risk sex, %	6.3	44-67 (UNGASS 2010)	-
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	17.7 (NASP 2009)	-
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Data not available		
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it			
6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs, %	-	100 (NASP 2012)	100
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	776.9 (2008)	270.84 (MIS NMCP 2012)	310.8
6.6b Deaths of Malaria per 100,000 population	1.4 (2008)	0.101 (MIS NMCP 2012)	0.6
6.7 Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts) %	81 (2008)	94.40 (MIS NMCP 2012)	90 (target met)
6.8 Proportion of children under 5 with fever who are treated with appropriate anti malarial drugs	60 (2008)	89.50 (MIS NMCP 2012)	90 (almost attained)
6.9a Prevalence of TB per 100,000 population	493	411 (GTBR WHO 2011)	320
6.9b Deaths of TB per 100,000 population	58	43 (GTBR WHO 2011)	38
6.10a: Detection rate of TB under DOTS, %	21 (1994)	70 (MIS NTP 2011)	70 (target met)
6.10b: Cure rate of TB under DOTS, %	73 (1994)	92 (MIS NTP 2011)	>85

7.1 Introduction

Bangladesh has performed quite well in halting communicable diseases under MDG 6. The available data show that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1 percent and thus is still below the epidemic level. There has been significant improvement in the reduction of malarial deaths in the country over the years. Moreover, a couple of indicators related to TB have already met the MDG targets. It may also be mentioned that some of the indicators are non-measurable in quantitative terms while, for several others, the benchmarks are not available. In addition, several targets are defined in percentage terms while others refer to absolute numbers.

7.2 Progress of achievements in different targets and indicators

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

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

The data of the 9th round National HIV Serological Surveillance (SS) conducted in June 2011 show that the prevalence of HIV/AIDS in Bangladesh is currently less than 0.1 percent and thus still below an epidemic level. However, in Bangladesh, behavioural factors among most at risk populations (MARPs), explored in several rounds of Behavioural Surveillance Survey (BSS) show a trend that could fuel the spread of HIV from MARPs to the general population. The findings of the 9th round National HIV SS are very encouraging as these show that the overall prevalence of HIV in populations most at risk remains below 1 percent and most importantly, HIV prevalence has declined among people who inject drugs in Dhaka from 7 percent to 5.3 percent. Moreover, hepatitis C has also declined which is a marker for unsafe injecting practices. Thus, the overall data suggest that the intervention programmes are having a positive effect. Still the most number of HIV positive people, irrespective of population groups, live in Dhaka despite the decline in the proportion of HIV positives among people who take drugs through injection. The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 2,871 HIV positive cases have been identified; among them 1,204 developed AIDS. Out of the total AIDS cases, 390 deaths have been recorded (as of December 2012).

The specific issues emerging from the 9th round of SS highlight that both HIV and HCV rates have declined in PWID in Dhaka suggesting that ongoing harm reduction programmes are effective in preventing the spread of blood borne infections in Dhaka. Other than PWID, another vulnerable population group appears to be the Hijra community as HIV was detected in the group from the locations where sampling was conducted. High rates of active syphilis (at >5%) was recorded in 10 cities amongst different population groups suggesting the practice of unprotected sex. Geographically, Dhaka appears to be the most vulnerable as this is where the most numbers of HIV positive individuals were detected. Border areas particularly Hili and Benapole are also vulnerable as HIV has been detected in these locations among different groups and cross border mobility in Hili is very high.

Indicator 6.2: Condom use at last high-risk sex

According to BDHS 2011, the rate of condom use among married couples is low. It was 3 percent in 1993-94 which has increased to 5.5 percent in 2011 and is unlikely to scale up significantly by 2015. The data provided in *20 Years of HIV in Bangladesh: Experience and*

Way Forward 2009 (World Bank and UNAIDS) show that though the rates of condom use among different most at risk population (MARP) sub-groups have increased, a significant proportion of this population is still not using condom at every high-risk sexual encounter as is required for preventing an escalation of HIV infection among them and its transmission to the general population (Table 7.1).

Table 7.1: Condom Use at Last High Risk Sex

Most at risk populations (MARP)	2005	2008
Female sex workers who used condom with their most recent client, %	30.9	66.7
Male sex workers who used condom with their most recent client, %	44.1	43.7
Transgender who used condom with their most recent client	15.6	66.5
Male IDU who reported use of condom in last sexual intercourse (commercial sex), %	23.6	44.3
Female IDU who reported use of condom in last sexual intercourse (commercial sex), %	78.9	54.8

Source: BSS 2003-04, 2006-07, UNGASS 2008

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

The percentage of the population aged 15-24 years with comprehensive knowledge of HIV/AIDS (i.e., can correctly identify the two major ways of preventing sexual transmission of HIV and are able to reject the three misconceptions about HIV transmission) remains low. A national youth HIV/AIDS campaign end line survey among youth in Bangladesh conducted in 2009 showed that only 17.7 percent of people aged 15-24 years had comprehensive correct knowledge of HIV. The data from Multiple Indicator Cluster Survey (MICS) 2006 (BBS/UNICEF 2007) indicate that only 15.8 percent of 15-24 year old women had comprehensive correct knowledge of HIV/AIDS in Bangladesh. On the other hand, the data from MICS 2009 (BBS/UNICEF 2010) recorded a slight drop to 14.6 percent. One reason for this drop may be the transitory nature of the age cohort which indicates the need for continuous rather than one time interventions to cater for the new entrants into the age cohort.

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

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

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

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

The United Nations General Assembly Special Session (UNGASS) Report 2009 shows the proportion of population with advanced HIV infection with access to antiretroviral drugs coverage is 47.7 percent (353/740) in Bangladesh based on a study. However, data from National AIDS/STD Programme (NASP) under the DGHS show the proportion to be 100 percent.

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

Indicator 6.6: Incidence and death rates associated with malaria

Indicator 6.6a: Prevalence of malaria per 100,000 population

The prevalence of malaria per 100,000 population was 441.5 in 2005. After gradual increase up to 2008, it has started to reverse and came down to 270.84 in 2012. Table 7.2 gives the information on incidence and death rates associated with malaria.

Table 7.2: Malaria Statistics, 2005-2012

	Year							
	2005	2006	2007	2008	2009	2010	2011	2012
Total cases	48,121	32,857	59,857	84,690	63,873	55,873	51,773	29,522
Prevalence per 100,000 population	441.48	301.44	549.15	776.97	585.99	512.60	474.98	270.84
Death	501	307	228	154	47	37	36	11
Death rate per 100,000 population	4.596	2.817	2.092	1.413	0.431	0.339	0.330	0.101
Population of children under 5 who slept under an ITN/LLIN the previous night, %	0	0	0	81	0	90	89.3	94.4

Source: MIS Report, M&PDC, DGHS

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

Malaria is now a localized disease in Bangladesh which is endemic in 13 districts of the eastern and northern parts of the country. However, three hilly CHT districts alone account for 80 percent of the total burden of malaria in Bangladesh. During the last decade, the annual average number of reported cases was 54,679 of which 44,491 (>82%) are due to *Plasmodium falciparum*. The rests are *Plasmodium vivax* and few cases are due to mixed infection. The overall prevalence of malaria in the thirteen endemic districts was 3.1 percent (Malaria Baseline Socioeconomic and Prevalence Survey 2007). Over 10.9 million people of Bangladesh are at high risk of malaria. Most vulnerable groups are <5 year children and pregnant women. About 0.101 percent annual deaths in Bangladesh is attributed to malaria. The country has been implementing the malaria control and has achieved remarkable success in terms of reduction in the number of cases and deaths. Early diagnosis and prompt treatment through doorstep facilities provided by GO-NGO partnership with support of GFATM Fund has proved to be very effective. The use of insecticide treated bed nets has supplemented the effort. Table 7.3 summarizes malaria epidemiological data from the endemic districts.

Table 7.3: Malaria Epidemiological Data from the Endemic Districts

Year	Clinical Cases	Positive Cases	P. falciparum*	P. vivax**	P. falciparum %	Deaths
2000	294,358	54,223	39,272	14,951	72.43	478
2001	276,901	54,216	39,274	14,942	72.44	490
2002	305,738	62,269	46,418	15,851	74.54	588
2003	279,439	54,654	41,356	13,298	75.67	577
2004	224,003	58,894	46,402	12,492	78.79	535
2005	242,247	48,121	37,679	10,442	78.30	501
2006	313,794	32,857	24,828	8,029	75.56	307
2007	458,775	59,857	46,791	13,066	78.17	228
2008	526,478	84,690	70,281	14,409	82.99	154
2009	553,787	63,873	57,020	6,853	89.27	47
2010	-	55,873	52,049	3,824	93.16	37
2011	-	51,773	49,194	2,579	95.02	36
2012	-	29,522	27,820	1,702	94.23	11
Average/Year	267,348	54,679	44,491	10,188	81.58	307

* P. falciparum produces malignant tertian malaria and there is no dormant stage; parasites grow and multiply immediately. In this type of malaria, merozoites enter new RBCs and cause more severe infection on human than the P. vivax does.

** P. vivax produces benign tertian malaria; and the lifecycle of the parasite includes a stage where the parasites remain dormant instead of multiplying and growing immediately. P. vivax merozoites can invade RBCs of all ages.

Source: Communicable Disease Control Programme, DGHS

Indicator 6.7: Proportion of children under 5 sleeping under insecticide-treated bed nets (13 high risk malaria districts)

Major interventions for malaria control include expanding quality diagnosis and effective treatment of 90 percent of malaria cases, promoting use of long lasting nets and insecticide-treated nets in all households in the three CHT districts and 80 percent of the households in the remaining 10 high incidence districts by 2015, and intensive Information, Education and Communication (IEC) for increasing mass awareness of the people for prevention and control of malaria. The MIS data of National Malaria Control Programme (NMCP) show that the proportion of children under 5 sleeping under insecticide-treated bed nets in 13 high risk malaria districts was 81 percent in 2008 which has increased to 94.40 percent in 2012.

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

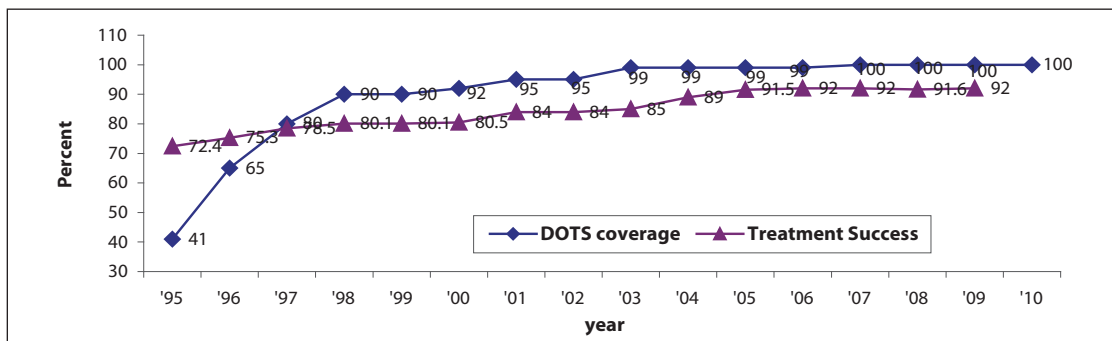
The base line figure for the proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs was 80 percent for the year 2008. In 2012, it was recorded at 89.50 percent and the target is to achieve 90 percent in 2015.

Indicator 6.9: Incidence, prevalence and death rates associated with tuberculosis

Indicator: 6.9a: Prevalence of tuberculosis per 100,000 population

According to the National Tuberculosis (TB) Prevalence Survey (2007-2009) Report of Bangladesh, the overall adjusted prevalence of new smear positive cases among adult (age ≥ 15 years) was estimated at 79.4/100 000 population (95% CI; 47.1-133.8). Under the Mycobacterial Disease Control (MBDC) Unit of the Directorate General of Health Services (DGHS), the National Tuberculosis Control Programme (NTP) is working with the mission of eliminating TB from Bangladesh. While the initial short term objectives of the programme were to achieve and sustain the global targets of achieving at least 70 percent case detection and 85 percent treatment success among new smear-positive TB cases under DOTS, the present objective is to achieve universal access to high quality care for all people with TB. The medium term objectives include reaching the TB related Millennium Development Goals. The NTP adopted the DOTS strategy and started its field implementation in November 1993. High treatment success rates were achieved from the beginning and the target of 85 percent treatment success rate of the new smear-positive cases has been met since 2003. The programme has been maintaining over 90 percent treatment success rate since 2006, and has successfully treated 92 percent of the 109,099 new smear-positive cases registered in 2009.

Figure 7.1: DOTS Coverage and Treatment Success Rate



Source: NTP, DGHS

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

The death rate associated with TB was 58 per 100,000 populations in 1990. The country seeks to achieve the target of 38 by 2015. The current status is 43 in 2011 which shows that the country is on track to achieve the target.

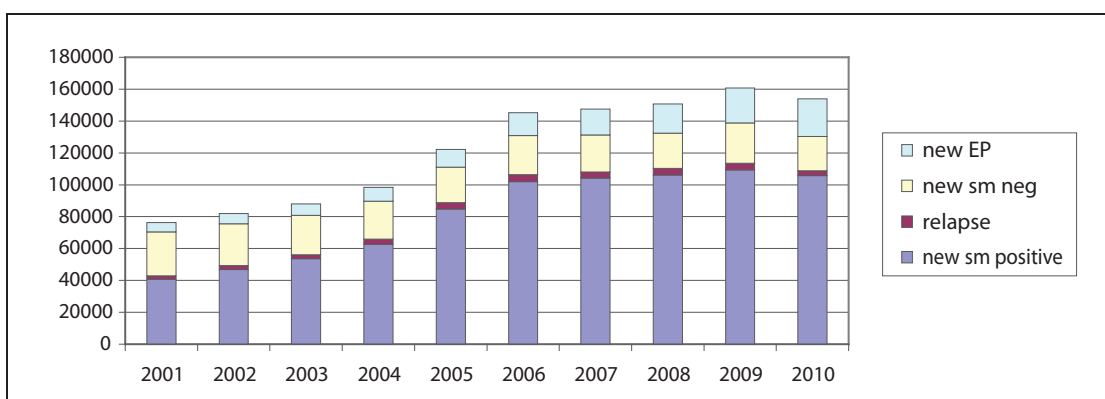
Indicator 6.10: Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)

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

Indicator 6.10a: Proportion of tuberculosis cases detected under DOTS

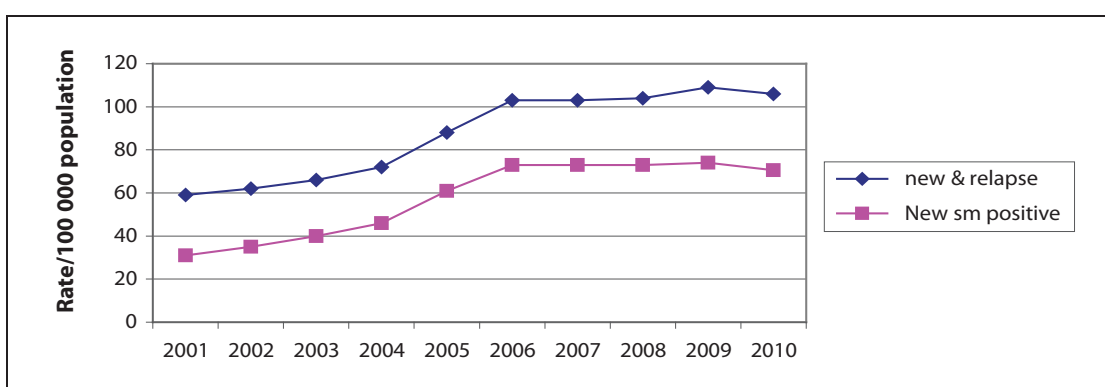
The number of new smear-positive cases notified under DOTS out of all estimated incident smear-positive cases was 21 percent in 1994, which has increased significantly and achieved the target of 70 percent. The programme has been notifying more than 70 new smear positive cases per 100,000 populations since 2006. In 2010, a total of 105,772 new smear-positive cases were detected with a notification rate of 70.5 per 100,000 populations (estimated projected population for 2010 is 150,047,466). The case notification trend both in absolute number and rate is shown in Figure 7.2 and Figure 7.3.

Figure 7.2: Case Notification, New and Relapsed TB Cases



Source: NTP, DGHS

Figure 7.3: Case Notification Rate per 100,000 Populations, New and Relapsed



Source: NTP, DGHS

Indicator 6.10b: Proportion of tuberculosis cases cured under DOTS

The cure rate of TB under DOTS was 73 percent in 1994, which has crossed the target of more than 85 percent. The cure rate under DOTS was 71 percent, 92 percent, and 92 percent in 1995, 2007 and 2008 respectively. In 2011, the cure rate is also reported to be 92 percent. The major factors that constrain the achievement of higher cure rates cover several areas including weak mechanisms to systematically monitor drug side effects, inadequate coverage of MARPs, and inadequate skills of health care providers to deal with inherent complexities of the new areas in the case of TB.

7.3 Challenges to Achieving the Targets

Bangladesh is in a favourable position in terms of achieving the MDG 6 targets. There are, however, several challenges facing the national responses towards the three target diseases.

- The coverage of most at risk populations is inadequate and the quality of services varies across donor-supported programmes in Bangladesh which use different MARP definitions.
- Despite enhanced capacity to manage the three diseases, technical expertise at individual or institutional level to plan, implement and monitor the responses is still limited. While external resources for training and capacity building have increased substantially, managerial processes pose often a bottleneck to fully use these resources.
- Strategic information management system which is crucial for effective generation and management of data following the principle of 'one agreed country-level monitoring and evaluation system' has not fully been operationalized in Bangladesh. Coordinated efforts to bring together programme-related data and information to a central unit are yet to provide the desired results.
- Full coverage of the endemic districts has not yet been achieved for rapid diagnostic tests for malaria. Changing treatment regimens, even marginal changes, require policy change including training and supervision which has proved to be a daunting task.
- The fact that the HIV, TB and malaria programmes procure drugs centrally and cover the largest number of patients, a good number of patients are treated privately and depend on drugs procured from the private market. The respective programmes, however, have little impact on ensuring the quality of drugs in the market.
- The National Policy on HIV/AIDS and Sexually Transmitted Disease Related Issues which was ratified in 1997 needs to be updated to make it more relevant. Haphazard use of existing provisions of laws has led to harassment of vulnerable populations leading to interference and weakening of the programme implementation for MARPs.
- Monitoring and evaluation systems should be streamlined and refocused as Strategic Information Management System within NASP, widening the scope of data management to information management for strategic and programmatic decision making. Regular collection of strategic information through behavioural and serological surveillance and research should also be pursued. The capacity seems to be lacking for conducting prevalence, mortality or drug-resistance surveys for TB.

7.4 Way Forward

For ensuring rapid improvement, the focus needs to be on strengthening coordination in the national response through advocacy, coordination and collaboration, evidence-based programme management and strengthening of systems with special focus on the following:

CHAPTER 7- COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

- Strengthen national coordination mechanisms through reforming/strengthening NAC, CCM, UNJT and key civil society networks and building capacity of the leadership.
- Improve programme management by making use of routine quality reports as well as operational research and other evidence.
- The NTP has its human resources development plan (2009-2015) highlighting the strategy for addressing human resources needs for TB control through an integrated approach. Implementation of these plans needs to be prioritized.
- Facilitate scaling up of quality interventions to achieve universal access to prevention, treatment, care and support, for all targeted intervention groups for HIV, TB and malaria with the following expected outcomes:
 - Improved knowledge and practice of people most at risk as well as the general population to prevent these three diseases;
 - Improved quality of prevention, treatment, care and support services for the three diseases
 - Institutional arrangements developed for moving from pilot to massive scale-up to have a critical mass of health care providers involved.
- Improve participation of civil society (NGOs, CBOs, self help groups, vulnerable groups) in programme planning/implementation and oversight in order to incorporate rights-based approaches to the management of the three diseases.
- Improve access equity for niche populations with a perceived or documented higher burden of one or more of the three diseases (ultra-poor, char population, Chittagong Hill Tracts, indigenous population, refugees, slum dwellers, migrants, garments workers, and similar groups).
- Though HIV/AIDS prevalence rate in Bangladesh is far from alarming, preventive measures are to be taken in time to protect the devastating turn affecting the national development as a whole.
- Awareness building campaign regarding HIV/AIDS can be an effective way to prevent the spread of infection to a considerable degree.
- Harm reduction services that are being provided to PWID in Dhaka should be continued. Attention needs to be given to Hijra (transgender) community so that HIV prevention services for the group are appropriate and expanded.
- More attention needs to be given to increase condom use by especially those groups where active syphilis rates have been recorded at more than 5 percent. Vigilance in Dhaka and border towns is essential with both provision of adequate services and continuous surveillance.

The reduction of morbidity and premature mortality due to the above diseases would require appropriate actions at all levels from primary prevention to treatment and rehabilitation in an integrated manner. The government programmes should, in partnership with local administration and the private sector, create greater awareness and promote public health through health education and in collaboration with the mass media. Disciplined life style and healthy habits will certainly reduce the risk of different diseases and create awareness on methods of preventing these diseases.

CHAPTER 8- ENSURE ENVIRONMENTAL SUSTAINABILITY

MDG 7: Ensure environmental sustainability

Goal, targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
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, % (tree coverage)	9.0	19.42 (DoF 2012) (density>10%)	20.0 (density >70%)
7.2: CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	Lack of data		
7.2a: CO ₂ emissions, metric tons per capita	0.14	0.30 (DoE 2007)	-
7.3a: Consumption of ozone-depleting substances	-		
7.3a: Consumption of ozone-depleting substances in ODP tonnes	72.6 ODP tonnes (HCFC: Hydro chlorofluor ocarbon)	CFCs: 48 ODP tonnes ¹ HCFCs: 88.42 ODP tonnes Total: 136.42 ODP (Ozone Cell, DoE)	65.39 ODP tonnes
7.4: Proportion of fish stocks within safe biological limits	-	54 inland and 16 marine	-
7.5: Proportion of total water resources used	-	6.6% (2000)	-
7.6: Proportion of terrestrial and marine areas protected	1.64	Terri: 1.83% and Mari: 0.47 (DoF)	5.0
7.7: Proportion of species threatened with extinction	-	106 (2001)	-
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	78	86 ² (MICS 2009) 98.2 (SVRS 2011)	100
7.9: Proportion of population using an improved sanitation facility	39	63.6 (SVRS 2011)	100
Target 7.D: Halve, 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	-	7.8 (BBS 2001)	-

¹ Under Essential Use Nomination approved by the Meeting of the Montreal Protocol for production of metered dose inhalers only.

² Considering arsenic contamination.

8.1 Introduction

At present there is only 19.42 percent of land in Bangladesh having tree cover with density of 10 percent and above. Based on the spatial dimension, the area having tree cover is much closer to the target (20 percent) set by the government but the density is much less than the target (>70 percent). Since 1991, it has been observed that there has been a steady increase of CO₂ emission in Bangladesh. At present the proportion of terrestrial and marine areas protected is 2.29 percent which is much less than the target of 5 percent. Data show that without considering the arsenic contamination, 97.8 percent population of Bangladesh is using improved drinking water source; arsenic adjusted figure is 86 percent in 2009. Moreover, 63.5 percent of the population is using improved sanitation in 2010. However, access to safe water for all is a challenge, since arsenic contamination and salinity intrusion as a consequence of climate change fall out will exacerbate the problem of availability of safe water especially for the poor.

8.2 Progress of achievements in different targets and indicators

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
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Indicator 7.1: Proportion of land area covered by forest
--

Sustainable development has been emphasized in the government's planning documents and programmes e.g. in Sixth Five Year Plan (FY 2011-FY 2015) and in Perspective Plan of Bangladesh 2010-2021. National Sustainable Development Strategy (2011-2021) has also been formulated and adopted by the government.

According to the information of the Department of Forest, the total forest area in Bangladesh was 2.53 million hectares in 2012 which is only 19.42 percent of the total land area of the country. Out of this total forest land, 2.25 million hectare is owned by the government as classified and unclassified forests and 0.27 million hectare is privately owned. Government forest land, managed by the Forest Department, covers both natural and plantation forest. Out of 64 districts, 28 districts had no public forest in the past. But now almost all districts have been brought under forest coverage through Social Forestry Programme. The ever increasing population of Bangladesh is creating pressure on existing government managed forest resources and has resulted in over exploitation of such resources. With a view to bringing the government owned fallow khas land under forestry coverage, participatory social forestation programme was introduced in the early 1980s. The government has amended the rules so that marginal poor are eligible to participate in the programme. Besides, the government has also increased the profit margin significantly for the participating poor that have increased people's participation in forest management. Based on the implementation of the Social Forestry Programme through people's participation, about 0.40 million hectare of land has been brought under forest cover. In June 2012, the proportion of land area covered by forest is 19.42 percent, which was 19.20 percent in 2007. About 55 million seedlings have been raised under plantation. Nevertheless, widespread destruction and clearing of forest land for agriculture and homestead seriously impede achieving the target of 20 percent forest with tree density more than 70 percent coverage by the end of 2015.

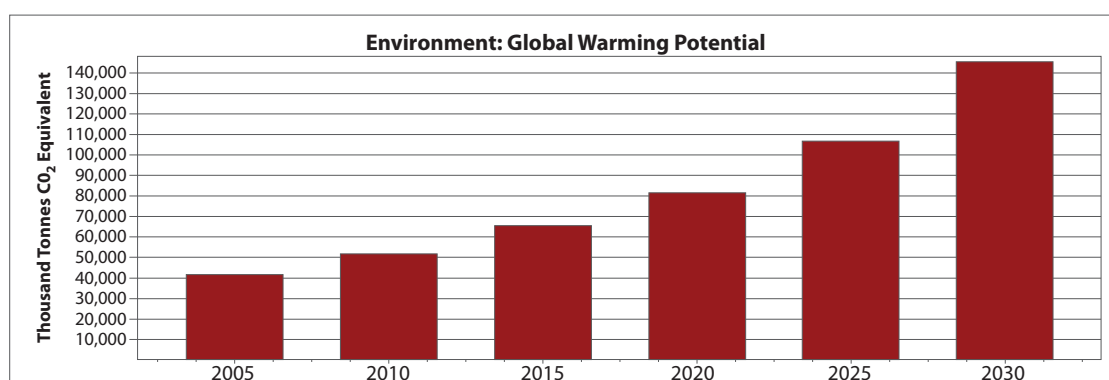
Indicator 7.2: CO₂ emissions, total, per capita and per \$1 GDP (PPP)

Indicator 7.2a: CO₂ emissions (tonnes per capita)

Although Bangladesh is not a big emitter of CO₂ and the country has no obligation to reduce greenhouse gas emissions given its LDC status, the government has identified mitigation and low carbon development as one of the priority areas in its Climate Change Strategy and Action Plan 2009. The total carbon emission was 33.23 tonnes in 2001 and 37.17 tonnes in 2005. The per capita carbon emission was 0.26 tonnes and 0.25 tonnes in 2001 and 2005 respectively. It showed an increase of 0.35 percent per year. In 2007, the emission was 0.30 tonnes per capita and it is expected to go up to 0.38 tonnes in 2015. Understandably, the per capita CO₂ emission in Bangladesh is very low in the global context. However, there are some major areas of intervention to reduce emission such as, power generation, transportation and industrial production.

Figure 8.1 shows the projection of the total GHGs (CO₂, CH₄ and N₂O) emission. In 2005, the total GHG emissions were 41,720 kton of CO₂ equivalent approximately. It is estimated that in 2030, the emission will increase to a total of 145,308 kton of CO₂ equivalent implying a 3.5 times jump over the 2005 emissions level. It is also estimated that, in 2030, electricity generation and industry would be the two main GHG emitters.

Figure 8.1: Total GHG Emissions Projection, 2005-2030



Source: Second National Communication of Bangladesh, Department of Environment, 2012

Indicator 7.3: Consumption of ozone-depleting substances

Indicator 7.3a: Consumption of ozone-depleting substances in ODP tonnes

In Bangladesh, the major ozone depleting substances (ODSs) are CFC11, CFC12, CTC and HCFC22, and HCFC141b. The country is in compliance with the ODS target and consumption of ODSs has been in line with the Montreal Protocol obligations. The consumption of CFCs from commercial sector uses has been totally phased out from 1 January 2010 and has been phased out from metered dose inhalers (MDIs) production since 1 January 2013. Other ODSs such carbon tetrachloride (CTC), methyl-chloroform (MCF), methyl bromide (MBr) has also been phased out since 1 January 2010. The country showed evidence in phasing out HCFC141b from the foam sector among all other developing countries since 31st December 2012. The country has been implementing HCFC Phase out Management Plan (HPMP) Stage I and is gradually phasing out other HCFCs as per Montreal Protocol obligation.

Table 8.1: Consumption of Ozone Depleting Substances in ODP tons

Year	Consumption (ODP tons)	Year	Consumption (ODP tons)
1986	176.7	2000	816.4
1989	207.9	2001	826.9
1990	202.1	2002	350.1
1991	94.9	2003	340.6
1992	216.3	2004	310.1
1993	229.2	2005	277.5
1994	195.4	2006	217.5
1995	291.3	2007	192.7
1996	633.7	2008	223.1
1997	840.8	2009	195.9**
1998	840.6	2010	125.5**
1999	814.8	2011	136.42**

** Included CFC consumption under Essential Use Nomination approved by the meeting of the parties of Montreal Protocol for production of metered dose inhalers only.

Indicator 7.4: Proportion of fish stocks within safe biological limits

Bangladesh is endowed with vast inland open waters measuring 4.05 million hectares and 0.3 million hectare closed waters in man-made ponds and aquaculture enclosures. The country also has 166,000 km of marine water resources in the Bay of Bengal, extending up to 200 nautical miles in the exclusive economic zone, with high potential of fish production.⁹ It is estimated that 265 fish species and 24 prawn species inhabit inland waters, while 475 species of fish and 38 species of shrimp are found in marine waters. According to IUCN (2000) 54 inland fish species are threatened of which 12 species are critically endangered and 4 species are threatened in marine systems. The actual fish production is shown source-wise in Table 8.2.

Table 8.2: Source-Wise Fish Production

Water sources	Production (lakh tons)					
	1990-91	1995-96	2000-01	2005-06	2009-10	2010-11
1. Inland open waters (capture fisheries)	4.43	6.09	6.89	9.56	10.30	10.55
2. Impounded waters (aquaculture fisheries)	2.11	3.79	7.12	8.92	13.52	14.60
3. Marine fisheries	2.41	2.69	3.79	4.79	5.17	5.46
Total	8.96	12.58	19.98	23.28	28.99	30.61

Source: Dept of Fisheries, 2009 and Bangladesh Economic Survey, 2012.

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

Indicator 7.5: Proportion of total water resources used

The MDG Database prepared and maintained by the United Nations Statistics Division shows that the proportion of total water resources used in Bangladesh was 6.6 percent in 2000. Bangladesh is endowed with rich water resources. Internal renewable water

⁹ Recently, Bangladesh won a landmark verdict at the International Tribunal on Law of the Sea, which sustained its claims to 200-nautical-mile exclusive economic and territorial rights in the Bay of Bengal. The verdict of the Tribunal gave Bangladesh a substantial share of the outer continental shelf beyond 200 nautical miles, which would open up possibilities for exploiting immense resources (gas, oil, fish and others).

resources are estimated at 105 km³/year (based on the National Water Plan Phase II), including 84 km³ of surface water produced internally as stream flows from rainfall and approximately 21 km³ of groundwater resources from within the country. Annual cross-border river flows that also enter groundwater are estimated at 1105.64 km³ and represent over 90 percent of total renewable water resources which are estimated to be 1210.64 km³. Total water withdrawal in 2008 was estimated at about 35.87 km³, of which approximately 31.50 km³ (88 percent) is used by agriculture, 3.60 km³ (10 percent) by municipalities and 0.77 km³ (2 percent) by industries. About 28.48 km³ or 79 percent of total water withdrawal comes from groundwater and 7.39 km³ or 21 percent, from surface water.¹⁰

Indicator 7.6: Proportion of terrestrial and marine areas protected

According to the United Nations Statistics Division (UNSD), the proportion of terrestrial and marine areas protected in 2008 was 1.8 percent. However, according to the Ministry of Environment and Forests, in 2011, the proportion of terrestrial and marine area protected is 1.83 percent, which was 1.78 percent in 2007. Given current trends, it is estimated that the protected areas in 2015 will be less than 2 percent—much lower than the national target of 5 percent protected areas. A positive development in this area has been the creation of a marine reserve in an area of 698 square km (0.47 percent of the total area of Bangladesh) in the Bay of Bengal for the protection and conservation of marine resources. The terrestrial and marine areas protected to total territorial areas, based on UNSD information is given in Table 8.3.

Table 8.3: Terrestrial and Marine Areas Protected, 1990-2010

Year	Terrestrial and marine areas protected to total territorial area (%)	Terrestrial areas protected to total surface area (%)	Marine areas protected to total territorial area (%)
1990	1.42	1.71	0.4
1995	1.42	1.71	0.4
2000	1.49	1.77	0.5
2005	1.59	1.81	0.8
2010	1.59	1.81	0.8

Source: mdgs.un.org/unsd/mdg/

Indicator 7.7: Proportion of species threatened with extinction

Based on the data of 2000, IUCN reports that among the 895 varieties of inland and resident vertebrates of Bangladesh, 13 species have been extinct and 201 species are threatened. It is also reported that among the 702 living species of marine and migratory vertebrates, 18 species are threatened. In the case of fish resources, 54 inland fish species are threatened of which 12 are critically endangered, and in the marine systems, 4 species are threatened. In 2001, Bangladesh Agricultural Research Council (BARC) reported that 106 species of vascular plants were threatened. The present status regarding vulnerability

¹⁰ National Medium Term Priority Framework 2010-2015, FAO.

CHAPTER 8- ENSURE ENVIRONMENTAL SUSTAINABILITY

of vascular plants of the country is being conducted by the Bangladesh National Herbarium of the Ministry of Environment and Forests and the final outcome of the study is expected to be published in June 2013. Agricultural biodiversity is facing severe depletion due to ingress of hybrid varieties. However, the Sundarbans, the mangrove forest, is recovering gradually from the severe damage caused by the SIDR and AILA cyclones in 2007 and 2009 respectively.

Climate is the vital factor for Bangladesh in various aspects. It is widely recognized that climate change will affect many sectors, including water resources, agriculture and food security, ecosystems and biodiversity, human health and coastal zones in Bangladesh. The cyclones (SIDR in 2007 and AILA in 2009), and droughts and floods which occurred during the recent years indicate that IPCC predictions on extreme climate events were on track in Bangladesh. To prevent the climate change impact in the country, the Government of Bangladesh has carried out several initiatives in the policy making system. The establishment of Climate Change Unit (CCU) is one of the major initiatives to address both climate change adaptation and mitigation. The CCU started its activities in January 2010 under the Ministry of Environment and Forests (MOEF).

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

Indicator 7.8: Proportion of population using an improved drinking water source

According to UNJMP, access to improved water sources increased from 94 percent in 1994 to 98 percent in 2006. However, arsenic contamination of 22 percent of the tube wells in the country lowered the access to safe drinking water to an estimated 78 percent. The Multiple Indicator Cluster Survey (MICS) 2009 (BBS/UNICEF 2010) reveals that access to improved sources of water adjusted for arsenic contamination has increased to 86 percent and without considering arsenic contamination, it is 97.8 percent. Approximately 20 million people are exposed to drinking arsenic contaminated water exceeding the Bangladesh drinking water standard of 50µg/L, with 90 percent of those living in the rural areas. It may be possible to reach the water target by 2015 if the present progress is maintained in the coming years. However, this will require large segment of the population under arsenic-safe water supply systems. Table 8.4 shows the progress in the access to improved drinking water sources by the population in both rural and urban areas.

Table 8.4: Percentage of Population Using an Improved Drinking Water Source, 1990-2010

Year	Total	Urban	Rural
1990	77	87	77
1991	77	87	75
1992	77	87	75
1993	78	87	75
1994	78	87	75
1995	78	87	75
1996	78	87	76
1997	78	86	76
1998	78	86	76
1999	79	86	77
2000	79	86	77

Year	Total	Urban	Rural
2001	79	86	77
2002	80	86	78
2003	80	86	78
2004	80	86	78
2005	81	85	79
2006	81	85	79
2007	81	85	79
2008	81	85	79
2009	81	85	80
2010	81	85	80

Source: mdgs.un.org/unsd/mdg/

[Note: The drinking water estimates for Bangladesh have been adjusted for arsenic contamination levels based on the national surveys conducted by the Government of Bangladesh.]

Indicator 7.9: Proportion of population using an improved sanitation facility

Open defecation shows a remarkable decline, from 33 percent in 1990 to 6 percent in 2009. This profound behaviour change has been possible due to the Coordinated National Sanitation Campaigns since 2003 using community based approaches. Access to an improved sanitation facility has also gone up from 39 percent in 1990 to 54 percent in 2009 as reported by the MICS 2009 (BBS/UNICEF 2010)). According to SVRS, however, sanitary toilet facility increased from 42.5 percent in 2003 to 63.5 percent in 2010. In spite of the higher percentage of sanitation coverage in the urban areas compared with the rural areas, the actual sanitation situation is worse due to higher population density. In the slums, only 12 percent of the households use an improved sanitation facility in conformity with the government standard, with a large number of households sharing one toilet due to lack of space. In densely populated areas of Bangladesh, maintaining a safe distance between pit latrines and drinking water sources is also problematic. Moreover, improper de-sludging and unsafe disposal of the latrines and septic tanks has the potential to spread pathogens. Table 8.5, based on the inputs from UNSD, shows the proportion of population using improved sanitation facility in Bangladesh during the 1990-2010 period.

Table 8.5: Percentage of Population Using an Improved Sanitation Facility, 1990-2010

Year	Total	Urban	Rural
1990	39	58	34
1991	39	58	34
1992	39	58	34
1993	40	58	35
1994	41	58	36
1995	42	58	37
1996	42	58	38
1997	44	58	40
1998	45	58	41
1999	46	58	42
2000	47	58	43
2001	47	57	44
2002	48	57	45
2003	49	57	47
2004	50	57	48
2005	51	57	49

Year	Total	Urban	Rural
2006	52	57	50
2007	53	57	51
2008	53	57	52
2009	54	57	53
2010	56	57	55

Source: mdgs.un.org/unsd/mdg/

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

According to the 2011 Population Census, 31.5 million people (23.3 percent of the population) live in urban areas.¹¹ The vast majority lives in six city corporations and approximately 300 municipalities.¹² The urban population is increasing at the rate of 3-6 percent per annum and is expected to reach 50 million in 2050.

The population density in slums is far greater than the average population density of Bangladesh. Steady rural to urban migration is likely to exacerbate the pressure on expansion of basic services in urban areas that are already overstretched and inadequate to meet the minimum needs of safe drinking water, sanitation, sewerage and waste disposal facilities. Table 8.6 shows the proportion of urban population living in slums based on UNSD data.

Table 8.6: Percentage of Urban Population Living in Slums

Year	Share of urban population living in slums (%)
1990	87.30
1995	84.70
2000	77.85
2005	70.80
2007	66.20
2009	61.60

Source: mdgs.un.org/unsd/mdg/

[Note: The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (i) lack of access to improved water supply; (ii) lack of access to improved sanitation; (iii) overcrowding (3 or more persons per room); and (iv) dwellings made of non-durable material.]

8.3 Challenges to Achieving the Targets

Despite substantial efforts made by the government, development partners and the NGOs towards the achievement of targets of MDG7, efforts to scale up and institutionalize these successes have been inadequate. Moreover, donor support for environmental issues has been decreasing alarmingly since the beginning of the new millennium due to the cross-cutting nature of the environmental issues which means that individual environment

¹¹ There has been definitional changes of what constitute urban areas in 2011 Population Census as compared to that in 2001 Census, which explains why the percentage of population living in urban area has remained more or less the same (around 23 percent) over the inter-censal period. Also, 2011 Population Census did not estimate the proportion of urban population residing in slums.

¹² Slums of Urban Bangladesh: Mapping and Census, 2005.

programmes no longer receive priority. Instead environmental considerations have become an integral component of all programming initiatives. Environmental issues are further overshadowed by focus on climate change without adequate recognition that climate change impacts are often intricately connected with underlying environmental quality.

- Challenges to expand the tree cover include the absence of comprehensive mechanism for the production and distribution of quality planting materials and efficient use of forest resources.
- Although there are major opportunities for intervention to reduce greenhouse gas emissions in power generation, transportation, industrial production, agriculture, forestry and other sectors, there is a lack of facilitating technology, institutional support and dedicated financing.
- To ensure that the fisheries sector develops in a sustainable manner that is sensitive to socio-economic, ecological, trans-boundary ecosystems, climate change and conservation issues, proper regulation that addresses present gaps such as the present non-coverage of aquaculture, is needed. Degradation of fish stocks is largely due to serious pollution in the wetlands, conversion, and poorly planned urbanization. The use of harmful chemicals and medicines in aquaculture systems also needs to be regulated in order to avoid fish diseases, retarded growth, and human health hazards.
- In general, open water ecosystems have been seriously degraded because of pollution, land use changes, poorly planned development programmes and already visible impacts of climate change such as prolonged droughts and salinity intrusion. Another trans-boundary issue is upstream withdrawal of water that has greatly affected downstream water systems. Not just water quality, but water quantity has now become a pressing concern for the country with acute scarcity during the dry season and excessive water during the wet season.
- Existing policies and strategies do not ensure conjunctive use of water resources which is an essential pre-requisite for appropriate ecosystem management to ensure sustainable agriculture and food security. To improve the availability of water for productive use, there is an urgent need to develop water efficient agricultural practices that address issues of water quality, distribution and excessive dependence on ground water.
- Bangladesh faces a Herculean task in sustainably improving the lives of the slum dwellers within the stipulated timeframe because of several reasons. These include the dearth of secondary cities that can alleviate the pressure on large cities, limited capacity of municipalities to fully implement the decentralization process and the absence of a comprehensive urban development policy.

8.4 Way Forward

Although the UN bodies and other development partners have been supporting the government and other initiatives towards environmental sustainability under MDG7, it is clear that a major concerted effort by the government, donors and civil society organizations is essential. Interventions should include:

- Development of a long term environment, climate change and sustainable development vision focusing on MDG 7 and beyond. In this regard, the formulation

and adoption of the National Sustainable Development Strategy (2011-21) is a step in the right direction.

- Timely and proper implementation of the relevant national plans such as the Bangladesh Climate Change Strategy and Action Plan and National Capacity Development Action Plan.
- Prevention of degradation and rapid reforestation of public forest lands, expansion of social forestry programmes and reforestation/afforestation of private lands.
- Sustainable management of land along with integrated water resources management that preserves deep groundwater aquifers.
- Expansion of the protected area system incorporating marine, estuarine, riverine and terrestrial ecosystems, including enhancement of institutional capacity.
- Linking ecosystems with strategic poverty reduction interventions to support restoration of rivers and other wetlands.
- Implementation of the National Biodiversity Strategy Action Plan and Biodiversity Programme of Action, including in-depth assessment of damage to biodiversity due to natural disasters like SIDR and AILA.
- Mainstreaming of poverty-environment-climate change in local and national development planning with dedicated programming, implementation and financing provisions.
- Mainstreaming migration into development, climate change and environment policy.
- Rapid implementation of sustainable energy programmes and technologies that have quality of environment and development benefits.
- Allocation of adequate resources and formation of strategic partnerships that include community level involvement for pollution abatement.
- Strict enforcement of Environmental Conservation Rules promulgated under the Environment Conservation Act 1997 for maintaining desirable bio-diversity and ecological balance.
- Development and implementation of sustainable land-use zoning and enhancement of institutional capacity for effective urban and rural planning and implementation.
- Provision of alternative arsenic safe water aiming to serve 20 million people who are still exposed to arsenic hazards.
- Improvement in quality and quantity of ecologically sound innovative sanitation facilities, expansion of sewerage systems and waste water treatment capacities in large urban areas and sludge-removal/disposal systems for rural latrines.
- Regular monitoring and supervision of country level progress towards the MDGs based on credible environmental and related statistics.

MDG 8: Develop a global partnership for development

Goal, targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
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 (LDCs) Target 8.C: Address the special needs of landlocked developing countries (LLDCs) and small island developing states (SIDS) 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			
Official development assistance (ODA)			
8.1a: Net ODA received by Bangladesh (million US\$)	1,240	1,777.12 (ERD 2011)	-
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	5.7	0.0022 (ERD 2011)	-
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	42 (2005)	51 (ERD 2011)	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh), %	82 (2005)	100 (ERD 2011)	100
8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes	Not relevant to Bangladesh		
8.5: ODA received in small island developing States as a proportion of their gross national incomes	Not relevant to Bangladesh		
Market Access			
8.6: Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty	Global and DP performance		
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Bangladesh, %	12 (2005)	0-15.3 (2009)	-
8.8: Agricultural support estimate for OECD countries as a percentage of their gross domestic product	Global and DP performance		

CHAPTER 9- DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Goal, targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
8.9: Proportion of ODA provided to help build trade capacity	Global and DP performance		
Debt sustainability			
8.10: Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)	Information not available		
8.11: Debt relief committed under HIPC and MDRI Initiatives	Information not available		
8.12: Debt service as a percentage of exports of goods and services, %	20.9	4.9 (ERD 2011)	-
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries			
8.13: Proportion of population with access to affordable essential drugs on a sustainable basis, %	80 (2005)	80 (2005)	-
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	0.75 (BTRC 2012)	-
8.15: Cellular subscribers per 100 population	-	64.56 (BTRC 2012)	-
8.16: Internet users per 100 population	0.0	20.52 (BTRC 2012)	-



9.1 Introduction

Between 1990-91 and 2010-11, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 1.59 percent. During the period, per capita ODA disbursement also fell from US\$ 15.75 to US\$ 12.01. Out of 34-member states of the OECD, only nine countries provided US\$ 364 million ODA to Bangladesh in 2010-11. The amount was about 20.48 percent of the total ODA received by Bangladesh in that particular year. The MDGs sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development constituted around 51 percent of the total ODA outlay.

9.2 Progress of achievements in different targets and indicators

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally

Target 8.B: Address the special needs of the least developed countries (LDCs). Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

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

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

Official development assistance (ODA)

Indicator 8.1: Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' Gross National Income (GNI)

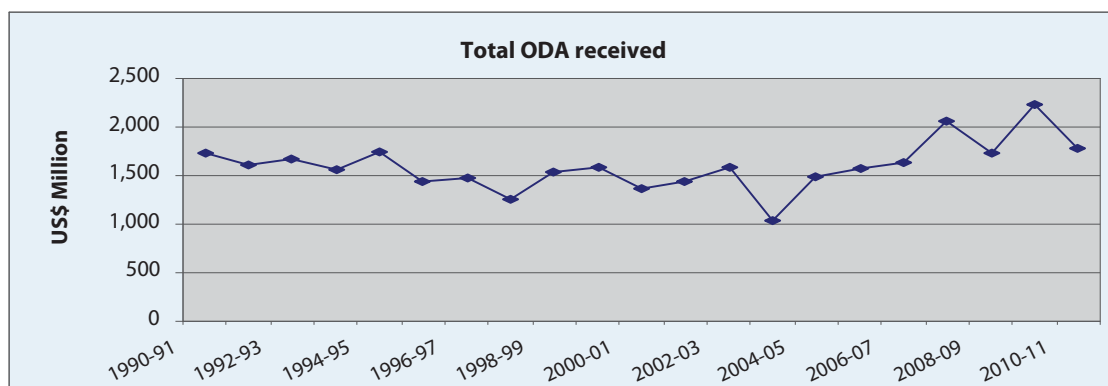
Indicator 8.1a: Net ODA received by Bangladesh (million US\$)

Between 1990-91 and 2010-11, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 1.59 percent. During the period, per capita ODA disbursement fell from US\$ 15.75 to US\$ 12.01. During the period of 1990-91 to 1996-97, the share of grants and loans in total ODA was very similar. Afterwards, the share of grants is seen to be declining while that of loans is increasing. However, in 2010-11, the share of grants increased to 48 percent of total ODA after a long period (Table 9.1). In absolute terms, the net ODA received by Bangladesh has shown rising trend over the last five years although it shows significant yearly fluctuations (Figure 9.1).

Table 9.1: Trends in ODA Disbursement (in million USD), 1991-2011

Year	Grant (% of total)	Loan (% of total)	Total ODA	Share in GDP (%)	Per capita disbursement (in USD)
1990-91	831(48)	901 (52)	1,732	5.60	15.75
1991-92	817 (51)	794 (49)	1,611	5.15	14.45
1992-93	818 (49)	857 (51)	1,675	5.23	14.72
1993-94	710 (46)	849 (54)	1,559	4.61	13.44
1994-95	890 (51)	849 (49)	1,739	4.59	14.71
1995-96	677 (47)	766 (53)	1,443	3.55	11.99
1996-97	736 (50)	745 (50)	1,481	3.5	12.09
1997-98	503 (40)	748 (60)	1,251	2.85	10.04
1998-99	669 (44)	867 (56)	1,536	3.37	12.13
1999-00	726 (46)	862 (54)	1,588	3.37	12.36
2000-01	504 (37)	865 (63)	1,369	2.92	10.51
2001-02	479 (33)	963 (67)	1,442	3.04	11.09
2002-03	510 (32)	1075 (68)	1,585	3.06	12.01
2003-04	338 (33)	695 (67)	1,033	1.83	7.71
2004-05	244 (16)	1244 (84)	1,488	2.47	10.95
2005-06	501 (32)	1067 (68)	1,568	2.54	11.38
2006-07	590 (36)	1040 (64)	1,630	2.39	11.66
2007-08	658 (32)	1403 (68)	2,061	2.6	14.53
2008-09	523 (30)	1204 (70)	1,727	1.94	12.01
2009-10	639 (29)	1589 (71)	2,228	2.23	15.25
2010-11	745 (42)	1032 (58)	1,777	1.59	12.01

Source: Flow of External Resources into Bangladesh 2011, ERD

Figure 9.1: Net ODA Received by Bangladesh (million US\$), 1991-2011


Source: Flow of External Resources into Bangladesh 2011, ERD

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

Currently there are 34-member states of the Organization for Economic Co-operation and Development (OECD), out of which nine countries provided US\$ 363.99 million ODA to Bangladesh in 2010-11. The amount was about 20.5 percent of the total ODA received by Bangladesh in that particular year. Net ODA received by Bangladesh from nine countries of OECD/DAC in 2011 is given in Table 9.2.

Table 9.2: Net ODA Received by Bangladesh from OECD Countries, 2010-11

Country	ODA received by Bangladesh from OECD countries (US\$ million)	GNI of OECD countries in 2011 (US\$ million)	Total ODA provided by OECD countries (US\$ million)	Total ODA as % of GNI of OECD countries	ODA received as % of GNI of OECD countries	ODA received as % of total ODA from OECD countries
1	2	3	4	5 = (4/3)*100	6 = (2/3)*100	7 = (2/4)*100
Canada	13.91	1,570,886	5,084	0.32	0.0009	0.27
Denmark	13.10	335,102	2,057	0.61	0.0039	0.64
Germany	48.05	3,617,712	13,329	0.37	0.0013	0.36
Japan	120.02	5,739,473	10,039	0.17	0.0021	1.20
Netherlands	0.33	829,013	5,969	0.72	0.0000	0.01
Sweden	11.55	502,451	5,005	1.00	0.0023	0.23
UK	96.69	2,370,444	13,039	0.55	0.0041	0.74
South Korea	54.47	1,038,981	1,259	0.12	0.0052	4.33
Norway	5.87	440,185	4,196	0.95	0.0013	0.14
Total	363.99	16,444,247	59,977	0.36	0.0022	0.61

Source: Column 2: Flow of External Resources into Bangladesh 2011, ERD; Column 3: <http://data.worldbank.org/>; Column 4: <http://www.oecd.org/statistics/>

It is evident from Table 9.2 that out of the nine OECD countries that provided ODA to Bangladesh in 2011, only three countries--Netherlands, Sweden and Norway--are complying with their commitment to provide more than 0.7 percent of their GNI as ODA to the developing countries. If we consider Bangladesh's ODA received from the OECD countries as percentage of their GNI, South Korea comes first, followed by the United Kingdom, Denmark and Sweden. On the other hand, if we consider ODA received by Bangladesh as percentage of total ODA from OECD countries, South Korea again becomes the leader followed by Japan, the United Kingdom and Denmark.

In 2011-12, seven OECD countries provided US\$ 536.59 million ODA to Bangladesh, which is about US\$ 173 million higher than that in the previous year (Table 9.3). In absolute terms, Japan was the highest provider of ODA amounting to US\$ 247.6 million, followed by the UK (US\$ 136.8 million) and South Korea (US\$ 60 million).

Table 9.3: ODA Received from the OECD Countries (US\$ million)

Country	2009-10	2010-11	2011-12
Japan	121.27	120.02	247.59
UK	61.37	96.69	136.77
South Korea	20.07	54.47	60.14
Germany	49.29	48.05	43.05
Canada	31.82	13.91	4.69
Denmark	63.03	13.1	10.58
Sweden	0.005	11.55	33.77
Norway	3.10	5.87	0
Netherlands	4.80	0.33	0
Total	354.76	363.99	536.59

Source: Flow of External Resources into Bangladesh 2011, ERD

Indicator 8.2: Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

It is seen from Table 9.4 that during the period of 1990-91 to 2010-11, total ODA received by Bangladesh was US\$ 10,811.20 million out of which the transport sector got the highest share followed by power, water resources, health, and education sectors. During the period, total disbursement in MDG sectors like education, health, social welfare and labour have shown rising trends. These MDG sectors, along with agriculture and rural development, received nearly 51 percent of total ODA outlay.

Table 9.4: Disbursement of ODA in Major Sectors during 1990-91 to 2010-11

Sector	Total disbursement (US \$ million)	% of total (rank)
Agriculture	668.9	6.19 (7)
Rural development and institutions	603.3	5.58 (8)
Water resources	1,260.3	11.66 (3)
Power	1,607.3	14.87 (2)
Oil, gas and mineral resources	566.8	5.24 (9)
Science and technology research	0.6	0.01(17)
Transport	2,198.1	20.33 (1)
Communication	215.4	1.99 (12)
Industries	314.3	2.91(11)
Education and religious affairs	867.5	8.02 (5)
Sports and culture	0.5	0.00(18)
Health, population and family welfare	1,019.3	9.43(4)
Social welfare, women's affairs and youth development	32.6	0.30 (14)
Labour and manpower	0.7	0.01(16)
Public administration	211.7	1.96(13)
Physical planning, water supply and housing	810.2	7.49 (6)
Mass media	16.1	0.15 (15)
Private sector	417.6	3.86 (10)
Total	10,811.20	100

Source: Flow of External Resources 2011, ERD

Indicator 8.3: Proportion of bilateral official development assistance of OECD/DAC donors that is untied

One joint evaluation, conducted by four development partners (WB, ADB, DfID and Japan), shows that about 94 percent of aid to Bangladesh provided by OECD-DAC donors in 2008 were untied. The government (GOB) and the development partners (DPs) have jointly established a multi-tier structure for GOB-DP dialogue and coordination. The apex tier is the high level forum for dialogue and coordination called Bangladesh Development Forum (BDF). There was ministerial level representation from GOB and high level participation from donor headquarters in the two BDF meetings held in 2005 and 2010. Aid-Effectiveness was an important agenda for discussion in BDF meetings. The BDF meetings also reviewed the progress and adopted agreed action agenda for implementation by the GOB and the DPs. The other important tier for aid coordination is the Local Consultative Group (LCG) and its working groups. The plenary as well as the working groups of the LCG are co-chaired by GOB and DP representatives and the LCG meets regularly for review of progress and coordination. Thus all ODA received from

bilateral OECD/DAC donors are fully untied at present which was 82 percent in 2005 and 94 percent in 2007.

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

This indicator is not relevant to Bangladesh.

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

This indicator is not relevant to Bangladesh.

Market access

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

For this indicator, data are available only at the global level.

Indicator 8.7: Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

Average tariff imposed by developed countries on agricultural products and textiles and clothing from Bangladesh was reported to be 12 percent in 2005. In 2009, it varied from zero to 15.3 percent.

Indicator 8.8: Agricultural support estimate for OECD countries as a percentage of their gross domestic product

Information on this indicator is not available.

Indicator 8.9: Proportion of ODA provided to help build trade capacity

No quantitative information on this indicator is available.

Debt sustainability

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

This indicator is not relevant to Bangladesh.

Indicator 8.11: Debt relief committed under HIPC and MDRI Initiatives

This indicator is not relevant to Bangladesh.

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

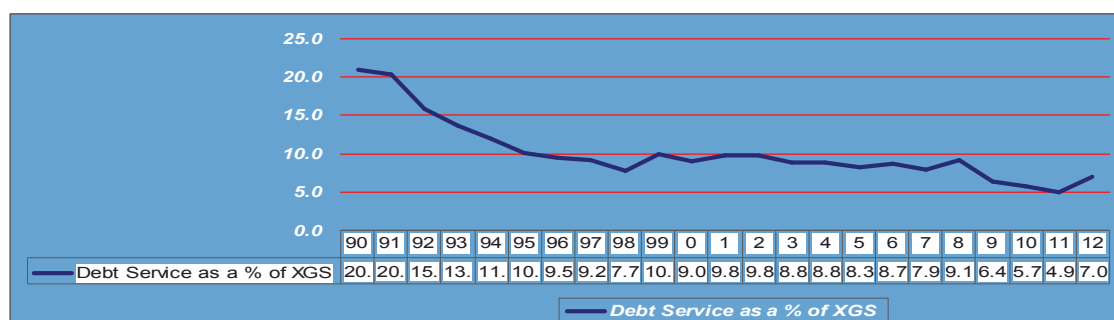
For Bangladesh, total debt service (TDS) payment in 2010-11 was US\$ 1,836.6 million (interest: US\$ 222.2 million and principal: US\$ 1,609.4 million). On the other hand, export of goods and services in the same year was US\$ 37,144.4 million (merchandise export: US\$ 22,924.4 million, services invisible receipts: US\$ 2,570 million and remittance: US\$ 11,650 million). Hence, TDS as a proportion of exports of goods and services was 4.94 percent in 2011. The external debt position of Bangladesh is shown in Table 9.5.

Table 9.5: Bangladesh's External Debt Position, 1990-2011

(In US\$ million)						
	1990	1995	2000	2005	2010	2011
Total outstanding debt	10,609.30	16,766.50	16,210.90	19,285.80	21,448.90	23,608.84
Total debt service (TDS)	570.00	552.10	767.20	1,139.50	1,700.70	1,836.60
Current account balance	(-) 1,579	(-) 1,030	(-) 418	(-) 557	3,734	995
Export of goods and services (XGS)	2,731.0	5,490.0	8,560.0	13,679.5	29,662.7	37,144.4
GDP at current prices	22,129.3	29,110.6	37,153.6	60,018.3	100,084.0	111,749.0
TDS/XGS (%)	20.87	10.06	8.96	8.33	5.73	4.94
TDS/GDP (%)	2.58	1.90	2.06	1.90	1.70	1.64
Interest/XGS (%)	6.70	2.80	2.20	1.40	0.70	0.60
Debt/XGS (%)	388.50	305.40	189.40	141.00	72.30	63.60
Debt/GDP (%)	47.90	57.60	43.60	32.10	21.40	22.30
Current Account/GDP (%)	(-) 7.10	(-) 3.50	(-) 1.10	(-) 0.90	3.70	0.90

Source: Flow of External Resources into Bangladesh 2011, ERD

Figure 9.2: Debt Service as a Percentage of Exports of Goods and Services, 1990-2012



Source: Flow of External Resources 2011, ERD

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

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

According to Millennium Development Goals Bangladesh Progress Report 2005, the proportion of population with access to affordable essential drugs was 80 percent. No updated data on the indicator are available afterwards.

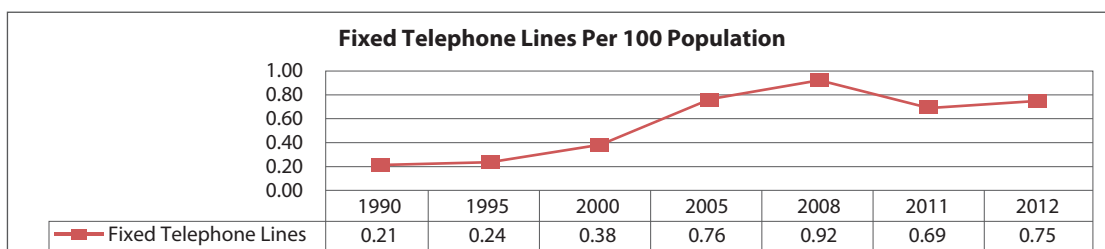
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicator 8.14: Telephone lines per 100 population

According to the information provided by the Bangladesh Telecommunication Regulatory Commission (BTRC), telephone line per 100 population was 0.69 in 2011 which was 0.20 in

1990. The figure has increased to 0.75 in 2012. However, the demand for fixed telephone lines has declined significantly after 2008 because of the phenomenal development of cellular phone services as well as poor customer service provided by the fixed telephone companies in the country.

Figure 9.3: Fixed Telephone Lines per 100 Population

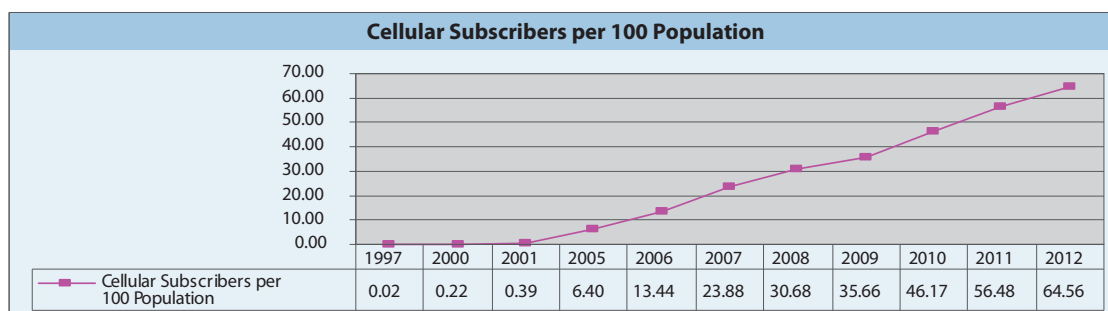


Source: BTRC; Pacific Economic Survey, 2008; ITU estimates

Indicator 8.15: Cellular subscribers per 100 population

According to the information provided by BTRC, cellular subscriber per 100 population was 64.56 in 2012 which was zero in 1990. According to the HIES 2010 (BBS 2011), a phenomenal increase has taken place in the case of mobile phone use. It has increased to 63.74 percent in 2010 from a meagre 11.29 percent in 2005. This increase occurred in both rural and urban areas. Over 56.7 percent of the households in the rural areas reported the use of mobile phone in 2010 compared with only 6.05 percent in 2005. In urban areas, its use is reported by 82.74 percent of the households in 2010 relative to 26.73 percent in 2005.

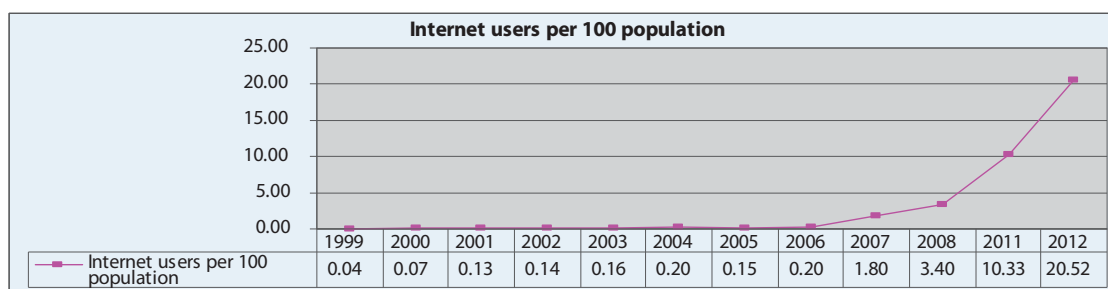
Figure 9.4: Cellular Subscribers per 100 Population



Source: BTRC and ITU

Indicator 8.16: Internet users per 100 population

According to BTRC, the internet users per 100 population was 20.52 in 2012, which was only 3.4 in 2008. Bangladesh has demonstrated significant success in augmenting private investment and fostering public-private partnership to render efficient delivery of utility services. In the telecommunications sector, private companies dominate the provision of mobile phone services under government licensing. Private operators are encouraged to extend fibre optic lines across the country for the development of speedy internet facilities nationwide.

Figure 9.5: Internet Users per 100 Population

Source: BTRC and ITU

9.3 Challenges to Achieving the Targets

- Resource constraint is one of the major impediments to achieving the MDGs in Bangladesh. The GED's publication titled *MDG Financing Strategy for Bangladesh 2011* estimated a total requirement of US\$ 78.2 billion during 2011-15 for attaining all the MDGs in Bangladesh. Two scenarios, baseline and high growth, were considered in the study. According to the study, MDG resource gaps as percent of baseline GDP was on average 1.5 percent while the same was 0.7 percent of GDP under the high growth scenario. It was estimated that Bangladesh needed foreign assistance to the tune of US\$ 5 billion and US\$ 3 billion per year under the baseline and the high growth scenarios respectively.
- While trends show greater donor support in the form of higher ODA disbursements for the MDGs sectors, investment in scientific research, infrastructure improvement including rural roads, irrigation, fertilizers, seeds and credit for agricultural development should be further prioritized.
- The government's aim is to promote better aid management through the establishment of joint monitoring indicators, addressing weaknesses of the public financial management system and effective and transparent planning and results-based monitoring systems.
- The improvement of general governance structures to reduce costs of doing business so as to stimulate foreign investment and encourage regional investment in emerging and potentially high return sectors, establishment of Special Economic Zones along international borders, encouragement of joint ventures with Non-Resident Bangladeshis and similar other efforts are major challenges that need more concerted efforts.
- Operationalizing the public private partnership (PPP) initiative as an important modality for achieving the MDGs is a major priority for which finalizing the policy and legal frameworks are concerns. The potential of FDI has also remained under exploited so far. For this, it is important that a national competitiveness study be carried out for identifying profitable areas of investment and developing a positive image of Bangladesh.
- Trade policy should encompass factors that affect not just trade but also investment practices. It is now time that Bangladesh adopt a policy regime that provides effective support to the growth of small and informal sector activities with significant poverty alleviation effects. In particular, developing the capacity of medium, small and micro enterprises (MSMEs) to take full advantage of global trade can prove critical in ensuring an inclusive trade regime in Bangladesh.

- Market diversification to reach out to new markets including that of Japan has been identified as a critical need. Enhanced market access for LDCs in developed countries in terms of duty free quota free (DFQF) provisions will generate large welfare gains. Bangladesh, being a member of the LDC group at the WTO, has been lobbying for DFQF access for long especially to the US market.
- Stimulating South-South trade still remains a constraint for the country. The DFQF access provided by developing countries can prove to be a useful entry point for Bangladesh in promoting South-South trade. Moreover, export diversification is critical for such expansion, as is technical assistance for sustainable diversification of the export basket.
- While negotiations at the Doha Development Round remain stalled, Bangladesh needs to pursue bilateral and regional free trade agreements (FTAs) to maximize its export potential. A comprehensive and time-bound trade strategy which captures Bangladesh's dynamic comparative advantages and outlines its transformation from a low skilled, low-value added economy to a moderately skilled and medium-value added economy is needed. Integrating trade and industrial policies of Bangladesh is yet another priority for the country to alleviate supply side constraints.
- Bangladesh needs to form strategic alliances with other LDCs in order to present a unified and strong position in the WTO negotiations in the area of services, especially with respect to mode 4, as the country has a large endowment of less-skilled and semi-skilled labour which can repatriate significant remittances.
- Lack of access to timely information and services on legal migration and difficulties in implementing migration related policies and legislation are key challenges that negatively impact regular migration from the country.
- Dependency on imported Active Pharmaceutical Ingredients (APIs), insufficient capacity for testing, quality assurance, research and development, as well as limited ability and opportunities to foster trade and investment relationships (both North-South and South-South) have prevented Bangladesh from using the flexibilities of the Doha Declaration on trade related intellectual property rights (TRIPS) and public health to realize the tremendous potential of its pharmaceutical industry.
- FDI flows are also subject to the vagaries of the market. The concentration of FDI only in selected developing countries deprives a large number of LDCs from FDI and transfer of technology. In the current economic climate, there has been significant drop in the level of FDI to the emerging markets in LDCs including Bangladesh.
- It is strongly felt that the transfer of technology in respect of goods and services, mining, ports and shipping, telecommunications, power generation, agricultural productivity and infrastructure development are the foremost areas where Bangladesh and other LDCs need utmost attention from the industrialized countries.
- The LDCs have been unable to benefit from the market opening that the WTO has achieved or likely to achieve because of their very limited productive capacity and the lack of necessary trade-related capacity and basic infrastructure. Unrealistic

rules of origin are also a major deterrent to increasing exports for the LDCs. In these respects, Bangladesh is also not an exception.

9.4 Way Forward

- Given Bangladesh's LDC status, the urgency of meeting the MDGs and persistent improvement in the aid effectiveness environment, the country needs assistance to strengthen current initiatives to facilitate donor coordination and aid effectiveness.
- To address the issue of prolonged under-disbursement of committed aid, the DPs, in collaboration with the government, need to focus on enhancing the effectiveness of the government especially to (i) simplify the project formulation and procurement and approval process as well as develop relevant skills; (ii) enhance the capacity of implementing agencies; and (iii) establish proper performance based monitoring of the agencies implementing the Annual Development Programme (ADP).
- The support to the formulation of a national aid policy and the JCS needs to continue for smooth and quick establishment of the JCS mechanism including the action plan and monitoring and evaluation arrangements.
- Bangladesh's capacity for trade negotiations and trade-related dispute resolution needs to be developed and strengthened. Studies to identify required policy reforms that ensure poor and marginalized communities benefit from globalization, and the contextualizing of related global best practices for Bangladesh, are critical prerequisites for an improved pro-poor trade regime.
- Increasing and improving *aid for trade* to help tackle supply side constraints and direct ODA support to build the domestic resource pool for innovative financing are critical.
- The capacity of Bangladesh missions abroad to conduct market research and provide trade facilitation services needs to be reviewed and developed.
- Policy support for South-South cooperation that will expand South-South trade and cooperation can play an important role in making international trade a tool for achievement of the MDGs for countries like Bangladesh.
- To foster positive negotiations under mode 4 market access, Bangladesh and other LDCs should focus on issues like inclusion of the less skilled under contractual service suppliers under a new sub-category; addressing definitional and classification issues; and non-uniform enforcement issues to develop a revised model schedule for the incorporation of lower skill categories of service providers.
- To ensure that migration does translate into benefits for the families and larger communities of migrants as well as the local economy, several policies need to be pursued. These include: encouraging remittance inflows through formal and semi-formal channels by providing low cost and reliable financial services; enhancing knowledge, awareness and use among migrants and their families of these financial services; and promoting better investment opportunities for sustainable and productive use of remittance incomes through investment opportunity development, microenterprise development and other enterprise development support.

- Some of the immediate priorities to promote legal migration and remittances include activating national and regional platforms to coordinate and exchange views, information and strategy on various aspects of migration. Similarly, setting up of an inter-ministerial and parliamentary standing body to deal with migration issues and establishing stronger labour market monitoring of current and potential countries of destination is also a priority.
- Support towards the development of vocational skills among prospective migrants including standardizing language courses and technical training for overseas workers according to international standards, and adopting stringent certification and monitoring mechanisms to upgrade the level and credibility of skills training is needed.
- An immediate priority is promoting production of APIs–through expediting the completion of the API Industrial Park– that will reduce the costs of and dependency on API imports, while keeping the prices of essential drugs within reach of consumers, even during the compulsory patent regime.
- The South-South cooperation is considered as a useful tool towards capacity building in developing and LDCs. In this context, Bangladesh needs to explore the possibility of knowledge and technology transfer from neighbouring countries like India and China, while at the same time target additional LDC markets to expand its export reach.
- To remove the bottlenecks to investment and trade partnerships in the pharmaceutical sector, comprehensive initiatives that boost the overall image of the country's pharmaceutical sector should be undertaken. These include strengthening the enforcement power of the DGDA, providing stringent legal measures against production and marketing of low quality counterfeit drugs, entering into bilateral agreements with potential importing countries, organising international fairs to raise awareness of overseas buyers and engaging lobbyists to represent Bangladeshi exports to overseas pharmaceutical companies.
- Bangladesh recognizes that aid for trade is essential in an area of trade-driven globalization where almost all the developing countries have embraced the export-oriented industrialization strategy abandoning the old concept of import substitution.
- Bangladesh wants incorporation of special provisions in the modalities to maintain trade preferences including GSP for the developing countries, and favour existence of compensatory mechanism for any erosion of such preferences.
- Bangladesh urges for measures to ensure that FDI does not cause serious damage to the country's environment and ecology taking advantage of the minimal capacity of the country to monitor their activities.

At the global level, it is imperative that ODA is adequate for countries like Bangladesh to pursue the actions for achieving the MDGs. Along with 'ownership' of the development agenda, an important concern is the issue of fulfilling the pledge by the developed countries of providing more ODA to Bangladesh which has not shown any consistent rising trend during the last decade. The ODA flows need to have a longer term perspective and be more continuous and predictable. Efforts need also to continue to improve the effectiveness of aid and evolve a changed architecture for development cooperation

based on Paris and Accra commitments and attuned to the specific circumstances of Bangladesh.

It also needs to be realized that the current agenda during the last leg of implementing the MDGs may bring substantive changes in the situation facing Bangladesh when actions would be concretized to redeem the country's commitments and pledges. It needs also to be recognized that under the vastly changed conditions of today's globalized world, the future development of Bangladesh would depend critically on success in expanding productive capacities and trade. While Bangladesh needs to make efforts on a sustained basis to strengthen its own governance and build up proper institutional capacity, the country certainly requires an enabling international environment to overcome its structural and socioeconomic constraints in order to successfully achieve the MDGs. The ultimate determinant of success of Bangladesh would no doubt be the collective commitment of both Bangladesh and the global community in pooling adequate resources and expertise to implement the identified programmes for which the need would be to undertake specific plans, milestones and timelines, and systems for monitoring and evaluation of the outcomes.

Despite significant progress, Bangladesh still suffers from wide development gaps including slow and fluctuating economic growth, rising inequalities, inadequate structural transformation; gaps in achieving the MDGs; persistence of food insecurity; low employment intensity of growth; institutional rigidities and slow response to new global contexts of development; gaps in critical infrastructure; adverse consequences of climate change; weak social protection system; inadequate financial inclusion; and insufficient ODA flows.

A major challenge for Bangladesh is to promote more inclusive growth and technological innovations along with green growth. The current status of Bangladesh indicates that priority needs to be given to several critical areas, such as increasing productive capacity, enhancing access to knowledge and technology, strengthening trade, human and social development, improving governance and institutional capacity, increasing resilience to economic and natural shocks, mitigating climate change impacts, and enhancing the volume and quality of resource support.

Bangladesh needs to focus more on building productive capacities to produce new and more value added goods, undertaking strategic diversification, creating strengthened policy framework, taking measures to benefit from supportive global partnership, increased market access and aid for trade, more effective South-South and regional cooperation.

In retrospect, it may be stated that one of the basic tenets of the MDGs is that a big push in terms of resources and other efforts would accelerate progress beyond historical norms in respective areas and meet the goals. Perhaps this is feasible in the case of certain goals which are physical in nature such as water supply and sanitation, but this is unlikely to be achieved in the case of majority of the goals where complex interactions of social and economic forces determine the outcomes. These outcomes are only indirectly linked to financial inputs and require more supply-side interventions and good policies both at macro and micro levels.

The world is approaching the 2015 deadline for achieving the MDGs in less than three years' time. The present global economic and political climate is also vastly different from the one in which the MDGs were formulated and adopted in 2000. During the late 1990s, in the backdrop of shaky economic transitions and debilitating financial crises in Asia, the MDGs provided useful anchors for refocusing development efforts on measurable, achievable and time bound goals for countries like Bangladesh.

10.1 A Brief Overview of the Achievements of MDGs in Bangladesh

The present MDG Progress Report, which is the latest of the series of such reports in Bangladesh, clearly shows that the country has already met some important targets like reducing poverty gap ratio, attaining gender parity at primary and secondary levels education, under-five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under-five sleeping under insecticide treated bed nets, detection and cure rate of TB under DOTS and several others. In addition, Bangladesh has achieved remarkable progress in several other areas indicating that the country is on track in achieving the MDGs in several other areas including poverty reduction, reducing prevalence of underweight children, increasing enrolment at primary schools, lowering the infant mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases. The 2010 HIES data show that the incidence of poverty has declined at an annual rate of 2.47 percent during 1992-2010 in Bangladesh which implies that the target of halving the population living under the poverty line has been achieved in 2012. Bangladesh's progress in the social sector (especially education and health) is substantial; even better in the case of several indicators than comparator countries like India, Pakistan, Nepal and Afghanistan.

10.2 Challenges Ahead

The present MDG Report also brings out several challenges that the country faces in achieving the MDGs in a few key areas. With respect to eradication of extreme poverty, all four indicators related to the target of 'achieve full and productive employment and decent work for all' need greater attention. In Bangladesh, as in expected, the share of the manufacturing sector in GDP has increased while that of agriculture has declined. However, the service sector remains the dominant contributor to GDP; and the sector has sustained almost similar level of contribution throughout the 1990s and 2000s. The labour force participation rate in Bangladesh is relatively low and ranges between 51.2 percent and 59.3 percent over the last two decades. Unemployment as well as underemployment is especially acute among the young people between 15 to 24 years of age. This age group comprises 8.7 percent of the country's population and 23 percent of the labour force. This calls for more productive transformations in the country's economy along with much greater potentials for productive employment generation.

While this Report demonstrates Bangladesh's capacity for achieving the goal of poverty reduction within the target timeframe, attaining food security and nutritional wellbeing remains a challenge. The challenges of attaining some targets such as eradicating extreme poverty and hunger (MDG 1), achieving universal primary education (MDG 2), improving

maternal mortality (MDG 5), and attaining environmental sustainability (MDG 7) are still formidable and perhaps comparable to similar challenges faced by other South Asian countries.

In terms of MDG 2, especially relating to the goal of achieving universal primary education, the Report brings out significant challenges that the education sector faces in achieving the targets which include ensuring survival rate to grade V, improving quality of primary education, increasing share of education in government budget and increasing coverage and improving quality of adolescent and adult literacy programmes. Achieving gender parity at the tertiary level also remains as a big challenge. Similarly, the share of women in wage employment in non-agriculture is hovering around 20 percent for the last two decades. The proportion of seats held by women in national parliament, though impressive, is unlikely to achieve the target of 33 percent in 2015.

In the case of improving maternal mortality (MDG 5), Bangladesh is on track to achieve the target of reducing maternal mortality ratio but the target of universal access to reproductive health needs more attention even for ensuring the sustainability of the success achieved so far. Similarly, notwithstanding the low incidence of the communicable diseases and the progress made in the area, Bangladesh faces significant challenges in maintaining the trend. These include inadequate coverage of most at risk population, limited technical and managerial capacity, and lack of strategic information management.

For environmental sustainability (MDG 7), some of the important challenges are: ensuring efficient use of forest resources, lack of facilitating technology, lack of proper regulation and adequate enforcement that reveal the gaps in expected fisheries sector development, inadequate information in the area of chemical fertilizer consumption and energy mix, and developing water efficient agricultural practices. Concerted efforts are needed to overcome these challenges and for sustainable growth and development in achieving the MDGs related to environmental sustainability.

For MDG 8, a genuine global partnership for development is yet to emerge which is mostly due to the absence of the expected cooperation from the OECD and developed donor countries as promised in the Millennium Development Declaration. Thus stimulating effective global partnership especially focusing on the development of the LDCs like Bangladesh remains as yet a big challenge for the future.

Bangladesh, like other less developed countries, suffers from significant development gaps including slow and fluctuating economic growth, rising inequalities, inadequate structural transformation, gaps in achieving the MDGs, persistence of food insecurity, low employment intensity of growth, institutional rigidities and slow response to new global contexts of development, gaps in critical infrastructure, adverse consequences of climate change, weak social protection system, insufficient financial inclusion, and inadequate ODA flows.

The current status of Bangladesh's development indicates that priority needs to be given to several critical areas, such as increasing productive capacity; enhancing access to knowledge and technology; strengthening trade, human and social development; improving governance and institutional capacity; increasing resilience to economic and natural shocks; mitigating climate change impacts; and enhancing the volume and quality of resource support.

10.3 Thoughts on Post-MDG Agenda

Multiple crises that continue to plague the world economy provide a complex backdrop within which a new set of goals will have to be set to succeed the MDG framework after 2015. The crises threaten to undo the progress that has been achieved in terms of the global goals, especially in countries like Bangladesh. These threats of global crises also provide an opportunity and serve as an impetus to setting a new multilateral cooperation framework to advance inclusive development. It is important therefore for the less developed countries such as Bangladesh to consider a set of goals which could provide cushion for some of the adverse impacts of crises and global threats and galvanize regional and global support within the changing global context.

In view of the partial achievement, the MDGs need continued focus beyond 2015; and hence these need to be included in some form in the post-2015 development agenda. It would send an unfortunate signal if the MDGs were dropped from the post-2015 agenda as the progress in many areas is likely to fall far short of the 2015 targets in many low income countries including Bangladesh. Moreover, for sustaining the achievements in those areas where good progress has been made, efforts need to be continued and preferably strengthened.

Thus all the unattained goals and targets of the MDGs need to be pursued in some form in the post-2015 development agenda. This calls for a comprehensive global review on achievement of the MDGs with a view to framing new common goals. The Bangladesh experience shows that most of the indicators and targets of MDG 4, 5 and 6 which were focused on health related issues have largely been achieved or are on track towards their achievement. In this broad area, population dynamics probably deserve inclusion in the post-MDG development agenda. The targets which are yet to be met and are not likely to be achieved by 2015 may be retained, if necessary, with redefined indicators along with revised targets, in the post-2015 agenda. Such targets may include:

- Under-five mortality rate per 1,000 live births (number to be reset)
- Maternal mortality ratio per 100,000 live births (number to be reset)
- Proportion of births attended by skilled health personnel, % (number to be decided)
- Antenatal care coverage, at least four visits, % (number to be decided)
- Unmet need for family planning, % (number to be decided)

However, before taking the MDGs beyond 2015, there is a need for clarifying, and probably modifying, several aspects: (i) reshaping the structure of the set of goals and targets to avoid overlapping and cover emerging priorities to set a MDG-plus scenario; (ii) redefining benchmarks taking into account implications of absolute and relative benchmarks; and (iii) fixing a new time horizon. Several new areas for inclusion may have to be considered ranging from climate change to secondary education, quality of education, human rights, infrastructure, economic growth, good governance, and national and global security. The post-2015 targets should also have clear rationale about the base year and the period over which they are to be achieved. The specified time horizon should take into account the usual 3-5 year time lag in obtaining relevant statistics. It is also important to recognize that many of the countries are unlikely to meet the MDGs because of rapidly rising disparities across different regions and population groups which slow down the national progress. Such inequalities should be taken into account explicitly in

view of the growing availability of disaggregated data which can be used to adjust key national statistics for equity while setting targets and monitoring progress.

The following new indicators may be considered for the post-MDG agenda:

- Share of population having access to one stop health consultation services, %
- Number of population per paramedics/health personnel

Education indicators, which are mostly concerned with primary education and gender parity in primary and secondary education alone, may include the following indicators:

- Completion rate at grade 5, %
- Proportion of pupils starting grade 1 who reach grade 8, %
- Proportion of pupils starting grade 1 who completes 12 years schooling, %

Similarly, reaching the goals by 2015 does not suggest that the fight against poverty and injustice in the world is over. For example, achieving the targets for MDG 1 (eradicate extreme poverty and hunger) only maintain that we have succeeded in *halving* the proportion of people living in extreme poverty and hunger. Even if the targets are met, the implication is that the other half of the population is still living in poverty and hunger. At present, Bangladesh being the eighth largest populous country in the world has a total number of nearly 48 million people (which is 31.5 percent of the total population of 152 million) who are poor. This is equal to the total number of population of 103 lower end countries if world population is arranged in an ascending order by country. Hence poverty reduction still needs to be considered as an important agenda of the post-2015 development goals. In addition, the issue of inequality needs to be explicitly considered in the agenda in view of the rapidly growing importance of inequality in the development paradigm of the developing countries.

Social protection as an instrument to reduce poverty also needs to be included as an indicator in the agenda. The experience in low income countries including Bangladesh shows that incidence of poverty and disparity has been reduced and the wage rates of labourers have increased as a consequence of different social security and social empowerment interventions. In Bangladesh, 30.1 percent of the rural and 25.3 percent of all households have been covered under social safety net programmes. Thus, hunger and food and nutrition security could be included as new goals in the post-MDG agenda.

In the above context, the post-2015 agenda needs to centre on livelihoods, especially of those who belong to poor and vulnerable groups. The agenda should especially cover decent employment issues. Along with the existing MDG indicators, several new indicators might be considered:

- % of labour force who received technical/vocational training
- Allocation on research and development as % of GDP
- Allocation on primary and secondary education as % of total education expenditures
- % of employment in the formal sector

In the context of environment and climate change, the term 'green development' and 'green economy' are receiving increasing emphasis as the desired paradigm for sustaining

global development. Although the LDCs and developing countries are not the major polluters or emitters of CO₂ in a global perspective, these countries are emerging as the major sufferers. In such a scenario, the existing indicators related to CO₂ emissions and consumption of ozone-depleting CFCs may be revised. The issue of energy security, water security, disaster preparedness, adaptation resilience and rapid urbanization (decent living, public open areas, and percent of slum dwellers) demand active considerations in the context of setting new goals/targets. On the other hand, there should be specific environment and climate change related indicators in the post-2015 development agenda.

It is acknowledged that the voices of the poor did not come through in the current MDGs and those related to disability could not find a place in the current agenda. In the post-2015 agenda, there needs to be a strong focus on human rights and proactive policies for the disabled and the disadvantaged. In this context, several indicators may be considered, such as:

- Percentage of disabled (autistic) children having facility of specialized schools
- Proportion of disabled people employed in the formal sector

Similarly, several indicators may be conceived with focus on governance and human rights:

- Proportion of cases resolved in the formal justice system per year, %
- Number of agreed human rights principles to be institutionalized in national policy frameworks in universal periodic review (UPR) of the country at the UN Human Rights Council (UNHRC)

The existing MDG 8 should be quantified and elaborated for the post-2015 agenda. For sustainable consumption and production, and influencing accelerated growth, the following targets may be incorporated:

- All ODA and market access or debt relief must be measurable, reportable and verifiable
- New, additional and predictable resources
- Global fund – multi-lateral processes
- Trade facilitation, GSP, duty free quota free access
- Technology transfer
- Supporting aid for trade
- Inter country cooperation on sharing transboundary resources

Similarly, conflict and fragility might be included as a new goal in the post-2015 development agenda. The important point, however, is that the new development agenda beyond 2015 needs to start with a review of the present agenda and the goals should be put in the context of the global development challenges ahead. The implementation framework for the new agenda could be framed for the next 15 years again, that is all goals/targets should be attained by 2030.

For the low income countries, it is imperative that inequality be included in any assessment of outcomes of the post-2015 agenda. While monitoring progress towards the stipulated targets in terms of aggregates, or statistical averages, at the national level is

necessary, it is not adequate because of rising inequalities among different income groups and regions within countries. Hence, it is necessary to monitor progress at a disaggregated level. This is essential because unacceptable levels of inequalities do exist and distributional outcomes matter for the countries.

The post-2015 development agenda for the less developed countries needs to recognize the complex relationship between the state and the market, the nature of which is mostly complementary. Moreover, it is important to recognize the changing role of both state and market with time and specific country situation and the need to adapt to one another. The success in the past has come in countries which succeeded in bringing the right blend of the roles of the state and the market especially in ensuring investments in infrastructure and social sectors and promoting employment-creating and inclusive growth and development.

10.4 Conclusions

The consideration of a new development agenda beyond 2015 needs to start with a thorough, broad based and inclusive review of the present agenda, as well as an assessment of what has worked and what has not in the MDGs. Moreover, the future agenda should be put in the context of the global development challenges ahead. It is obvious that the outcome of the MDGs implementation, lessons learnt, and its successes and failures will, to a large extent, define what new issues and targets should be pursued in future. A major concern of the post-MDG framework should be on acknowledging and addressing the interconnectivity of 'development problems' and seek system-wide solutions. To move forward, the need is to recognize the connections between the goals and development approach holistically and adopt appropriate solutions.

As budgets shrink and challenges mount, several donor countries have already begun to seek waiver in their commitment to international development and even to reconsider the promises made not only in the Millennium Declaration but also in the Monterrey Consensus and the G8's Gleneagles Declaration. But, however dire the current economic situation might be, the growing reluctance to honour pledges should not be ascribed to budgetary constraints alone, especially in view of the relatively modest sums involved in aid commitments. In view of such perceptions, there should be a clear message that achieving the MDGs and delivering on the post-MDG agenda is not optional, since the agenda involves an essential investment for a safer, more human and prosperous world. The goals are not just an 'aid obligation' but the basis for political and economic strategies that will benefit all the world's citizens, and not just the least fortunate.

As such the post-2015 development agenda requires a new approach to international and national development, taking the multiple interlinked global challenges that exist and perpetuate to the detriment of the entire global community. It is, therefore, of paramount importance that, in view of the multiple roles that equitable global and national development can play in social and economic development, the post-MDGs development agenda will acknowledge the critical role of sustained and inclusive development in furthering key outcomes, ensuring the inclusion of all disadvantaged groups in development and society as a means to combat inequality, vulnerability and poverty. The post-2015 debate needs a renewed and comprehensive focus on poverty, inequality, income distribution and social inclusion. For countries like Bangladesh, inclusive development along with fiscally sustainable social protection based on strong legal and

regulatory frameworks should be an integral component of national development strategies to achieve equitable and sustainable development in consistent with the MDGs and its follow up agenda.

In addition, the post-2015 agenda should include some explicit accountability mechanisms for the relevant stakeholders. Within the agenda, specific goals should form part of a conceptual framework for development for the post-2015 period. The above requires considerable thought and appropriate responses which meet the political and technical needs of the multiple actors in global development.

One of the major contributions of the MDGs is its impetus to coordinating national and international efforts to reduce poverty and promote human development. This has contributed to mainstreaming the fight against poverty in policies, plans and programmes across the countries in the world. One major area where probably more emphasis is needed in the post-2015 agenda is to address the structural factors that give rise to deeply entrenched and intersecting inequalities and the persistence of social exclusion. The multidimensional nature of poverty and social exclusion requires a broader agenda of social transformation for these countries. Moreover, the problems of poverty and social exclusion have global dimensions as well, as reflected in the unequal nature of the relationships between the developed and developing countries. For ensuring growth, prosperity and social justice, a genuine and equitable global partnership is needed as a platform for the post-2015 agenda.

** 6th June 2013 was the deadline for submitting individual country's proposal to the United Nations to be included in the Post 2015 Development Agenda. Bangladesh has prepared its proposal through inclusive consultative process and sent the same to the UN. The proposal is attached at Annex-4 of this document.

ANNEXURE

ANNEX 1- MDGS: BANGLADESH PROGRESS AT A GLANCE

Goals, targets and indicators (revised)	Base year 1990/1991	Current status (source)	Target by 2015	Remarks
Goal 1: Eradicate extreme poverty and 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 \$1 (PPP) per day, %	70.2 (1992)	43.3 (WB ¹³ , 2010)	35.1	Need attention
1.1a: Proportion of population below national upper poverty line (2,122 kcal), %	56.7 (1992)	31.5 (HIES 2010)	29.0	On track
1.2: Poverty Gap Ratio, %	17.0 (1992)	6.5 (HIES 2010)	8.0	Goal met
1.3: Share of poorest quintile in national consumption, %	8.76 (2005)	8.85 (HIES 2010)	-	-
1.3a: Share of poorest quintile in national income, %	6.52 (1992)	5.22 (HIES 2010)	-	-
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.				
1.4: Growth rate of GDP per person employed, %	0.90 (1991)	3.43 (WB 2010)	-	-
1.5: Employment to population ratio (15+), %	48.5	59.3 (LFS 2010)	for all	Need attention
1.6: Proportion of employed people living below \$1 (PPP) per day	55.9 (1992)	50.1 (ILO 2005)	-	Lack updated data
1.7: Proportion of own-account and contributing family workers in total employment	40.1 (1996)	21.7 (ILO 2005)	-	Lack updated data
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger.				
1.8: Prevalence of underweight children under-five years of age (6-59 months), %	66.0	36.4 (M: 34.3, F: 38.5) (BDHS 2011)	33.0	On track
1.9: Proportion of population below minimum level of dietary energy consumption (2122 kcal), %	48.0	40 (HIES 2005)	24.0	Lack updated data
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal), %	28.0	19.5 (HIES 2005)	14.0	Lack updated data
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 ratio in primary education, %	60.5	98.7 (ACR, 2011 DPE)	100	On track
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	79.5 (ACR, 2011 DPE)	100	Need attention
2.3: Literacy rate of 15-24 year-olds, women and men, %	-	Total 74.9 Women: 81.9 men: 67.8	100	Need attention

¹³ Actually WB data are prepared based on \$1.25 (PPP)

ANNEX 1- MDGS: BANGLADESH PROGRESS AT A GLANCE

Goals, targets and indicators (revised)	Base year 1990/1991	Current status (source)	Target by 2015	Remarks
		(BDHS 2011)		
2.3a: Adult literacy rate of 15+ years old population, % (Proxy indicator)	37.2	59.82 (BLS 2010, BBS)	100	Need attention
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	1.02 (ACR, 2011, DPE)	1.0	Goal met
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.13 (BANBEIS 2011)	1.0	Goal met
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.66 (BANBEIS 2011)	1.0	On track
3.2: Share of women in wage employment in the non-agricultural sector, %	19.1	19.87 (LFS 2010)	50	Need attention
3.3: Proportion of seats held by women in national parliament, %	12.7	20.00 (MOWCA'12)	33	Need attention
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 1,000 live births)	146	44 (SVRS 2011)	48	Goal met
4.2: Infant mortality rate (per 1,000 live births)	92	35 (SVRS 2011)	31	On track
4.3: Proportion of 1 year-old children immunized against measles, %	54	87.5 (BDHS 2011)	100	On track
Goal 5: Improve maternal health: Goal will be met				
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	194 (BMMS 2010)	143	On track
5.2: Proportion of births attended by skilled health personnel, %	5.0	31.7 (BDHS 2011)	50	Need attention
Target 5.B: Achieve by 2015, universal access to reproductive health.				
5.3: Contraceptive Prevalence Rate, %	39.7	61.2 (BDHS 2011)	72	Need attention
5.4: Adolescent birth rate, (per 1,000 women)	77	118.3 (BDHS 2011)	-	-
5.5a: Antenatal care coverage (at least one visit), %	27.5 (1993-94)	67.7 (BDHS 2011)	100	Need attention
5.5b: Antenatal care coverage (at least four visits), %	5.5 (1993-94)	25.5 (BDHS 2011)	50	Need attention
5.6: Unmet need for family planning, %	21.6 (1993-94)	13.5 (BDHS 2011)	7.6	Need attention
Goal 6: Combat HIV/AIDS, malaria and other diseases				

ANNEX 1- MDGS: BANGLADESH PROGRESS AT A GLANCE

Goals, targets and indicators (revised)	Base year 1990/1991	Current status (source)	Target by 2015	Remarks
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS				
6.1: HIV prevalence among population, %	0.005	0.1 (9th SS, 2011)	Halting	On track
6.2: Condom use rate at last high risk sex, %	6.3	44-67 (UNGASS 2010)	-	-
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	17.7 (NASP, 2009)	-	-
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Lack of data			
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it				
6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs, %	-	100 (NASP 2012)	100	Goal met
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	776.9 (2008)	270.84 (MIS NMCP 2012)	310.8	Need attention
6.6b: Deaths of malaria per 100,000 population	1.4 (2008)	0.101 (MIS NMCP 2012)	0.6	On track
6.7: Proportion of children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts), %	81 (2008)	94.40 (MIS, NMCP 2012)	90	Goal met
6.8: Proportion of children under 5 with fever who are treated with appropriate anti malarial drugs, %	60 (2008)	89.30 (MIS NMCP 2011)	90	On track
6.9a: Prevalence of TB per 100,000 population	493	411 (GTBR 2011)	320	On track
6.9b: Deaths of TB per 100,000 population	58	43 (GTBR 2011)	38	On track
6.10a: Detection rate of TB under DOTS, %	21 (1994)	70 (MIS, NTP, DGHS 2011)	70	Goal met
6.10b: Cure rate of TB under DOTS, %	73 (1994)	92 (MIS, NTP 2011)	>85	Goal met
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, % (tree coverage)	9.0	19.42 (DoF 2012)(Tree density>10%)	20.0 (Tree density >70%)	Need attention
7.2: CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	Data is not available			
7.2a: CO ₂ emissions, metric tons per capita	0.14	0.30 (DoE, 2007)	-	-
7.3: Consumption of ozone-depleting substances in ODP tonnes	72.6	136.42 (DoE, 2011)	65.39	Need attention
7.4: Proportion of fish stocks within safe biological limits		54 inland & 16 marine	-	-

ANNEX 1- MDGS: BANGLADESH PROGRESS AT A GLANCE

Goals, targets and indicators (revised)	Base year 1990/1991	Current status (source)	Target by 2015	Remarks
7.5: Proportion of total water resources used		6.6% (2000)	-	-
7.6: Proportion of terrestrial and marine areas protected, %	1.64	Terri: 1.83 & Mari: 0.47 (DoF)	5.0	Need attention
7.7: Proportion of species threatened with extinction	-	106 (2001)	-	-
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	78	98.2 (SVRS 2011)	100	On track
7.9: Proportion of population using an improved sanitation facility	39	63.6 (SVRS 2011)	100	Need attention
Target 7.D: Halve, 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	-	7.8 (BBS 2001)	-	Insufficient 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	1,777.12 (ERD 2011)	-	-
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	5.7	0.0022 (ERD 2011)	-	-
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	42 (2005)	51 (ERD 2011)	-	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh), %	82 (2005)	100 (ERD 2011)	100	Goal met
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Bangladesh, %	12 (2005)	0-15.3 (2009)	-	-
8.12: Debt service as a percentage of exports of goods and services, %	20.9	4.9 (ERD 2011)	-	-
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries				
8.13: Proportion of population with access to affordable essential drugs on a sustainable basis, %	80 (2005)	80 (2005)	-	-
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	0.75 (BTRC 2012)	-	Low users
8.15: Cellular subscribers per 100 population	-	64.56 (BTRC 2012)	-	Impressive
8.16: Internet users per 100 population	0.0	20.52 (BTRC 2012)	-	Low users

ANNEX 1- MDGS: BANGLADESH PROGRESS AT A GLANCE

ACR	: Annual Census Report, DPE
BANBEIS	: Bangladesh Bureau of Educational Information and Statistics
BBS	: Bangladesh Bureau of Statistics
BDHS	: Bangladesh Demographic and Health Survey, NIPORT
BLS	: Bangladesh Literacy Survey, BBS
BMMS	: Bangladesh Maternal Mortality Survey, NIPORT
BTRC	: Bangladesh Telecommunication Regulatory Commission
CES	: EPI Coverage Evaluation Survey
DoE	: Department of Environment
DoF	: Department of Forest
DPE	: Department of Primary Education
GTBR	: Global Tuberculosis Report
HIES	: Household Income and Expenditure Survey, BBS
ILO	: International Labour Organization
LFS	: Labour Force Survey, BBS
MOWCA	: Ministry of Women and Children Affairs
NASP	: National AIDS/STD Programme, DGHS
NMCP	: National Malaria Control Program, DGHS
NTP	: National Tuberculosis Control Program, DGHS
SVRS	: Sample Vital Registration System, BBS
UNGASS	: United Nations General Assembly Special Session
WB	: World Bank

Annex 2

Some macroeconomic indicators useful for analyzing the MDGs progress

	Indicators\Year	1989/90	1994/95	1999/00	2004/05	2009/10	2010/11
1	Population (million)	108.70	119.70	129.80	137.00	146.10	149.70
2	Nominal GDP (US\$ million)	30,476.55	37,937.75	47,123.82	60,018.34	100,084.00	111,749.00
3	Real GDP (US\$ million)	38,955.04	39,546.29	40,732.00	43,247.29	52,045.00	54,617.00
4	Real GDP growth rate (%)	5.94	4.61	5.94	5.38	6.10	6.71
5	Nominal GDP growth rate (%)	12.65	12.63	7.91	10.66	12.90	13.42
6	Per capita nominal GDP (US\$)	280.37	316.96	363.05	438.09	685.00	748.01
7	Per capita real GDP (US\$)	358.37	330.38	313.81	315.67	343.00	365.59
8	Government revenue (US\$ million)	2,033.67	3,526.10	4,179.98	6,382.00	11,509.41	12,215.99
9	Government revenue as % of GDP	6.67	9.29	8.87	10.63	11.50	10.93
10	Tax revenue (US\$ million)	1,734.60	2,852.18	3,196.31	5,204.10	9,260.93	10,145.28
11	Tax revenue as % of GDP	5.69	7.52	6.78	8.67	9.25	9.08
12	Total government expenditure (US\$ million)	3,890.49	5,188.28	7,056.88	9,061.16	16,003.91	16,685.19
13	Total government expenditure as % of GDP	12.77	13.68	14.98	15.10	15.99	14.93
14	Government development expenditure (US\$ million)	1,926.18	2,616.98	3,390.90	3,633.91	4,126.85	4,604.72
15	Government development expenditure as % of GDP	6.32	6.90	7.20	6.05	4.12	4.12
16	Government revenue expenditure (US\$ million)	2,022.20	2,571.30	3,665.98	5,427.25	11,168.40	10,674.67
17	Government revenue expenditure as % of GDP	6.64	6.78	7.78	9.04	11.16	9.55
18	Aid commitment (US\$ million)	2,143.75	1,612.21	1,475.03	1,580.71	2,983.68	5,968.63
19	Aid disbursement (US\$ million)	1,809.56	1,739.09	1,587.95	1,488.45	2,227.77	1,776.74
20	Aid disbursement as % of GDP	5.94	4.58	3.37	2.48	2.23	1.59
21	Debt service MLT (US\$ million)	301.70	467.90	619.10	655.29	875.58	929.37
22	Net transfer (US\$ million)	1,507.86	1,271.19	968.85	833.16	1,352.19	847.37
23	Outstanding External Debt (US\$ million)	10,609.30	16,766.50	16,210.90	19,285.78	21,448.90	23,608.84
24	Outstanding external debt as % of GDP	34.81	44.19	34.40	32.13	21.43	21.13
25	Private transfer (US\$ million)	802.00	1,426.00	2,229.00	4,253.00	11,610.00	11,948.00
26	Workers' remittances (US\$ million)	761.00	1,198.00	1,949.00	3,848.00	10,987.00	11,650.00
27	Workers' remittances as % of GDP	2.50	3.16	4.14	6.41	10.98	10.43
28	Price index (1995/96=100)	136.37	179.10	124.31	153.23	221.53	241.02
29	Inflation rate (1995/96 base)	3.86	8.87	2.79	6.48	7.31	8.80
30	Merchandise exports (US\$ million)	1,524.00	3,473.00	5,762.00	8,654.50	16,204.70	22,924.38
31	Export as % of GDP	5.00	9.15	12.23	14.42	16.19	20.51
32	Imports C&F (US\$ million)	3,759.00	5,834.00	8,374.00	13,145.70	23,738.40	33,657.50
33	Import as % of GDP	12.33	15.38	17.77	21.90	23.72	30.12
34	Trade as % of GDP	17.33	24.53	30.00	36.32	39.91	50.63
35	Taka per US\$	32.97	40.20	50.31	61.39	69.18	71.17
36	End year foreign exchange reserve (US\$ million)	523.20	3,070.00	1,602.00	2,929.89	10,749.70	10,911.55
37	Current account balance as % of GDP	-7.10	-3.50	-1.10	-0.90	3.70	0.89
38	Agricultural value added as % of GDP	29.42	25.33	24.62	20.18	18.59	18.29
39	Industrial value added as % of GDP	20.87	23.58	24.39	25.52	28.46	28.20
40	Services value added as % of GDP	49.71	51.09	50.99	54.30	52.95	53.51

Annex 3

Some tables and figures related to MDG progress

1. Data Related to MDG 1

Table 1: PPP conversion factor for local currency (BDT)

	PPP conversion factor, local currency unit to international dollar	Taka rate per US\$	1 PPP\$ = US\$	CPI	Inflation
1	2	3	4 = 2/3	5	6
1990	17.77	32.97	0.54	136.37	3.86
1991	18.13	35.68	0.51	147.70	8.31
1992	18.24	38.15	0.48	154.44	4.56
1993	18.25	39.14	0.47	158.00	2.73
1994	18.73	40.00	0.47	162.40	3.28
1995	20.10	40.20	0.50	179.10	8.87
1996	19.99	40.84	0.49	191.50	6.65
1997	20.57	42.70	0.48	196.40	2.52
1998	21.95	45.46	0.48	210.20	6.99
1999	22.8	48.06	0.47	228.90	8.91
2000	22.54	50.31	0.45	124.31	2.79
2001	22.36	53.96	0.41	126.72	1.94
2002	22.74	57.44	0.40	130.26	2.79
2003	23.5	57.90	0.41	135.97	4.38
2004	24.62	58.94	0.42	143.90	5.83
2005	25.49	61.39	0.42	153.23	6.48
2006	26.37	67.08	0.39	164.21	7.16
2007	27.97	69.03	0.41	176.04	7.20
2008	29.34	68.60	0.43	193.54	9.94
2009	31.04	68.80	0.45	206.43	6.66
2010	33.02	69.18	0.48	221.53	7.31

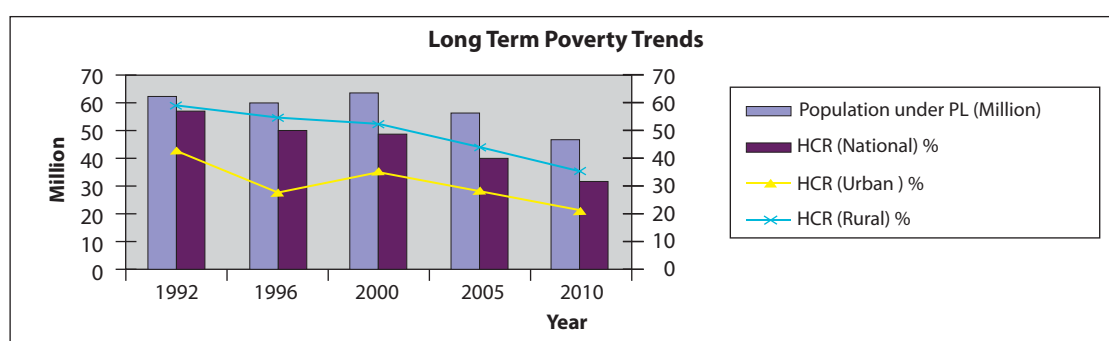
Source: UNSTAT; Flow of External Resources, ERD

Table 2: Poverty head count ratio (national standard)

	Population under poverty line (million)	HCR, % (national)	HCR, % (urban)	HCR, % (Rural)
1992	62.4	56.7	42.8	58.8
1996	60.1	50.1	27.8	54.5
2000	63.4	48.9	35.2	52.3
2005	56.2	40.0	28.4	43.8
2010	46.9	31.5	21.3	35.2

Source: HIES, BBS

Figure 1: Poverty head count ratio (national standard)



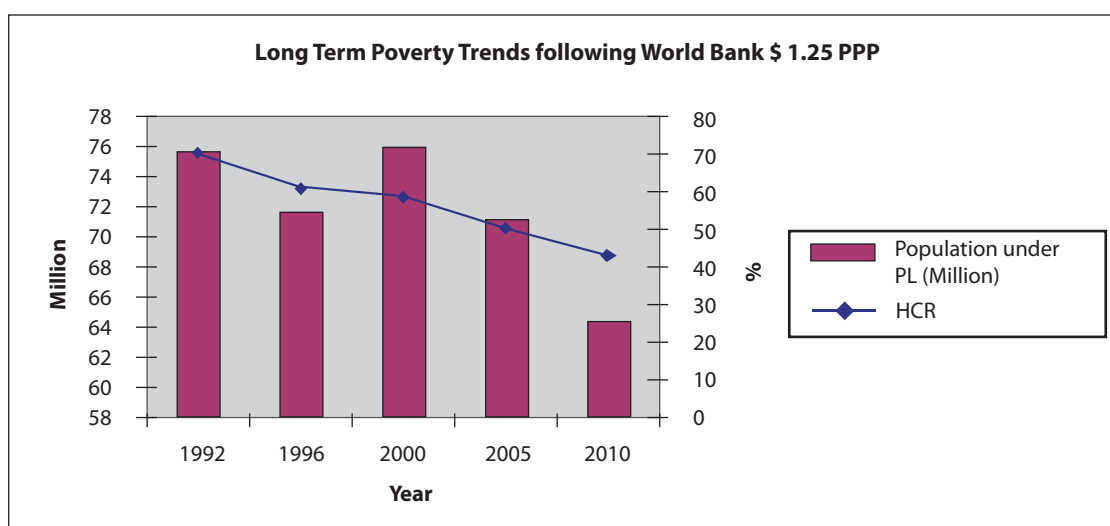
Source: WB, HIES

Table 3: Poverty following upper and lower poverty lines

Year	Upper poverty line			Lower poverty line		
	National	Rural	Urban	National	Rural	Urban
1991-92	56.7	58.8	42.8	41.1	43.8	24.0
1995-96	50.1	54.5	27.8	35.2	39.5	13.7
2000	48.9	52.3	35.2	34.3	37.9	20.0
2005	40.0	43.8	28.4	25.1	28.6	14.6
2010	31.5	35.2	21.3	17.6	21.1	7.7

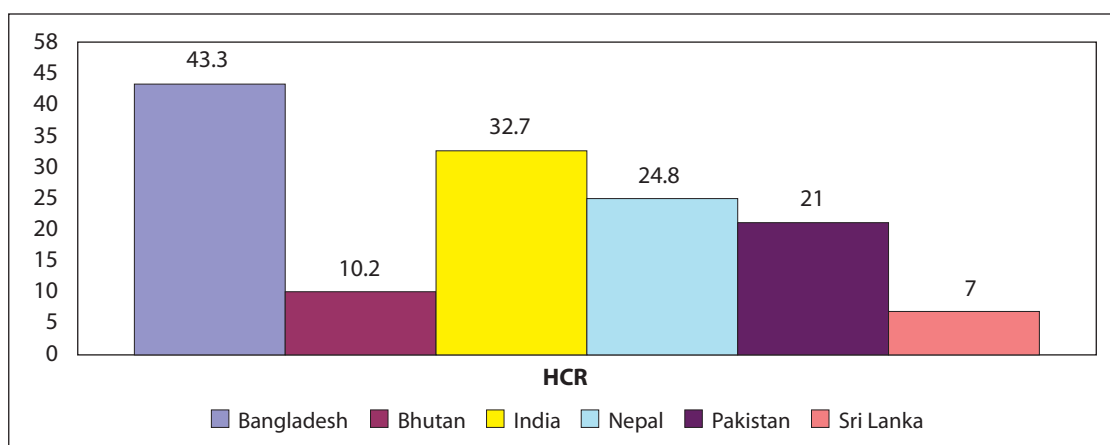
Source: HIES, 2010

Figure 2: Long term poverty trends following \$1.25 PPP



Source: WB

Figure 3: Regional comparison of poverty following WB \$ 1.25 PPP



Source: WB

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Table 4: International comparison on poverty

Country	Proportion of population below \$1 PPP per day	Proportion of population below national poverty line	Poverty gap	Share of poorest quintile in national income or consumption
Afghanistan		36 (2008)		9.4 (2008)
Bangladesh	43.3 (2010)	31.5 (2010)	11.2 (2010)	8.9 (2010)
India	32.7 (2010)	29.8 (2010)	7.5 (2010)	8.6 (2005)
Pakistan	21 (2010)	22.3 (2006)	3.5 (2008)	9.6 (2008)
Nepal	24.8 (2010)	25.2 (2011)	5.6 (2010)	8.3 (2010)
Maldives				6.5 (2005)
Sri Lanka	7.0 (2007)	8.9 (2010)	1.0 (2008)	6.9 (2007)
Bhutan	10.2 (2007)	23.2 (2007)	1.8 (2007)	6.6 (2007)
Viet Nam	16.9 (2008)	14.5 (2008)	3.8 (2008)	7.4 (2008)
Cambodia	22.8 (2008)	30.1 (2007)	4.9 (2008)	7.5 (2008)

Source: mdgs.un.org/unsd/mdg/

Table 5: Trends of GDP per person employed, 1990-2010

Year	GDP per person employed (PPP \$)	Per employed person GDP growth rate (%)
1990	2,118	-
1991	2,137	0.90
1992	2,218	3.79
1993	2,291	3.29
1994	2,355	2.79
1995	2,441	3.65
1996	2,523	3.36
1997	2,627	4.12
1998	2,731	3.96
1999	2,829	3.59
2000	2,961	4.67
2001	2,986	0.84
2002	2,987	0.03
2003	3,012	0.84
2004	3,131	3.95
2005	3,245	3.64
2006	3,385	4.31
2007	3,524	4.11
2008	3,662	3.92
2009	3,787	3.41
2010	3,917	3.43

Source: <http://data.worldbank.org/indicator/SI.GDP.PCAP.EM.KD>

Table 6: International comparison on prevalence of underweight children under 5 years of age

Country	Prevalence of underweight children under 5 years of age
Afghanistan	32.9 (2004)
Bangladesh	36 (2011)
India	43.5 (2006)
Pakistan	31.3 (2001)
Nepal	38.8 (2006)
Maldives	17.8 (2009)
Sri Lanka	21.6 (2009)
Bhutan	12.7 (2010)
Myanmar	29.6 (2003)
Viet Nam	20.2 (2008)
Cambodia	28.8 (2008)

Source: mdgs.un.org/unsd/mdg/

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Table 7: International comparison on growth rate of GDP per person employed, employment to population ratio and proportion of employed people living below \$ 1 (PPP)

	Growth rate of GDP per person employed	Employment to population ratio	Proportion of employed people living below \$ 1 (PPP) per day
Afghanistan	-	-	38.0 (2005)
Bangladesh	-	56.0 (2005)	50.1 (2005)
India	-	57.7 (2005)	39.2 (2005)
Pakistan	2.28 (2007)	42.8 (2007)	19.2 (2006)
Nepal	-	91.6 (2003)	50.4 (2003)
Maldives	-	54.9 (2006)	1.3 (2004)
Sri Lanka	3.18 (2009)	45.9 (2009)	5.8 (2007)
Bhutan	17.28 (2006)	65.8 (2009)	26.9 (2003)
Myanmar	-	-	31.1 (2005)
Viet Nam	3.64 (2004)	69.9 (2004)	12.0 (2008)
Cambodia	(-)-7.35 (2001)	60.6 (2008)	25.1 (2007)

Source: mdgs.un.org/unsd/mdg/

2. Data related to MDG 2

Table 1: NER at primary school, 1990-2011

	Total	Girls	Boys
1990	60.48	50.76	69.43
1995	75.75	73.86	77.53
1997	80.86	81.33	80.41
2000	85.52	85.83	85.22
2005	87.20	90.10	84.44
2006	90.90	94.50	87.60
2007	91.10	94.70	88.00
2009	90.80	94.00	87.90
2010	94.8	97.6	92.2
2011	98.7	99.4	97.2

Source: BANBEIS, DPE

Table 2: International comparison on primary school completion rate

	Primary school completion rate (both sexes)
Bangladesh	79.5 (2011)
India	95.7 (2008)
Pakistan	67.1 (2010)
Nepal	70.0 (2002)
Maldives	118.2 (2011)
Sri Lanka	100.8 (2010)
Bhutan	95.1 (2011)
Myanmar	103.6 (2010)
Viet Nam	97.7 (2006)
Cambodia	87.1 (2010)

Source: mdgs.un.org/unsd/mdg/

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Table 3: Stunting and wasting less than 5 years of age of children

Stunting (height for age)	
2004	51
2007	43
2011	41
Wasting (weight for height)	
2004	15
2007	17
2011	16

Source: BDHS, NIPORT, MOHFW

Table 4: Adult literacy rate, 1991-2010

Year	National			Rural			Urban		
	Both	Male	Female	Both	Male	Female	Both	Male	Female
1991	37.2	43.3	25.8	30.1	38.7	21.5	54.4	62.6	44.0
1995	45.3	55.6	38.1	42.9	52.0	33.6	63.5	71.2	54.3
1997	51.2	59.4	42.2	47.1	56.1	36.2	68.2	75.4	60.0
1998	52.6	59.4	42.5	48.2	56.8	38.2	68.3	75.9	60.4
1999	52.7	60.7	42.8	48.4	56.9	38.3	68.9	76.0	61.9
2000	52.8	61.0	43.2	48.7	57.1	38.6	69.3	76.1	62.3
2001	47.5	53.9	40.8	41.9	47.9	35.9	64.3	70.3	57.1
2002	49.6	55.5	43.4	45.3	51.4	39.1	66.5	72.2	60.7
2003	50.3	56.3	44.2	46.1	52.2	39.9	67.1	72.7	61.2
2004	51.6	57.2	45.8	47.4	53.0	41.6	68.3	73.8	62.7
2005	53.5	58.3	48.6	48.8	53.6	43.8	67.1	72.0	62.3
2006	53.7	58.5	48.8	48.9	53.8	44.0	67.4	72.3	62.5
2007	58.3	63.1	53.5	53.7	58.6	48.8	71.5	76.0	67.1
2008	56.9	61.3	52.6	52.2	56.6	47.9	70.9	75.2	66.6
2009	58.4	62.6	54.3	53.8	58.2	49.6	71.5	75.4	67.6
2010	58.6	62.9	55.4	54.1	58.4	49.8	71.6	75.5	67.8

Source : SVRS, BBS

3. Data Related to MDG 3

Table 1: Enrolment and gender parity index at primary education, 1990-2011

Year	Total	Boys	Girls	Boys (%)	Girls (%)	GPI (Girls/Boys)
1990	11,939,949	6,574,633	5,365,316	55.06	44.94	0.82
1995	17,280,416	9,090,748	8,189,668	52.61	47.39	0.90
2000	17,667,985	9,032,698	8,635,287	51.12	48.88	0.96
2005	16,225,658	8,091,221	8,134,437	49.87	50.13	1.01
2010	16,957,894	8,394,761	8,563,133	49.50	50.50	1.02
2011	18,432,499	9,139,180	9,293,319	49.58	50.42	1.02

Source: BANBEIS, M/O Education and DPE, M/O PME

Table 2: Enrolment and gender parity index at secondary education, 1991-2011

Year	Total	Boys	Girls	Boys (%)	Girls (%)	GPI (Girls/Boys)
1991	2,943,473	1,938,526	1,004,947	66	34	0.52
1995	6,026,334	3,303,787	2,722,547	55	45	0.82
2000	8,678,968	4,221,472	4,457,496	48	52	1.06
2005	8,232,329	4,036,803	4,195,526	49	51	1.04
2010	6,559,022	3,067,666	3,491,356	47	53	1.14
2011	-	-	-	-	-	1.13

Source: BANBEIS, M/O Education.

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Table 3: Enrolment and gender parity index at tertiary education, 2001-2011

Year	Total	Boys	Girls	Boys (%)	Girls (%)	GPI (Girls/Boys)
2001	119,897	90,091	29,806	75.14	24.86	0.33
2002	126,564	93,879	32,685	74.18	25.82	0.35
2003	149,340	115,733	33,607	77.50	22.50	0.29
2004	182,916	140,622	42,294	76.88	23.12	0.30
2005	207,577	157,710	49,867	75.98	24.02	0.32
2006	277,516	210,674	66,842	75.91	24.09	0.32
2007	333,414	253,978	79,436	76.17	23.83	0.31
2008	387,433	293,795	93,638	75.83	24.17	0.32
2010	463,880	332,767	131,113	71.74	28.26	0.39
2011						0.66

Source: BANBEIS, Ministry of education

Table 4: International comparison on gender parity index

Country	GPI at Primary	GPI at Secondary	GPI at Tertiary
Afghanistan	0.69 (2010)	0.51 (2010)	0.24 (2010)
Bangladesh	1.02 (2011)	1.13 (2010)	0.66 (2011)
India	1.00 (2008)	0.92 (2010)	0.73 (2010)
Pakistan	0.82 (2010)	0.76 (2010)	0.83 (2010)
Nepal	0.86 (2002)	0.89 (2006)	0.40 (2004)
Maldives	0.96 (2011)	1.13 (2004)	1.08 (2008)
Sri Lanka	1.00 (2010)	1.01 (2004)	1.92 (2010)
Bhutan	1.01 (2011)	1.04 (2011)	0.68 (2011)
Myanmar	1.00 (2010)	1.06 (2010)	1.38 (2007)
Viet Nam	0.94 (2010)	1.09 (2010)	1.00 (2010)
Cambodia	0.95 (2010)	0.90 (2010)	0.53 (2008)

Source: mdgs.un.org/unsd/mdg/

Table 5: Proportion of female members in the Parliament, 1991-2011

Year	Female members	Total seats	Percentage
1991	(30+12) = 42	330	12.73
1996	(30+13) = 43	330	13.03
2001	(30+11) = 41	330	12.42
2008	(45+19) = 64	345	18.55
2011	(50+19) = 69	350	19.71
2012	(50+20) = 70	350	20.00

Table 6: International comparison on proportion of seats held by women in National Parliament in 2012

	Proportion of seats held by women in National Parliament
Afghanistan	27.7
Bangladesh	19.7
India	11.0
Pakistan	22.5
Nepal	33.2
Maldives	6.5
Sri Lanka	5.8
Bhutan	8.5
Myanmar	3.5
Viet Nam	24.4
Cambodia	20.3

Source: mdgs.un.org/unsd/mdg/

4. Data related to MDG 4

Table 1: U5 MR for 1000 live births following SVRS from 1990 to 2010

Year	National			Rural			Urban		
	Both	Male	Female	Both	Male	Female	Both	Male	Female
1990	151	154	149	158	160	155	100	103	96
1991	146	148	144	154	156	153	96	98	94
1992	144	146	142	152	154	150	93	95	92
1993	139	142	137	150	151	149	90	93	89
1994	134	137	132	145	147	144	87	88	86
1995	125	128	121	150	133	128	83	85	81
1996	117	120	118	125	128	124	73	75	73
1997	115	115	114	120	121	119	69	70	68
1998	110	111	109	115	117	114	65	67	62
1999	87	89	85	92	93	90	62	65	60
2000	84	86	84	90	91	89	55	56	54
2001	82	84	81	89	90	87	52	53	52
2002	76	78	73	80	83	78	55	58	52
2003	78	82	74	81	84	78	55	58	52
2004	74	79	69	77	80	72	60	69	51
2005	68	70	65	71	73	68	56	60	52
2006	62	65	59	64	69	60	53	49	57
2007	60	62	58	62	64	58	54	52	56
2008	54	55	53	56	57	54	50	49	50
2009	50	52	48	52	54	50	47	48	46
2010	47	50	43	48	52	43	44	44	43

Table 2: IMR per 1000 live births following SVRS from 1990 to 2010

	National			Rural			Urban		
	Both	Male	Female	Both	Male	Female	Both	Male	Female
94	98	91	97	101	93	71	73	68	
92	95	90	94	98	95	69	72	65	
88	90	86	91	95	90	65	68	62	
84	86	82	88	90	86	61	62	59	
77	77	76	79	82	79	57	58	56	
71	73	70	78	80	76	53	55	52	
67	68	67	76	78	74	50	52	49	
60	61	59	69	70	68	49	51	48	
57	58	56	66	68	64	47	49	45	
59	61	57	63	64	62	46	47	44	
58	59	57	62	63	62	44	45	43	
56	58	55	60	61	58	43	45	42	
53	54	52	57	58	55	37	38	37	
53	55	51	57	59	55	40	42	37	
52	57	47	55	58	51	41	52	30	
50	52	47	51	54	48	44	45	43	
45	47	43	47	50	43	38	35	41	
43	44	41	43	45	40	42	42	42	
41	42	40	42	43	41	40	39	40	
39	42	37	40	42	37	37	36	38	
36	38	35	37	39	35	35	34	36	

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Table 3: Infant mortality rate (IMR) following Sample Census, BBS

	2011	2004	1991
National	37.3	54	87
Rural	37.9	57	88
Urban	35	41	69

Source: Sample Census, BBS

Table: International comparison on child mortality

Country	U5MR/1000 live births in 2011	IMR/1000 live births in 2011	Immunization against measles in 2010
Afghanistan	101.1	72.7	62
Bangladesh	46	36.7	94
India	61.3	42.2	74
Pakistan	72	59.2	86
Nepal	48	39	86
Maldives	10.7	9.2	97
Sri Lanka	12.2	10.5	99
Bhutan	53.7	42	95
Myanmar	62.4	47.9	88
Viet Nam	21.7	17.3	98
Cambodia	42.5	36.2	93

Source: mdgs.un.org/unsd/mdg/

5. Data related to MDG 5

Table 1: MMR per 100,000 live births from 1990 to 2010

Year	National	Rural	Urban
1990	478	502	425
1991	472	484	402
1992	468	480	398
1993	452	468	391
1994	449	460	385
1995	447	452	380
1996	444	450	375
1997	350	378	308
1998	323	336	285
1999	320	333	263
2000	318	329	261
2001	315	326	258
2002	391	417	273
2003	376	402	270
2004	365	387	253
2005	348	358	275
2006	337	375	196
2007	351	386	219
2008	348	393	242
2009	259	285	179
2010	216	230	178

Source: SVRS, BBS

Table 2: Maternal mortality ratio following Sample Census, BBS

MMR	2011	2004	1991
National	218	340	472
Rural	244	380	484
Urban	105	180	402

Source: Sample Census, BBS

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Table 3: International comparison on MMR and birth attended by skilled health personnel

Country	MMR per 100,000 live births in 2010	Births attended by SHP
Afghanistan	460	34.0 (2010)
Bangladesh	240	26.5 (2010)
India	200	52.7 (2007)
Pakistan	260	38.8 (2006)
Nepal	170	36.0 (2011)
Maldives	60	94.8 (2010)
Sri Lanka	35	98.6 (2006)
Bhutan	180	64.5 (2010)
Myanmar	200	63.9 (2007)
Viet Nam	59	87.7 (2006)
Cambodia	250	71.0 (2010)

Source: mdgs.un.org/unsd/mdg/

Table 4: Vaccination coverage (measles) from 1991 to 2010

Year	Vaccination coverage (measles)
1991	54
1992	53
1993	59
1994	71
1995	67
1997	66
1998	62
1999	61
2000	61
2001	64
2002	65
2003	69
2005	71
2006	78
2007	81
2009	83
2010	84.8

Source: EPI Coverage Evaluation Survey, DGHS, MOHFW

Table 5: Contraceptive prevalence rate (CPR)

Year	National	Rural	Urban
1990	39.70	38.60	46.80
1994	46.30	44.90	53.40
1995	48.70	43.90	57.10
1997	50.90	48.30	56.50
1998	51.50	48.90	56.60
2001	53.90	52.70	59.10
2002	53.40	51.70	60.10
2003	55.10	52.20	60.30
2004	56.00	53.30	60.90
2005	57.80	55.20	60.40
2006	58.30	57.10	60.50
2007	55.00	53.80	57.00
2008	52.60	51.10	55.30
2009	56.10	54.40	58.70
2010	56.70	55.30	60.90

Source: SVRS, BBS

Table 6: Adolescent birth rate (1990 to 2010)

Year	Adolescent birth rate
1990	79
1991	77
1992	75
1993	60
1994	56
1995	55
1996	54
1997	48
1998	47
1999	32
2000	39
2001	44
2002	57
2003	64
2004	59
2005	57
2006	54
2007	59
2008	60
2009	62
2010	59

Source: SVRS, BBS

Table 7: International comparison on contraceptive prevalence rate (CPR), adolescent birth rate (ABR), antenatal care (ANC) and unmet need of family planning (FP)

Country	CPR	ABR	ANC (1 visit)	ANC (4 visits)	Unmet need of FP
Afghanistan	21.8 (2010)	90.0 (2010)	63.4 (2010)	16.1(2010)	...
Bangladesh	61.2 (2011)	118 (2011)	67.7 (2011)	23.8 (2011)	11.7 (2011)
India	54.8 (2008)	38.5 (2009)	75.2 (2008)	51.1 (2008)	20.5 (2008)
Pakistan	27.0 (2008)	16.1 (2007)	60.9 (2007)	28.4 (2007)	25.2 (2007)
Nepal	49.7 (2011)	81.0 (2010)	58.3 (2011)	29.4 (2006)	24.7 (2006)
Maldives	34.7 (2009)	18.5 (2009)	99.1(2009)	85.1 (2009)	28.6 (2009)
Sri Lanka	68.0 (2007)	24.3 (2006)	99.4 (2007)	92.5 (2007)	7.3 (2007)
Bhutan	65.0 (2010)	59 (2009)	97.3 (2010)	77.3 (2010)	11.7 (2010)
Myanmar	41.0 (2007)	17.4 (2007)	79.8 (2007)	73.4 (2007)	19.1 (2001)
Viet Nam	77.8 (2011)	35.0 (2009)	90.8 (2006)	29.3 (2002)	4.3 (2011)
Cambodia	50.5 (2011)	48.0 (2008)	89.1(2010)	59.4 (2010)	23.5 (2011)

Source: mdgs.un.org/unsd/mdg/

6. Data related to MDG 6

Table 1: International comparison on correct knowledge on HIV/AIDS and advanced HIV infection with access to antiretroviral drugs

Country	Correct knowledge on HIV/AIDS	Advanced HIV infection with access to antiretroviral drugs
Afghanistan	-	-
Bangladesh	M-17.9, F-14.6 (09)	33 (10)
India	M-36.1, F-19.9 (2006)	-
Pakistan	F-3.4 (2007)	9(2010)
Nepal	M-43.6, F-27.6 (2006)	18 (2010)
Maldives	F-35.0 (2009)	14 (2010)
Sri Lanka	-	25 (2010)
Bhutan	F-21 (2010)	27 (2010)

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Country	Correct knowledge on HIV/AIDS	Advanced HIV infection with access to antiretroviral drugs
Myanmar	F-31.8 (2010)	24 (2010)
Viet Nam	M-50.3, F-43.6 (2005)	52 (2010)
Cambodia	M-43.7, F-44.4 (2010)	92 (2010)

Source: mdgs.un.org/unsd/mdg/

Table 2: International comparison on notified cases of malaria and malaria deaths

Country	Notified cases of malaria per 100,000 population in 2008	Malaria death rate per 100,000 population in 2008
Afghanistan	2428	0
Bangladesh	1510	3
India	1124	2
Pakistan	881	1
Nepal	103	0
Maldives	-	-
Sri Lanka	21	0
Bhutan	100	0
Myanmar	7943	17
Viet Nam	55	0
Cambodia	1798	4

Source: mdgs.un.org/unsd/mdg/

Table 3: International comparison on TB incidence rate, prevalence rate and death rate in 2010

Country	TB incidence rate per year per 100,000 population	TB prevalence rate per 100,000 population	TB death rate per year per 100,000 population
Afghanistan	189	352	38
Bangladesh	225	411	43
India	185	256	26
Pakistan	231	364	34
Nepal	163	238	21
Maldives	36	13	3.4
Sri Lanka	66	101	9.1
Bhutan	151	181	9.2
Myanmar	384	525	41
Viet Nam	199	334	34
Cambodia	437	660	61

Source: mdgs.un.org/unsd/mdg/

7. Data related to MDG 7

Table 1: International comparison on proportion of land area covered by forest, CO₂ emissions, total, per capita and per \$1 GDP (PPP); consumption of ozone depleting substance (ODS) and proportion of total water resources used

Country	Proportion of land area covered by forest in 2010 (%)	Total CO ₂ emission in 2010	Per capita CO ₂ emission in 2009	Per \$1 GDP (PPP) CO ₂ emission in 2009	Consumption of ODS in 2010	Proportion of total water resources used (%)
Afghanistan	2.1	6315	0.2065	0.5282	24.9	35.6 (2000)
Bangladesh	11.1	51037	0.3417	0.2219	125.5	2.9 (2010)
India	23.0	1979425	1.6389	0.3665	1933.7	39.8 (2010)
Pakistan	2.2	161220	0.9456	0.4901	255.0	74.4 (2010)
Nepal	25.4	3517	0.1195	0.3790	1.2	4.7 (2005)
Maldives	3.3	1027	3.2944	0.0664	4.0	15.7 (2010)
Sri Lanka	28.8	12658	0.6124	0.1674	14.5	24.5 (2005)

ANNEX 3- SOME TABLES AND FIGURES RELATED TO MDG PROGRESS

Country	Proportion of land area covered by forest in 2010 (%)	Total CO2 emission in 2010	Per capita CO2 emission in 2009	Per \$1 GDP (PPP) CO2 emission in 2009	Consumption of ODS in 2010	Proportion of total water resources used (%)
Bhutan	69.1	422	0.5913	0.1185	0.3	0.4 (2010)
Myanmar	48.3	11093	0.2330	0.0011	4.5	2.8 (2000)
Viet Nam	44.5	142258	1.6370	-0.1244	311.7	9.3 (2005)
Cambodia	57.2	4613	0.3300	0.5433	12.8	0.5 (2005)

Source: mdgs.un.org/unsd/mdg/

Table 2: International comparison on proportion of terrestrial and marine areas protected in 2010

Country	Proportion of Terrestrial and Marine Areas Protected
Afghanistan	0.37
Bangladesh	1.59
India	4.82
Pakistan	9.81
Nepal	17.00
Maldives	0.00
Sri Lanka	14.95
Bhutan	28.35
Myanmar	5.22
Viet Nam	4.57
Cambodia	23.35

Source: mdgs.un.org/unsd/mdg/

Table 3: International comparison on proportion of population using an improved drinking water source, sanitation facility and proportion of urban population living in slums

Country	Proportion of population using an improved drinking water source in 2010	Proportion of population using an improved sanitation facility in 2010	Proportion of urban population living in slums
Afghanistan	50	37	-
Bangladesh	81	56	61.6 (2009)
India	92	34	29.4 (2009)
Pakistan	92	48	46.6 (2009)
Nepal	89	31	58.1 (2009)
Maldives	98	97	-
Sri Lanka	91	92	-
Bhutan	96	44	-
Myanmar	83	76	45.6 (2005)
Viet Nam	95	76	35.2 (2009)
Cambodia	64	31	78.9 (2005)

Source: mdgs.un.org/unsd/mdg/

Table 4: International comparison on telephone line, cellular subscribers, internet and debt service as a percentage of exports of goods and services

Country	Telephone lines per 100 population in 2011	Cellular subscribers per 100 population in 2011	Internet users per 100 population in 2011	Debt service as a percentage of exports of goods and services in 2010
Afghanistan	0.04	54.26	5.00	0.40
Bangladesh	1.04	56.48	5.00	4.50
India	2.63	72.00	10.07	1.70
Pakistan	3.24	61.61	9.00	11.60
Nepal	2.77	43.81	9.00	10.40

Country	Telephone lines per 100 population in 2011	Cellular subscribers per 100 population in 2011	Internet users per 100 population in 2011	Debt service as a percentage of exports of goods and services in 2010
Maldives	7.52	165.72	34.00	6.70
Sri Lanka	17.15	87.05	15.00	11.30
Bhutan	3.72	65.58	21.00	-
Myanmar	1.08	2.57	0.98	0.20 (2006)
Viet Nam	16.36	127.00	30.65	1.60
Cambodia	3.70	69.90	3.10	0.80 (2009)

Annex 4

POST 2015 DEVELOPMENT AGENDA: BANGLADESH PROPOSAL TO UN

(Post 2015 Development Agenda prepared by Bangladesh, a Proposal to replace MDGs for which the terminal Year is 2015. UN will have a new Development Agenda for Post 2015 era, for which the UN system is requested for having proposals from the Member Nations to be submitted to UN by June 2013)

1. Backdrop

Since 2000 Millennium Development Goals generally known by their acronym MDGs have served as global framework for development. They indeed guided the efforts of the international community, particularly in the developing countries, to intensify the fight against disabling factors, which stood in the way of realizing and harnessing the full human potential. During these years, progress has been achieved in many of the targets identified under the MDGs, while other areas deserve further attention.

Bangladesh has integrated Millennium Development Goals (the MDGs) within the economic and social targets of its Sixth Five Year Plan (2011-15). General Economics Division (GED), Planning Commission has been monitoring and reporting the MDG status through the 'Millennium Development Goals: Bangladesh Progress Report'. The latest report on MDGs (2012) reveals that Bangladesh has already met some targets of MDGs like reducing poverty gap ratio, attaining gender parity at primary and secondary levels education, increasing immunization coverage, under-five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under five sleeping under insecticide treated bed nets, detection and cure rate of TB under DOTS etc. Bangladesh has been convincingly moving towards achieving most of the goals, while some of the goals can be attained with enhanced efforts.

However, a brief review of the progress of MDGs reveals some interesting weaknesses also. Firstly, MDGs, having been a top down process, followed a sectoral approach where issues were treated in a fragmented manner practically in silos. As a result, MDGs in some cases only addressed the symptoms instead of the root causes of the problem. Second, narrow indicators were used to identify progress toward the target and goals, which overlooked the consequences which may have generated out of the progress. One such area is the fight against poverty. While some progress has been achieved in this area, inequality has grown noticeably dividing most of the societies and in the process raising more questions than answered. Third, lack of focus on human rights and human development also weakened the framework; it prioritized statistical figures more than the issue of human progress. Fourth, the issue of mutual accountability along with the

principle of common but differentiated responsibilities was practically absent from the MDG framework.

In addition, some members of the international community took a lacklustre view of their role in the process and failed to respect their initial commitment under the MDG framework. Perhaps that explains why in the end the struggle for achieving MDGs has been mostly driven and led by the developing nations themselves through their own national means and resources without practically any tangible support from their partners.

As we are approaching the target year for the expiry of the MDGs, some degree of consensus is however emerging to continue the ongoing work for completing the unfinished agenda of MDGs and to articulate a new set of goals in the post 2015 period. Based on the experience of MDGs the emerging expectation is that the new goals should keep the people at the centre of development and build a development framework which is right based, peace centric, inclusive and equitable.

2. Guidance from Rio+ 20 Conference

Against this backdrop, UN Conference on Sustainable Development, popularly known as Rio + 20 Conference, which took place in Brazil in June 2012, rearticulated the three dimensions of sustainable development, namely social, economic and environmental dimensions. The outcome document of Rio+20 entitled, "The future we want for all" also recognized that the development of goals could also be useful for pursuing focused and coherent actions on sustainable development. It also acknowledged the importance and utility of a set of goals for Post 2015 Development Agenda (P2015DA). It recommended that these goals should be coherent with and integrated into the UN development agenda beyond 2015.

The conference also underscored that the Post 2015 Development Agenda should be action oriented, concise and easy to communicate, limited in number, aspirational, global in nature and universally acceptable to all countries, while taking into account different national realities, capacities and levels of development and respecting national policies and priorities.

3. United Nations in action

Based on this guidance, the United Nations has embarked on a process of conducting series of global consultations in 2012 with a view to identifying new global priorities and ensuring that all stakeholders are included in this process of consultation to make the process inclusive and transparent. Accordingly, the UN Secretary General set up a High Level Panel (HLP) to coordinate the process and to provide its own recommendations on P2015DA. At the same time, UN member states, UN system and other stakeholders, including the civil society and global networks have been requested to send their ideas, inputs and recommendations to the UN by June 2013. The UN General Assembly will discuss this matter in September 2013.

4. Wide Consultations held

In Bangladesh, several set of actors have become involved in the process of consultation, including the government. The first round of consultation took place in Dhaka on 10 November 2012 organized by PKSF and the UN System in Bangladesh. PKSF/ UN System initiated outcome document was shared in a ministerial level briefing session held on 21

January 2013 at the Planning Commission with the participation of concerned ministers, senior officials of ministries, agencies and development partners. As per the decision of this Ministerial briefing session, the General Economics Division (GED), Planning Commission was vested responsibility to prepare the framework along with Goals and Targets of Post 2015 Development Agenda supported by several indicators. The Core Committee chaired by Member, GED Planning Commission initiated rounds of consultation among the multiple stakeholders.

The sub-national level consultations were conducted throughout the country. Senior officials from the GED, Government representatives at that level, members of civil society and media representatives, among others, attended those consultations and came up with useful recommendations. Then the Core Committee for Preparation of the Draft organized a preliminary outline identifying set of goals, targets and indicators and the final outcome has been prepared by the GED, Planning Commission.

The UN system in Dhaka under the leadership of UNDP has assisted the government in this process. Various representatives and experts from the UN system provided useful insights and inputs for inclusion in the draft. Inputs and suggestions received from different ministries have been suitably integrated into the draft. The draft was reviewed by an inter-Ministerial High Level Official meeting held on 5 May 2013. The revised draft was again reviewed by the Core Committee and a group of experts from the specialized organizations of the UN stationed in Dhaka. The draft was shared with the Development Partners on 19 May 2013 and they offered a good number of suggestions. The final consultation, which was held nationally at the Rupashi Bangla on 2 June 2013 inaugurated by the Hon'ble Prime Minister, attended by the Honourable Planning, Finance and the Foreign Ministers, Advisors, Secretaries and Civil Society representatives among others, reviewed and scrutinized the proposed goals and targets in light of the national priorities of Bangladesh and keeping the larger global perspective in mind. The national document of Bangladesh contains 11 goals, 58 targets and 241 indicators.

5. Organizing principles

A few organizing principles have been kept in mind during the preparation of the draft on Post 2015 Development Agenda. First, *goals have been kept limited in number*, so that they could be measured against targets and indicators. Second, goals and targets have been articulated in such a way so that they could act as a *bridge* between the unfinished agenda of MDGs and the potential Sustainable Development Goals (SDGs) as suggested in Rio+20 conference. Third, the proposed framework would be based on the principles of inclusiveness, sustainability, equity, rule of law, human rights, governance, justice, opportunity and participation of all stakeholders. Fourth, *P2015DA have been proposed to address the new challenges*, which may define the world during the next 15 years. Fifth, the issues of *accountability and transparency*, both domestically and globally, have also been incorporated. Sixth, our national priorities as articulated in various vision documents, including Vision 2021, Sixth Five Year Plan, and Perspective Plan, Progress Report on MDGs have been taken as guide for identifying goals and targets. Then they have been aligned with the global aspirations and priorities particularly of LDCs, LLDCs and SIDS as much they are appropriate. Simple and measurable indicators corresponding to each target of the goals have been suggested to help periodic monitoring of progresses attained by targets of the goals set.

6. Bangladesh prioritizes Goals with Global Perspectives: Rationale for Post 2015 Development Agenda (P2015DA)

Bangladesh has been able to substantially reduce poverty and on way to meeting the goal on halving the poverty by half by the year 2015. However, a few related issues have clouded this prospect, which demand urgent attention. They include: growing income disparity, which alienates a large segment of population, including women, minorities, ethnic groups and disadvantaged segments of population, persistent under nourishment of mother and children is having inter generational negative consequences and the non availability of safe and pure food has emerged as a new challenge to achieving sustainable economic progress.

Nonetheless, Bangladesh has performed very well with regard to achieving gender parity at primary level in schools, notwithstanding the fact that the dropout rate remains high, the learning outcome is yet modest and transition rate to secondary level has remained below expectation. Skills acquired through education also remain weak and well below the market demand. At one level, Bangladesh has made commendable progress in women empowerment, but at another level more work needs to be done to achieve equality in capacity for appropriately utilizing the unfolding economic and social opportunities.

Significant progress has also been achieved in the health sector, although we are still long way off to ensure the basic health rights for all our citizens. In this context, more public investment and outreach of services call for immediate attention as they constitute the basic ingredients of human capital formation in any country.

Our experience has also shown that governance plays a key role, both in domestic and global levels, in successfully implementing the development goals. Respect for human, social, economic and political rights are prerequisites for creating a level playing field for different segments of people so that they could harness their full human potential. One of the lacunas noted in the MDGs was the lack of any governance issues or institutions to back up the process of development toward sustainability.

Likewise, environmental issues deserve much more attention as we move forward. Being a climatically vulnerable nation itself, Bangladesh has been at the forefront in mobilizing the national strength and resources as well as garnering support from the international community for encouraging the stakeholders to perform their responsibilities in light of the principle of common but differentiated responsibilities. While Bangladesh shares the view that the mobilization of internal resources plays an important role in addressing the emerging challenges, it strongly believes that building a solid partnership through galvanizing support from the developed countries holds the key to the successful implementation of any Post 2015 Development Agenda.

It is agreed that post 2015 Development Agenda has to be a transformative agenda, which would essentially be people centred, peace centric and right based, inclusive, participatory and accountable in nature, planet caring, and generate a shared and sustainable prosperity for all. While identifying the Post 2015 Development Agenda, it was thought prudent to keep the achievements of Bangladesh in the forefront. It is possible that these experiences could not only make a compelling case of demonstrable success, but also present a model to be replicated around the world as a part of Post 2015 Sustainable Development Agenda.

7. Post 2015 Era Goals and Targets

The draft has been organized under broad 11 Goals. The first goal entitled '*Unleash human potentials for sustainable development*' focuses on the people as the central element in the development process, and touches on harnessing the potential of all segments of population. Targets practically cover the interests of all segments of population. Under the goals entitled '*Eradicate poverty and reduce inequality*' ambitious targets have been proposed to completely eliminate extreme poverty by 2030 and accelerate pro-poor growth for reducing inequality. On the goal entitled '*Ensure sustainable food security and nutrition for all*' special attention has been given to develop targets for ensuring nutrition of pregnant women, ensuring safe food, diversify food supply and promote dietary diversity. Under the goal entitled '*Universal access to health and family planning services*', targets include ensuring basic health services and reproductive health rights along with efforts to control and if possible eliminate non-communicable diseases and climate induced diseases and development disorders. Under the goal of '*Achieve gender equality*' elimination of violence against girls and women, child labour and ensuring role of women in decision making process have been included as targets.

On '*Ensure quality education and skills for all*', in addition to attaching importance to achieving 100% enrolment target in primary education, mainstreaming of TVET, skills training has been suggested along with lifelong education to make the young population ready for the increasingly competitive complex job market.

The goal on '*Increase employment opportunities and ensure worker rights*' talks about creating opportunities for decent employment, including in the informal sector, legal framework on worker rights, equal wages for men and women, and migration as a part of development dynamics.

On the goal relating to '*Ensure good governance*', issues ranging from global governance to local governance have been included as targets along with strengthening the accountability and transparency institutions, empowering people through effective implementation of right to information (RTI) regimes and removing barriers to market access.

On '*Promote sustainable production and consumption*' goal, sustainable use of resources for production and consumption pattern has been proposed along with measures to ensure further efficiency

On the goal entitled '*Ensure environmental sustainability and disaster management*' suggestion has been made to integrate DRR and climate change adaptation into the core component of sustainable development, and increase the resilience of communities, and encouraging regional and global cooperation for disaster forecasting and managing post disaster situation. On the environment side, a comprehensive perspective linked to use of land, water, agriculture, forest, urbanization and energy has been suggested.

For '*Strengthen international cooperation and partnership for Sustainable Development*', issues of resources sharing, fulfilling of ODA commitment and creating new opportunities for promoting collaboration among government, trade facilitation, participation of private sector, civil society and philanthropic entities has been included as targets.

8. Political Commitment

The Core Committee and the GED gratefully acknowledge the guidance and blessings received from the Hon'ble Prime Minister to the efforts on the proposed Post 2015 Development Agenda. Her guidance and specific inputs received from national consultations on the goals and targets greatly helped to give a final shape to this national document. The GED formally forwarded it to the Foreign Ministry to forward it to United Nations through the formal diplomatic channel for their consideration.

9. Post 2015 Development Agenda: Bangladesh National Proposal

Goal 1: Unleash human potentials for sustainable development

Targets	Indicators
1.1 Ensure rights of all children and strengthen protection of children from all sorts of abuses (politically, economically, socially)	<ul style="list-style-type: none"> ● Proportion of children whose rights are fulfilled in line with the convention on rights of children (CRC) ● Proportion of periodic CRC concluding observations that are settled ● Share of national budget allocated/utilized to address child deprivations
1.2 Ensure productive opportunities for youth	<ul style="list-style-type: none"> ● Percentage of skilled youth employed (gender disaggregated) ● Proportion of 'out of school' youth with employable skills (gender disaggregated) ● Proportion of youth entrepreneurs having access to financial resources
1.3 Ensure women's full participation in development	<ul style="list-style-type: none"> ● Number of national legal instruments compliant with CEDAW ● Proportion of female students completing primary, secondary and tertiary education
1.4 Create opportunities for people with special needs	<ul style="list-style-type: none"> ● Proportion of public and private institutions including transport compliant with requirement of people with special needs ● Percentage of people with special needs employed in public and private sectors ● Ratio of specialized institutions for people with special needs including autism
1.5 Ensure decent, dignified and healthy living conditions for older people	<ul style="list-style-type: none"> ● Percentage of elderly people covered by universal and non contributory pensions valued at national poverty line ● Percentage of elderly people receiving free healthcare services ● Percentage of elderly people having access to concessional public services and facilities
1.6 Advance rights of small ethnic and disadvantaged groups	<ul style="list-style-type: none"> ● Percentage of ethnic and disadvantaged groups completing education at all levels ● Percentage of ethnic groups having option of completing primary education in mother tongue ● Percentage of job for ethnic and disadvantaged groups people in formal sector ● Proportion of representation of ethnic and disadvantaged groups in elected and appointed bodies

Goal 2: Eradicate poverty and reduce inequality

Targets	Indicators
2.1 Eliminate extreme poverty by 2030	<ul style="list-style-type: none"> ● Proportion of population under national extreme poverty line
2.2 Reduce national head count poverty between 2015 and 2030 by two thirds	<ul style="list-style-type: none"> ● Proportion of population under national poverty line (urban and rural) ● Percentage of poverty by using multidimensional poverty index (MPI) ● Reduce severity index (Squared Poverty Gap ratio)
2.3 Ensure equitable growth	<ul style="list-style-type: none"> ● Degree of inequality, urban and rural (Gini/Thiel) ● Share of people at bottom 40% in national consumption ● Share of people at bottom 40% in employment and asset ownership (%) ● Percentage of poor and vulnerable people under social protection measures ● Percentage of nutritionally vulnerable poor covered by food and cash based safety nets ● Growth elasticity of poverty reduction

Goal 3: Ensure sustainable food security and nutrition for all

Targets	Indicators
3.1. Halve the number of undernourished children under 5 years old	<ul style="list-style-type: none"> ● Percentage of exclusive breastfeeding for the first 6 months of life ● Proportion of children under 5 years old with low height-for-age. (stunting) ● Proportion of children under 5 years old with low weight-for-height. (wasting) ● Proportion of children aged 6-23 months receiving a minimum acceptable diet ● Percentage of people washing their hands with soap before feeding children
3.2. Improve nutritional status of pregnant women, lactating mothers and their newborns	<ul style="list-style-type: none"> ● Proportion of childbearing girls in adolescent age ● Proportion of undernourished pregnant and lactating mothers ● Coverage of iron-folic acid supplements for pregnant women (%) ● Incidence of low birth weight (per 1,000)
3.3 End hunger and promote the right of every one to have access to sufficient, affordable and diversified nutritious food	<ul style="list-style-type: none"> ● Proportion of people (by sex and age) consuming less than 2,122 kcal per day ● Proportion of people (by sex and age) consuming less than 1,805 kcal per day ● Proportion of people obtaining more than 60% of daily dietary energy intake from cereal in the rural and urban populations ● Proportion of people consuming more than 400 grams of vegetable and fruits per day (by sex) ● Proportion of people consuming more than 56 grams of protein per day (by sex) ● Proportion of households taking more than 6 out of 12 food groups per day (Household Dietary Diversity Score) ● Proportion of women aged 14-49 years taking more than 5 out of 9 food groups per day (Women's Dietary Diversity Score) ● Share of non-cereal food value added in agricultural GDP

Targets	Indicators
3.4 Ensure sustainable supply of safe food	<ul style="list-style-type: none"> ● Percentage of food sample tested and found unsafe in the laboratory ● Number of food items certified by CODEX standards ● Proportion of safe and nutritious food in the market ● Number of ISO certified and internationally recognized laboratories for ensuring safe food

Goal 4: Universal access to health and family planning services

Targets	Indicators
4.1 Ensure basic health services for all	<ul style="list-style-type: none"> ● Percentage of GDP allocated to health services ● Doctor, nurse and paramedics-population ratio (rural and urban) ● Out of pocket expenditure on health services (rural and urban)
4.2 Reduce maternal, infant and child mortality with equity	<ul style="list-style-type: none"> ● Proportion of institutional delivery (rural and, urban by wealth quintile) ● Infant mortality rate (per 1000 live birth) (rural and, urban by gender and wealth quintile) ● Under five child mortality rate (per 1000 live birth) (rural and, urban by gender and wealth quintile) ● Neonatal mortality (rural and, urban by gender and wealth quintile) ● Maternal mortality ratio (per 1,00,000 live birth) (rural and, urban by gender and wealth quintile)
4.3 Ensure reproductive health rights	<ul style="list-style-type: none"> ● Percentage of births attended by skilled health personnel ● Percentage of use of contraceptive ● Percentage of unmet need for family planning ● Total Fertility Rate (TFR) ● Percentage of one-time antenatal care (ANC) ● Percentage of four-time ANC ● Percentage of PNC ● Number of birth per 1000 adolescent girls
4.4 Control and management of non communicable diseases (NCDs)	<ul style="list-style-type: none"> ● Mortality of non-communicable diseases (by gender, area, wealth quintile disaggregated) ● Proportion of hospitals equipped with facilities to manage the NCDs ● Percentage of prevalence rate of diabetes, hypertension and tobacco use
4.5 Eradicate HIV/AIDS, control Malaria, TB with Special Attention to Multi-drug Resistant TB (MDR-TB)	<ul style="list-style-type: none"> ● HIV prevalence among population aged 15-24 years ● Condom use at last high-risk sex ● Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS ● Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years ● Proportion of population with advanced HIV infection with access to antiretroviral drugs ● Incidence and death rates associated with malaria ● Proportion of children under 5 sleeping under insecticide-treated bed nets ● Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs ● Incidence, prevalence and death rates associated with tuberculosis ● Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Targets	Indicators
4.6 Ensure supply of safe drinking water and sanitation with equity	<ul style="list-style-type: none"> ● Percentage of population with access to safe drinking water ● Percentage of population with access to sanitation facilities ● Percentage of reduction of water borne diseases by type

Goal 5: Achieve gender equality

Targets	Indicators
5.1. Eliminate violence against girls and women	<ul style="list-style-type: none"> ● Proportion of girls and women that experienced any form of violence (physical, sexual or psychological) in the last 12 months ● Percentage of people (by sex and age) who think it is never justified for a man to be unruly to his wife ● Proportion of women over 15 years of age subject to sexual and physical assault in the last 12-months reported into the justice system ● Percentage of cases filed that resulted in conviction.
5.2. Ensure equal opportunity and benefit for women in the economy	<ul style="list-style-type: none"> ● Labour force participation rate of women compared to men ● Proportion of women in formal and informal employment with equal entitlements and pay ● Average number of hours per week on unpaid domestic work (by sex) ● Percentage of lowest income earning group that are women ● Percentage of women/men receiving credit from financial institutions
5.3. Ensure role of women in decision making process	<ul style="list-style-type: none"> ● Percentage of women who have a say in household decision (over purchases/ contraception/ spacing of pregnancy) ● Percentage of managers who are women in public/private/NGOs/CSOs owned organizations
5.4. Eliminate child marriage	<ul style="list-style-type: none"> ● Percentage of women aged 20-24 who were married before age 18 ● Average/median age of marriage

Goal 6: Ensure quality education and skills for all

Targets	Indicators
6.1 Ensure quality basic education for all	<ul style="list-style-type: none"> ● Proportion of children completing pre-primary education by age cohort ● Proportion of children completing education up to grade VIII ● Percentage of dropout by level ● Teacher-student ratio by level ● Percentage of female teachers at primary level ● Percentage of literate adults with livelihood and life skills ● Percentage of teachers trained

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6.2 Mainstream Technical & Vocational Education and Training (TVET) and skills education in post primary curriculum	<ul style="list-style-type: none"> ● Percentage of education budget for TVET ● Percentage of students in TVET system ● Percentage of 15+ dropout children completing vocational and skills training regardless of level of education ● Availability of integrated TVET in post primary level ● Percentage of industries linked with TVET and skills development institutions ● Percentage of 'out of school children' join skills equivalence programme and obtain certificate
6.3 Ensure quality secondary and higher education	<ul style="list-style-type: none"> ● Percentage of students qualified in light of programme for international student assessment (PISA) ● Percentage of science graduates at secondary and tertiary levels ● Percentage of teachers trained ● Percentage of dropout ● Percentage of the higher education establishing with accreditation council ● Percentage of budget allocation for higher education.
6.4 Promote quality research (for knowledge creation/innovation)	<ul style="list-style-type: none"> ● Proportion of budget assigned to research and innovation ● Number of research findings/innovations patented ● Proportion of investment in research and development (R&D) by the private sector

Goal 7: Increase employment opportunities and ensure worker rights

Targets	Indicators
7.1 Ensure decent and productive employment for all	<ul style="list-style-type: none"> ● Percentage of formal and informal employment as a share of total employment by sex and type ● Percentage of young people having employable skills ● Percentage of disadvantaged people having access to decent and productive employment
7.2 Reduce vulnerability of the workers and ensure their rights and safety	<ul style="list-style-type: none"> ● Percentage of labour force below poverty line covered by social protection (by sex) ● Percentage of labour force below poverty line covered by health insurance (by sex) ● Percentage of business enterprises having mechanism for report of harassments ● Percentage of business enterprises compliant with labour laws and other regulatory requirements. ● Percentage of incidence of occupational injury among industrial workers ● Deaths from workplace hazards per 100,000 workers
7.3 Strengthen migration governance and ensure rights of migrant workers	<ul style="list-style-type: none"> ● Percentage of migrant workers receiving pre-migration/pre-departure training (by sex) ● Percentage of remittance to GDP ● Percentage of skilled/semi-skilled/non-skilled labour force migrated ● Percentage of migrant worker received financial support from the banking sector ● Number of cases/complaints of harassment reported in the foreign missions from migrant workers (by sex) ● Percentage of reported migrants' problem solved by the host country ● Percentage of migrant workers having access to legal services

Targets	Indicators
7.4. Reduce child labour and eliminate worst form of child labour	<ul style="list-style-type: none"> ● Number of children removed from child labour ● Percentage of vulnerable children covered by social protection

Goal 8: Ensure good governance

Targets	Indicators
8.1 Strengthen democratic governance by ensuring effective and inclusive participation	<ul style="list-style-type: none"> ● Number of ministry oversight hearings held by the parliamentary committees ● Number of stakeholder consultation meetings held by ministries/local governments ● Proportionate participation of marginalised and excluded groups including women in all legislative bodies ● Percentage of revenue budget allocation directly benefiting the poor and disadvantaged groups such as women, ethnic minorities, disabled
8.2 Improve transparency and Strengthen accountability and integrity of state and non-state institutions	<ul style="list-style-type: none"> ● Number of prosecutions by the anti-corruption commission ● Percentage of public institutions using e-procurement ● Percentage of queries attended to by the government institutions under right to information act ● Percentage of cases settled by the public accounts committee of the parliament ● Percentage of recommendations of the public accounts committee implemented by the ministries and agencies ● Percentage of organizations with performance based auditing system
8.3 Ensure rule of law, access to justice and protection of human rights	<ul style="list-style-type: none"> ● Percentage of cases settled in the formal judicial process ● Percentage of universal periodic report (UPR) recommendations implemented ● Average length of settlement time for civil and criminal cases ● Percentage of access and usage of legal aid services by the poor and disadvantaged group compared to total litigants ● Percentage of cases settled per year under alternative dispute resolution (ADR) compare to total cases
8.4 Enhance the financial and administrative power of local government institutions	<ul style="list-style-type: none"> ● Percentage of total national expenditure disbursed to local government institutions ● Percentage of total national revenue raised by local government institutions
8.5 Strengthen corporate governance in the private sector	<ul style="list-style-type: none"> ● Percentage of revenue spent on corporate social responsibility ● Percentage of corporate tax as share of total tax collection ● Percentage of business houses adopting code of business ethics and integrity

Targets	Indicators
8.6 Promote equitable access to services	<ul style="list-style-type: none"> ● Percentage of people having access to formal credit and financial services ● Percentage of public institutions using e-governance for service delivery ● Percentage of availability of online information from the public institutions ● Percentage of people having access to internet ● Percentage of people having access to universal services

Goal 9: Promote sustainable production and consumption

Targets	Indicators
9.1 Ensure sustainability in production, consumption and use of resources	<ul style="list-style-type: none"> ● Percentage of reduction of per capita carbon/ecological footprint ● Percentage of reduction in wastage of consumable items ● Per capita piped water usage ● Percentage of use of energy efficient home appliances and intelligent machines
9.2 Increase use of energy efficient transport and infrastructural facilities	<ul style="list-style-type: none"> ● Percentage of use of railway as mode of transport (by passenger and freight) ● Percentage of use of waterways as mode of transport (by passenger and freight) ● Percentage of use of environment-friendly mode of road transport ● Ratio of investment to GDP on energy efficient infrastructures
9.3 Ensure environment-friendly development of production system	<ul style="list-style-type: none"> ● Percentage of industries, practices and services institutions using environment-friendly systems ● Proportion of households (houses) using eco-friendly systems
9.4 Encourage 3R (reduce, reuse and recycle) approach for use of products and resources	<ul style="list-style-type: none"> ● Percentage of industrial waste reduce, reuse and recycled (by sector) ● Percentage of domestic waste reduce, reuse, recycled

Goal 10: Ensure environmental sustainability and disaster management

Targets	Indicators
13:32:5810.1 Ensure climate change adaptation and mitigation	<ul style="list-style-type: none"> ● Percentage of GNI of developed countries dedicated to global climate change financing ● GHG emission (per capita and per \$1 GDP (PPP)) ● Consumption of ozone-depleting CFCs (in metric tonnes per capita) ● Number of project/programmes aligned with national adaptation and mitigation plans, policies and strategies implemented ● Number of stress tolerant technological packages released ● Number of adaptation and mitigation technologies innovated, transferred and implemented

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Targets	Indicators
10.2 Integrate disaster risk reduction (DRR) and climate change adaptation (CCA) management with national policies	<ul style="list-style-type: none"> ● Proportion of disaster related economic loss as percentage of GDP ● Percentage of national budget/resources committed to DRR and CCA across sectors ● Percentage of local government having DRR and CCA plans
10.3 Reduce the vulnerability and exposure of the communities to disasters	<ul style="list-style-type: none"> ● Percentage of reduction in natural and human induced disaster mortality ● Percentage of disaster prone households by livelihood ● Percentage of earthquake resilient buildings and infrastructures ● Percentage of area covered by community based disaster risk management ● Number of hazards covered by early warning system ● Percentage of area covered by early warning system ● Warning lead-time compared to baseline ● Percentage of disaster resilient polders/embankments in the vulnerable areas
10.4 Ensure safe disposal and management of hazardous waste	<ul style="list-style-type: none"> ● Percentage of solid waste managed ● Percentage of sewerage and liquid waste managed ● Percentage of hazardous waste including radio-active waste, e-waste and medical waste management
10.5 Improve water, sound, air quality	<ul style="list-style-type: none"> ● Status of water, sound, air quality as per national standards (by area)
10.6 Sustainable agriculture for food security	<ul style="list-style-type: none"> ● Percentage of budgetary allocation in agricultural researches ● Yield of cereals ● Per capita production of cereal, meat and fish ● Percentage of biomass in agricultural lands ● Percentage of sustainable land management practices
10.7 Sustainable forests and conservation of biodiversity	<ul style="list-style-type: none"> ● Proportion of land area covered by forest, % (tree coverage) ● Percentage of non-timber products from forest ● Percentage of protected area compared to total land ● Percentage of wetland and natural sanctuaries maintained ● Proportion of fish stocks within safe biological limits ● Percentage of reduction of invasive alien species ● Trends in abundance and distribution of selected species ● Rate of deforestation ● Proportion of species threatened with extinction ● Proportion of terrestrial and marine areas protected
10.8 Sustainable energy for all	<ul style="list-style-type: none"> ● Percentage of households having access to electricity (rural/urban) ● Per capita consumption of electricity ● Share of renewable energy to the total energy consumption ● Energy efficiency attained
10.9 Sustainable urbanization	<ul style="list-style-type: none"> ● Percentage of cities/towns having approved urban plan ● Percentage of cities/towns having approved urban plan implemented

Targets	Indicators
	<ul style="list-style-type: none"> ● Percentage of urban population having access to health service centres ● Percentage of urban population having access to utility services ● Percentage of open area in major cities ● Percentage of informal urban settlement reduced
10.10 Ensure reduction of ozone depleting substances	<ul style="list-style-type: none"> ● Consumption of ozone-depleting substance in ozone depleting potentials (ODP) tonnes.

Goal 11: Strengthen international cooperation and partnership for sustainable development

Targets	Indicators
11.1 Promote open, rule based, predictable, accountable, non-discriminatory trade system	<ul style="list-style-type: none"> ● Removal of all tariff, para-tariff and non-tariff barriers to facilitate more global trade in goods and services ● Allow duty and quota free access for all products from all LDCs to the markets of developed and developing countries ● Continuation of intellectual property rights concessions to LDCs ● Percentage of trade to GDP
11.2 Ensure equitable representation of developing countries in global financial and development system	<ul style="list-style-type: none"> ● Share of representation of LDCs and developing countries in international financial institutions and development bodies
11.3 Ensure management and equitable sharing of common resources including water and energy	<ul style="list-style-type: none"> ● Number of joint management bodies, institutions and norms to manage common resources ● Number of common or joint projects/ programmes for utilization of water, energy and other shared resources ● Number of bilateral and multilateral legal instruments concluded ● Number of collaborative arrangements established based on ecological regime
11.4 Enhance global collaboration for mobilization of resources	<ul style="list-style-type: none"> ● Percentage of ODA received by the developing countries from OECD/DAC countries ● Percentage of ODA received by the LDCs from OECD/DAC countries ● Share of FDI to GDP
11.5 Strengthen regional economic socio-cultural and financial cooperation	<ul style="list-style-type: none"> ● Percentage of intra regional trade to GDP ● Percentage of intra regional trade compared to global trade by the region ● Agreements on North-South, South-South and Triangular regional cooperation on sustainable development ● Number of treaties signed for integrated transport network for intra and inter-regional cooperation for trade facilitation ● Percentage of infrastructural investment increased
11.6 Encourage global partnership among philanthropic, corporate entities and civil society organizations	<ul style="list-style-type: none"> ● Share of contributions of international philanthropic and corporate entities to GDP ● No. of projects/programmes undertaken under philanthropic, corporate and civil society arrangement

Targets	Indicators
11.7 Strengthen partnership in addressing challenges to the humanity including human and drug trafficking, money laundering, prevention and action against extremism and terrorism	<ul style="list-style-type: none"> ● Number of bilateral and multilateral agreement signed/settled to share information and cooperation to combat criminal and terrorist activities ● Number of cases detected, prevented and prosecuted on human trafficking (sex, age, ethnicity disaggregated) ● Number of cases detected, prevented and prosecuted on drug, narcotics and cultural artefacts, trafficking and money laundering ● UN index on money laundering

*Develop appropriate implementation and monitoring mechanism to verify international financing: Appropriate use of resources through Measurement Review and Verification (MRV) method.

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