Millennium Development Goals

BANGLADESH

PROGRESS REPORT 2013

MILLENNIUM DEVELOPMENT GOALS

Bangladesh Country Report 2013

General Economics Division (GED)
Bangladesh Planning Commission
Government of the People's Republic of Bangladesh
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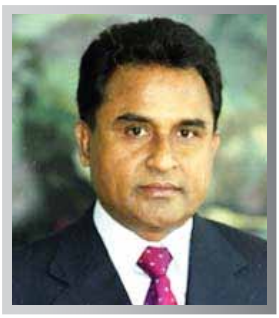
WE CAN END POVERTY 2015 MILLENNIUM DEVELOPMENT GOALS

MESSAGE



A H M Mustafa Kamal, FCA, MP
Minister
Ministry of Planning
Government of the People's Republic of Bangladesh

I am delighted to learn that the General Economics Division (GED) of Bangladesh Planning Commission has prepared and ready to publish the *'Millennium Development Goals: Bangladesh Progress Report 2013'.* I am also pleased to know that this is the seventh edition of the progress report that has been prepared based on inputs from relevant Ministries/Divisions and related stakeholders. I hope the report will be helpful to track record of Bangladesh's commendable achievements and status in respect of MDGs attainment.

The Government of Bangladesh's commitment for attaining UN sponsored MDG objectives is manifested in her ongoing Sixth Five Year Plan (2011-2015) that has integrated the Millennium Development Goals within the broader agenda of the economic and social development. The Mid Term Implementation Review of the Sixth Plan reveals that Bangladesh is on-track in achieving many of the targets set to be implemented by 2015. Our success is also acclaimed globally when 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 to accelerate progress of the health of women and children. The Human Development Report-2013 of the UNDP titled "The Rise of the South" has placed Bangladesh among the 18 countries of the world that have made substantial progress in achieving MDGs. In addition, in June 2013, Bangladesh received the 'Diploma Award' from Food and Agriculture Organization (FAO) for achieving the MDG-1 target of halving the poverty well ahead of the deadline set by the world community. Besides the 'Diploma Award', Bangladesh was honoured with the 'special recognition' for their outstanding progress in fighting hunger and poverty.

The seventh publication of Bangladesh MDGs Progress 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 Headcount Ratio and 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 many of the targets, while some of the targets can be attained with enhanced efforts. However, achievement of some targets may need more time and resources. Therefore, this issue must be taken into cognizance while setting the post MDG development agenda for the developing countries.

I take the opportunity to thank the GED officials for their efforts in preparing 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. I thank the UNDP for providing necessary support in finalizing the report through the "Support to Sustainable and Inclusive Planning" Project being implemented by GED of the Planning Commission.

(A H M Mustafa Kamal)

MESSAGE

M. A. Mannan, MP
State Minister
Ministry of Planning and Ministry of Finance
Government of the People's Republic of Bangladesh

I am really very happy to learn that the General Economics Division (GED) of Bangladesh Planning Commission has prepared the *'Millennium Development Goals: Bangladesh Progress Report 2013'* as part of their regular publication of tracking the achievement of MDGs in Bangladesh.

It is well recognized by all including our development partners that Bangladesh for the last couple of decades has been continuously investing a handsome amount of public resources for uplifting socio-economic status of the people of this country. The result is evident in the recently published Human Development Report of UNDP where Bangladesh out performed many developing nations in social sector indicators.

It is heartening to mention that following the UN Millennium Declaration, Bangladesh embedded achievement of the goals in its developmental agenda reflected through either in the Poverty Reduction Strategy Papers or ongoing Sixth Five Year Plan. Since the terminal year of MDGs and SFYP coincides, implementing one, ultimately paves the way for implementing the other, as both are strategically well tuned to be implemented by concerned Ministries/Divisions or Agencies of the Government.

The achievements of MDGs in our country's perspective are not unmixed as some targets are already met, some are on-track to be achieved by the stipulated time period and some targets need additional time, resources and technological know-how to be attained. However, it can be rightly said that the experience of implementation of MDGs in our country and the lessons learnt will be helpful in the implementation of new goals and targets to be set for the post 2015 development regimes.

Lastly, I would like to thank the GED officials for their efforts in preparing the report which, I am sure, will be beneficial for all the stakeholders dealing with the MDGs.

(M. A. Mannan)

MESSAGE

Prof. Shamsul Alam, Ph.D
Member
General Economics Division
Planning Commission

'Millennium Development Goals: Bangladesh Progress Report 2013' is the seventh 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 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 and having adaptive technologies for improving agricultural productivity. 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. It is well known that resource constraint is one of the major impediments to achieving the MDGs. The GED publication of "MDG Financing Strategy for Bangladesh" estimated that US$ 78.2 billion is required for attaining all the MDGs in Bangladesh during 2011-15. Two scenarios, baseline and high growth, were considered, in the study. According to the study, MDG resource gaps as percent of baseline GDP is on average 1.5 percent, and 0.7 percent under high growth scenario. Bangladesh needs foreign assistance of US$ 5.0 and US$ 3.0 billion per year under the baseline and high growth scenarios respectively. However, the present MDG Progress Report 2013 reveals that from 1990 to 2013, Bangladesh, on an average, got US$ 1,677 million ODA per year, which has been far short of the required US$ 3.0 billion per year assuming attaining high growth regimes. Hence the estimated resource requirement for attaining all the MDGs in Bangladesh indicates that the development partners should

generously support Bangladesh's endeavour for achieving the targets set under MDGs. The encouraging factor is that the MDGs sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development was an increasing trend in getting net ODA and it constituted around 48.24 percent of the total ODA outlay in 2012-13.

Let me take this opportunity to flag on some problems in evaluating MDG performance in our country. Data unavailability and shortage of updated information for some indicators hinder to produce latest report on the status of MDGs attainment. Moreover, some targets have no benchmark data to compare with and some indicators don't have end targets to achieve. Some indicators are not measurable either. Some indicators of goal 8 are not well defined. To overcome the issue, the National Statistical Organization has to be strengthened; side by side the targets and indicators should have to be specific, measurable, available/achievable in a cost effective way, relevant for the programme, and available in a timely manner (SMART) indicators.

Finally, 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 Mr. A H M Mustafa Kamal, FCA, MP, and Hon'ble State Minister for Ministry of Planning and Ministry of Finance Mr. M. A. Mannan for their intimate support and inspiration in bringing out this Progress Report on MDGs within a short time.

(Prof. Shamsul Alam, Ph.D)

Acknowledgements

'The Millennium Development Goals: Bangladesh Progress Report 2013 is the seventh Bangladesh MDGs Progress Report prepared by the General Economics Division (GED), Planning Commission following publication of previous status reports in 2005, 2007, 2008, 2009, 2011 and 2012.

All relevant Ministries/Divisions/Agencies associated with the implementation of millennium development goals and targets provided information and data on the latest status of the implementation of the MDGs. The inputs were then compiled and data 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 and validation. The Member, GED thoroughly edited the draft and suggested revisions/modifications that helped to enrich the quality of the report. Based on their feedbacks and comments of all stakeholders, the report has been recast and finalized.

The Bangladesh Bureau of Statistics, Statistics and Informatics 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 and secondary education while the Ministry of Health and Family Welfare furnished information relating to child health, maternal heath and communicable diseases. The Ministry of Environment and Forests gave necessary information on sustainable environment. Data provided by the Economic Relations Division and the Ministry of Post and Telecommunication were used to prepare write-up on the global partnership. Gender data were cross checked and 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 data were not available. At a glance progress of MDGs in Bangladesh is presented in tabular format at Annexure-1. Annexure-2 highlights MDG Acceleration in the Chittagong Hill Tracts (CHT), prepared by the three Hill District Councils in the CHT, with support from development partners. The GED acknowledges the contribution of all the officials of the relevant Ministries/Divisions for their assistance in preparing the report. Dr. Md. Jahirul Islam, Division Chief, GED; Mr. Naquib Bin Mahbub, Joint Chief, GED & National Project Director of Support to Sustainable and Inclusive Planning; and Mr. Md. Moinul Islam Titas, Deputy Project Director, SSIP deserve special thanks for their time to time contribution. Mr. Fakrul Ahsan, Project Manager and other specialists of the UNDP funded SSIP Project also deserve special thanks for their comments and inputs in finalizing the document. Thanks are also due to Mr. Palash Kanti Das, Assistant Country Director and other members of the Poverty Cluster Team of UNDP for guidance and supporting GED efforts in the publication of the report.

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ACRONYMS

SS	9th Serological Surveillance
AAA	Accra Agenda for Action
ADB	Asian Development Bank
ADP	Annual Development Programme
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care Coverage
APIs	Active Pharmaceutical Ingredients
APSC	Annual Primary School Census
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
BPS	Bangladesh Parliament Secretariat
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
CHTs	Chittagong Hill Tracts
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
SBAs	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 headcount poverty and 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 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.

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 of 6 percent or above 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. This 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 on an average 1.74 percentage points in Bangladesh during 2000 to 2010 against the MDG target of 1.20 percentage points. The estimated poverty headcount ratio for 2013 is 26.2 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 by 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 18.6 percent of the country's population and 23.3 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 as 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: 97.3 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 free distribution of all books to all the students up to class nine, introduction of Primary School Completion (PSC) and Junior School Completion

(JSC) examinations, taking examinations timely and providing results in stipulated times, introducing modern technology for learning are some of the important measures taken by the Government to improve the quality of education in the country. The Constitution of Bangladesh has provision for free and compulsory primary education. The Government nationalized and took over 36,165 primary schools in 1973 and regularized it under the Primary Education (Taking Over) Act of 1974, and declared 157,724 primary school teachers as government employees. Primary education was free and made compulsory under the Primary Education (Compulsory) Act 1990. Bangladesh is a signatory to the World Declaration on Education for All (EFA) held at Jomtien, Thailand in March 1990. Bangladesh is also a signatory to the Summit of 9 high Population Countries held on 16 December 1993 in New Delhi. The country has formulated National Plan of Action I and II to realize the goals of Education for All. The country has also prepared a Non-formal Education Policy. After four decades, in January 2013, in a landmark announcement, the Prime Minister of Bangladesh declared the nationalisation of all non-government primary schools of the country. With a view to spreading and augmenting the quality of education, the government has nationalized 26,193 primary schools from January 2013 and jobs of 1 lakh 4 thousand 776 teachers have been nationalized. The challenges under MDG 2 include attaining the targets of primary education completion rate and the adult literacy rate. A large part of the physically and mentally retarded children remains out of the schooling system. Improvement of quality of education is also a challenge at the primary and higher levels that need to be taken care of on priority basis.

Goal 3: Promote Gender Equality and Empower Women

Bangladesh has already achieved the targets of 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. The Education Assistance Trust Act, 2012 has been passed and the Education Assistance Trust established to benefit the underprivileged meritorious students. In an effort to overall development through female education and women empowerment, the government has newly introduced first ever Education Trust Fund for students of graduate or equivalent level and allocated Tk 1,000 crore for this year. From the interest of the fund, the government would distribute Taka 75.15 crore among 1.33 lakh female students. Benevolent persons and education lovers have been urged to donate money to this fund and their donation would enjoy tax-waving facility. 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 is on track in meeting the target of this goal measured in three different indicators like under-five mortality rate, infant mortality rate and immunization against measles. 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 segments 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 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. The Multiple Indicator Cluster Survey (MICS) of BBS & UNICEF have found 43.5 percent of women age 15-49 years with a live birth in the last 2 years were attended by skilled health personnel in 2012-2013, which was only 24.4 percent in 2009. The government has framed the *National Health Policy, 2011'* with a view to revamping the health sector and the *'National Population Policy 2012'* has also been finalized. Moreover, in order to strengthen primary healthcare facilities, the government has launched 12,217 community clinics to expand health services to the grassroots level. The innovative idea to use the Information and Communication Technology for progress of the health of women and children has already been acclaimed by the world. However, challenges remains in the area of access to reproductive health.

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. According to National AIDS/STD Programmes (NASP), condom use rate at last high risk sex was 43.33 percent in 2013. According to National AIDS/STD Programmes (NASP), proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is 17.70 percent in 2013. There was a significant improvement in the reduction of malarial deaths in the country over the years. The prevalence of malaria per 100,000 population was 441.5 in 2005, which came down to 202 in 2013. 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 90.1 percent in 2013. The proportion of children under-5 with fever who are treated with appropriate anti-malarial drugs was 80 percent in 2008, which was recorded at 89.50 percent in 2013 and the target is to achieve 90 percent in 2015 is almost achieved. The death rate associated with TB was 61 per 100,000 populations in 1990. The current status is 45 in 2012 which shows that the country is on track to achieve the target. A total of 190,893 cases have been reported to NTP in 2013. So the overall case notification rate was 119 per 100,000 population. The case notification rate for new smear positives cases in 2013 was 68 per 100,000 population.

Goal 7: Ensure Environmental Sustainability

At present there is only 13.20 percent of land in Bangladesh having tree cover with density of 30 percent and above and the area having tree cover is much lower than the target set for 2015. Since 1991, there has been a steady increase in CO_2 emission in Bangladesh because of increasing development interventions and activities. In 2012, the emission was 0.32 tonne per capita. At present the proportion of terrestrial and marine areas protected is 1.83 percent

which is much less than the target of 5 percent. Data show that without considering the issue of arsenic contamination, 97.9 percent of the population of Bangladesh is using improved drinking water source; 55.9 percent of population is using improved sanitation in 2012-2013. 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

During the last two decades and more, Bangladesh, on an average, got US$ 1,672 million ODA per year. The disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.59 percent in FY 90-91 to 1.87 percent in FY 12-13, implying yearly average of 2.62 percent. During the same period, per capita ODA disbursement saw fluctuating figures ranging from US$ 18.29 to US$ 7.64; meaning yearly average of US$ 12.68. From FY 90-91 to FY12-13, on an average, each year Bangladesh got US$ 633 million as grants and US$ 1,045 million as loans.

Out of 34-member states of the OECD, only eight countries provided US$ 624.9 million ODA to Bangladesh in 2012-13. The amount was about 22.23 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 48.24 percent of the total ODA outlay.

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 is 75.81 in 2014 which was zero in 1990. The internet users per 100 population is 24.37 in 2014, which was 0.15, 0.20 and 3.4 in 2005, 2006 and 2008 respectively.

To attain most of the MDGs targets by the stipulated period, accelerated development cooperation in terms of providing more grants, loans and transfer of technologies are considered must.

CHAPTER 1

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 Millennium Development Goals (MDGs).

In line with the Millennium Declaration, to monitor progress towards the goals and targets, set in the MDGs, 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 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, 21 targets and 60 indicators have been set and used to monitor the MDGs which are presented below:

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
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 poverty reduction – both nationally and internationally Target 8.B: Address the special needs of the least developed countries 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 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) 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)** 8.1 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 services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes **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 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity **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) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: 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
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 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

CHAPTER 2

Goal 1: Eradicate Extreme Poverty and Hunger

MDG 1: Targets with indicators:

Targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
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) 26.2 (GED Estimate for 2013)	29.0

[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).

Targets and indicators (as revised)	Base year 1990/1991	Current status (source)	Target by 2015
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line			
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)	-
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)	3.55 (WB 2012)	-
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	70.4 (1991)	41.7 (ILO 2010)	-
1.7: Proportion of own-account and contributing family workers in total employment	69.4 (1996)	85.0 (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	31.9(MICS 2013) 35.1(UESD 2013) 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

MDG 1: Some Global and Regional level Facts & Figures

Global	Asia Pacific Region
• About one in five persons in developing regions lives on less than $1.25 per day. • Vulnerable employment accounted for 56 percent of all employment in developing regions, compared to 10 percent in developed regions.	• In the Asia-Pacific region, the proportion of people living on less than $1.25 PPP per day fell by more than half – from 52 to 18 percent. • Nearly two-thirds (743 million) of the world's poor ($1.25 PPP) still live in the Asia-Pacific region.

2 HIES 2010 have not measured poverty using Direct Calorie Intake (DCI) method.

Global	Asia Pacific Region
• About 173 million fewer people worldwide suffered from chronic hunger in 2011–2013 than in 1990–1992. • One in four children under age five in the world has inadequate height for his or her age.	• About 60 percent of the Asia-Pacific region's workers are in vulnerable employment. • Asia and the Pacific accounts for more than 60 percent of the world's hungry people. • The situation is worst in South Asia where the proportion of people undernourished is 18 percent.

2.1 Introduction

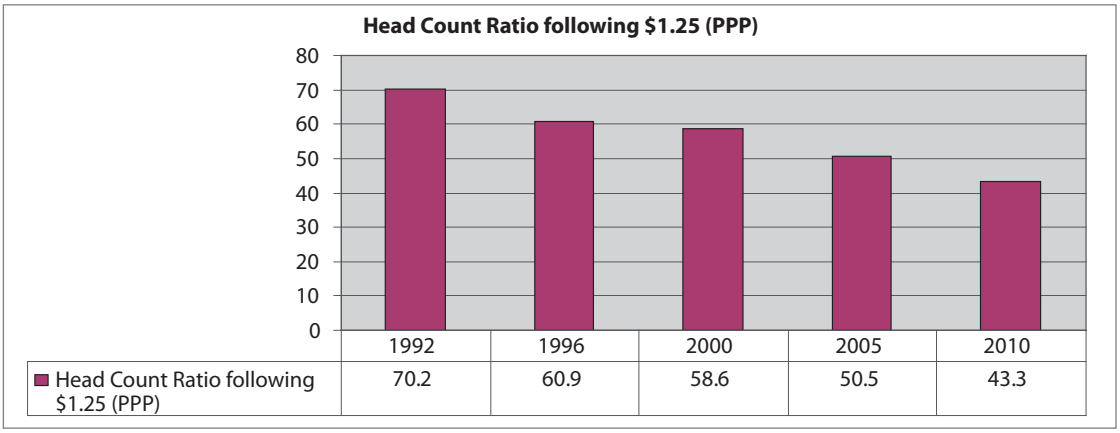
Bangladesh has made commendable progress in respect of eradication of poverty and hunger. The sustained growth rate in excess of 6 percent achieved in recent years has played positive role in eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indicators 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 latest HIES 2010 data show that the incidence of poverty has declined, on an average, 1.74 percentage points in Bangladesh during 2000 to 2010 against the MDG target of declining 1.20 percentage points in each year. The estimated poverty headcount ratio for 2013 is 26.2 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 by 2012.

2.2 Progress of achievements in different targets using 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 only. 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 1.49 percentage points per year during 1992 to 2010 period as against the required rate of 1.53 percentage points. 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

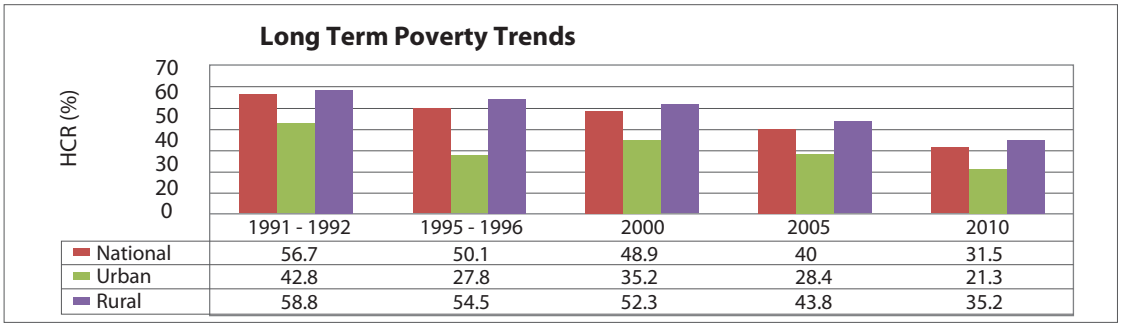


Source: unstats.un.org/unsd/mdg/data.aspx

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 in urban areas and 26 percent in rural areas.

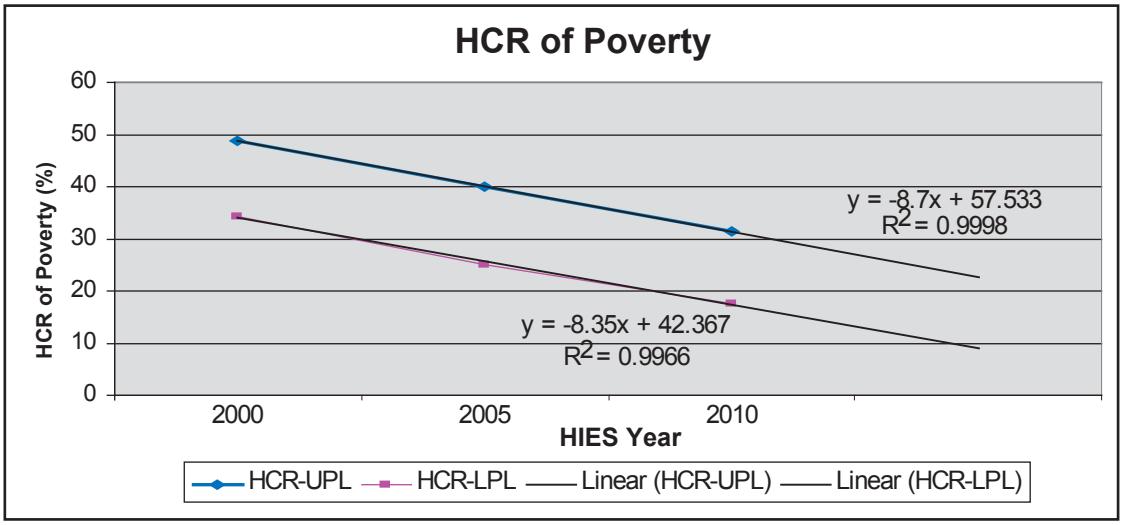
Figure 2.2: Long-Term Poverty Trends (Headcount Ratio)



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: GED estimates

Table: 2.1 Poverty Estimate for 2011 to 2015

Year	HCR-UPL	HCR-LPL
2011	29.69	15.65
2012	27.95	13.98
2013	26.21	12.31
2014	24.47	10.64
2015	22.73	8.97

Source: GED estimates

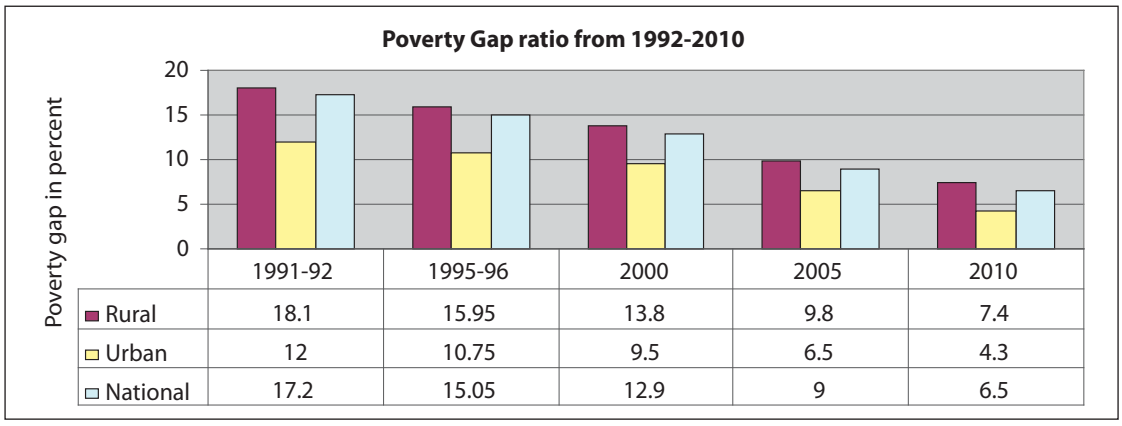
The remarkable progress in respect of eradication of poverty was largely possible due to decline in population growth rate and changing population structure, increase in labour income, improved infrastructural and telecommunication connectivity, internal migration for formal and informal employment and government's targeted safety net programs. Inclusive and robust growth has resulted in an impressive poverty reduction, on an average, at 1.74 percentage points per year during the 2000 to 2010 period[3]. Using the long-term decline in poverty incidence between 2000 and 2010, the head count ratio in the terminal year of MDGs is estimated to be 22.73 percent (Figure 2.3 and Table 2.1), where extreme poverty will decrease to 8.97 percent of the population.

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.

[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 and more than 6 percent onward 2010.

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



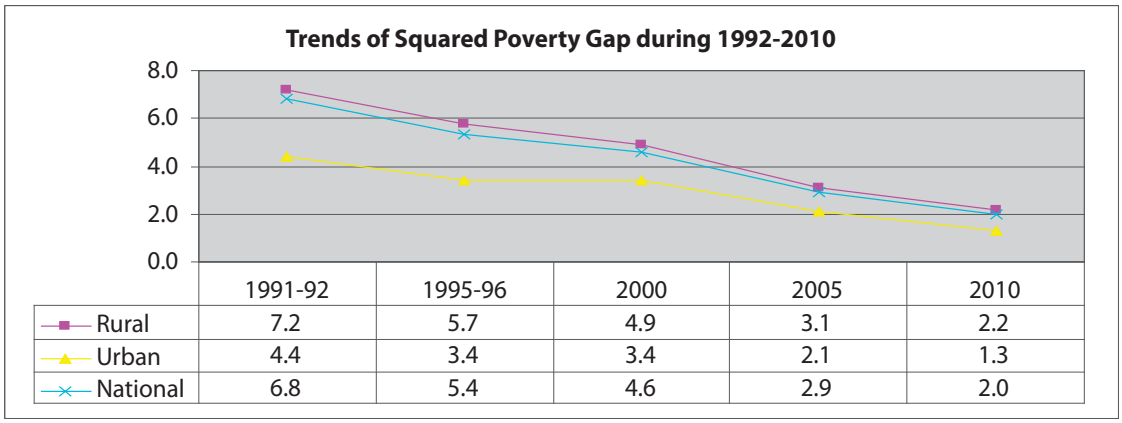
	1991-92	1995-96	2000	2005	2010
Rural	18.1	15.95	13.8	9.8	7.4
Urban	12	10.75	9.5	6.5	4.3
National	17.2	15.05	12.9	9	6.5

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.

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 higher than those of urban poverty in Bangladesh.

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



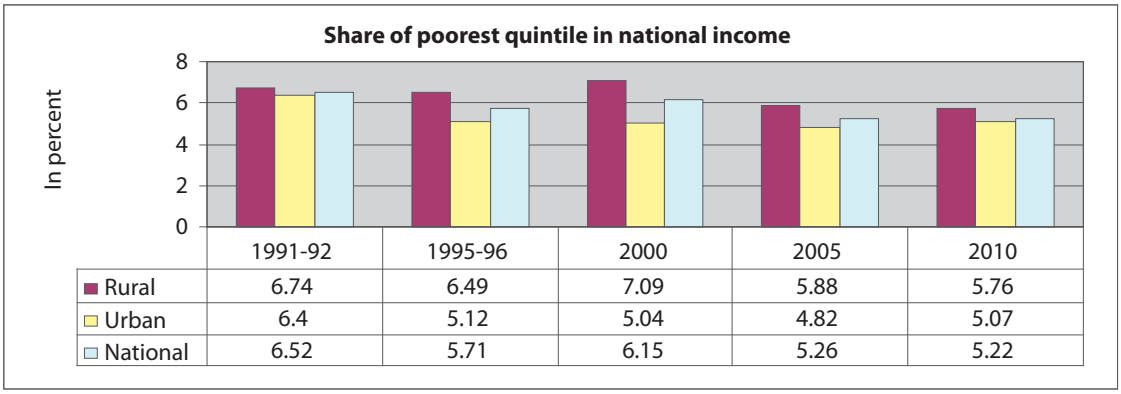
	1991-92	1995-96	2000	2005	2010
Rural	7.2	5.7	4.9	3.1	2.2
Urban	4.4	3.4	3.4	2.1	1.3
National	6.8	5.4	4.6	2.9	2.0

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 limiting increasing inequality.

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

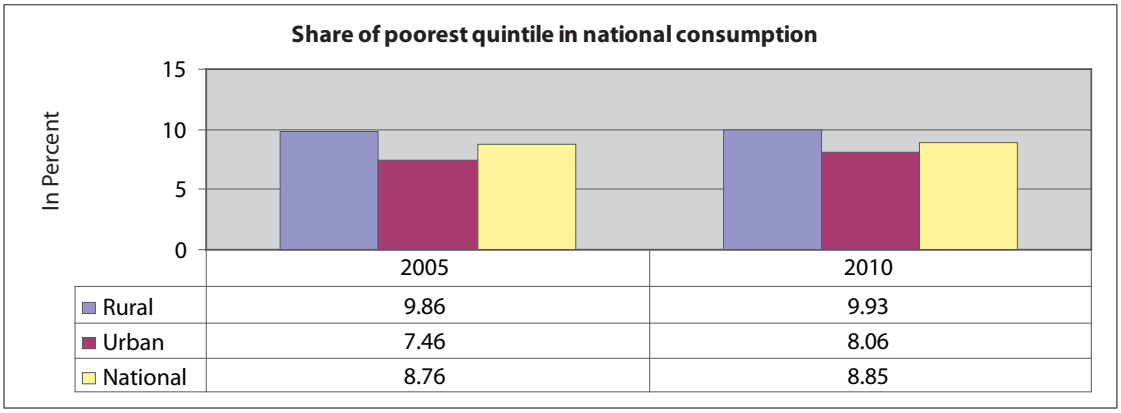


	1991-92	1995-96	2000	2005	2010
Rural	6.74	6.49	7.09	5.88	5.76
Urban	6.4	5.12	5.04	4.82	5.07
National	6.52	5.71	6.15	5.26	5.22

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

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



	2005	2010
Rural	9.86	9.93
Urban	7.46	8.06
National	8.76	8.85

Source: HIES, BBS

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.

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 2.2. 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: 2.2: Coefficients of Income Gini and Expenditure Gini: 1992-2010

	1991-92		1995-96		2000		2005		2010	
Gini	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

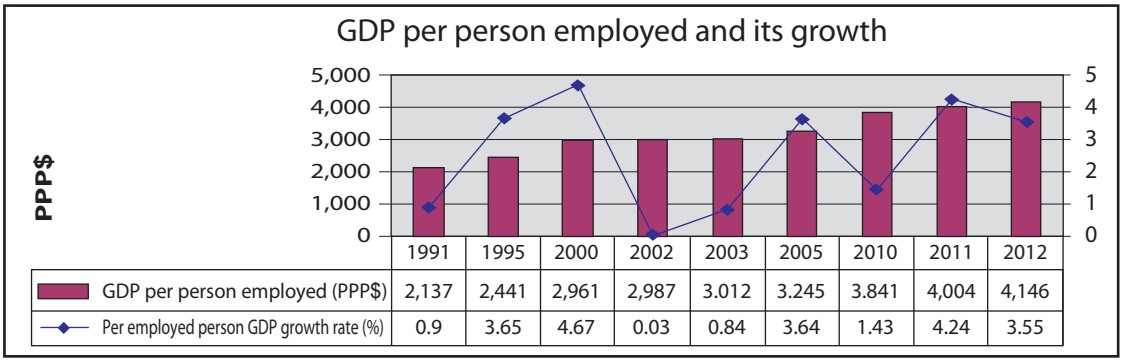
Source: HES 1991-92 and HIES, various years, BBS

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$) with the growth rate is shown in Figure 2.8. It is observed that, the growth of GDP per person employed has been, on an average, 3.10 percent per year, over the last two decades or so. This matches more or less with per capita GDP growth during the 2001-2012 period. It is also observed that while GDP per person employed (PPP$) displays slight upward trend over the 1991-2012 period, per employed person GDP growth rate show considerable fluctuations, with sudden dip during the 2002-2003 period.

Figure 2.8: Trends of GDP per Person Employed and its growth, 1991-2012



	1991	1995	2000	2002	2003	2005	2010	2011	2012
GDP per person employed (PPP$)	2,137	2,441	2,961	2,987	3.012	3.245	3.841	4,004	4,146
Per employed person GDP growth rate (%)	0.9	3.65	4.67	0.03	0.84	3.64	1.43	4.24	3.55

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.]

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.

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. In the transformational phase of the economy growth rate in the service sector should have been increase. 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 2.3).

Table 2.3: 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 seemingly 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 2.4).[6]

Table 2.4: 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.[7] 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 practice, is perhaps not capable of capturing fully the nature of

6 Next round of Labour Force Survey will be conducted in 2015 as of survey cycle.

7 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.

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. Under such circumstances, it would be difficult to achieve the target of 'employment for all' in the terminal year of the MDGs i.e. by 2015.

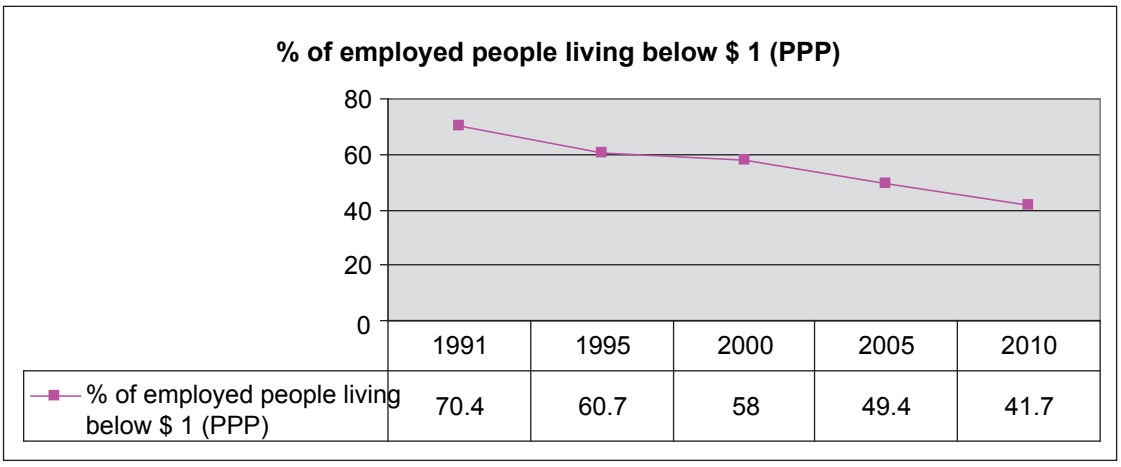
Due to youth bulging in the population (a phenomenon of population bonus period), employment–population ratio will be under increasing pressure unless employment expands considerably particularly in the manufacturing sector along with much needed improvement in the total factor productivity (TFP). Overseas migration of predominantly less-skilled labour and remittances comprising almost 9.4 percent of GDP in 2013 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 the working poverty rate as 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 1991 and 2010. The proportion of employed labour force obtaining below the rate of $ 1.00 (PPP) per day was 41.7 percent in 2010.

Figure 2.9: Proportion of Employed People Living Below $1.00 (PPP) per Day

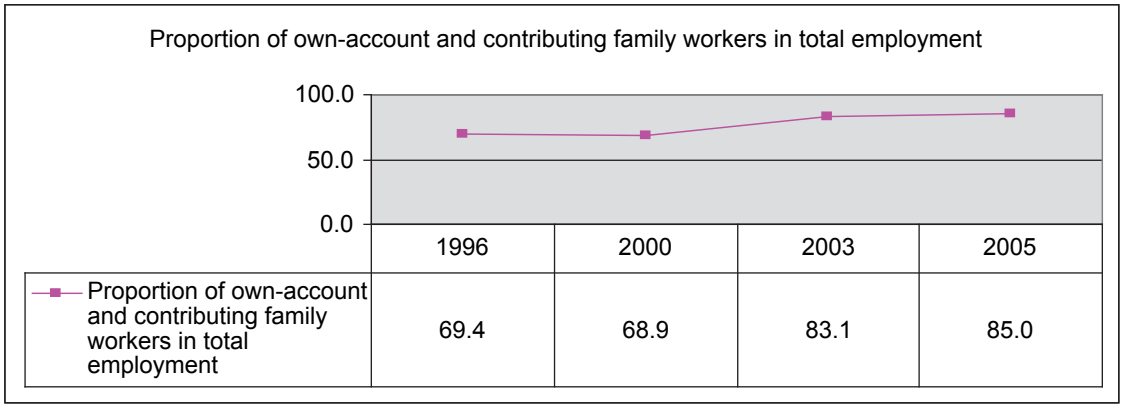


Source: http://data.worldbank.org/indicator/SL.GDP.PCAP.EM.KD

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 in on a continuous basis to work 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 available in Bangladesh to monitor the progress of this indicator. However, the UN data, as shown in Figure 2.10, exhibit an increasing trend between 1996 and 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 and evaluation.

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



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

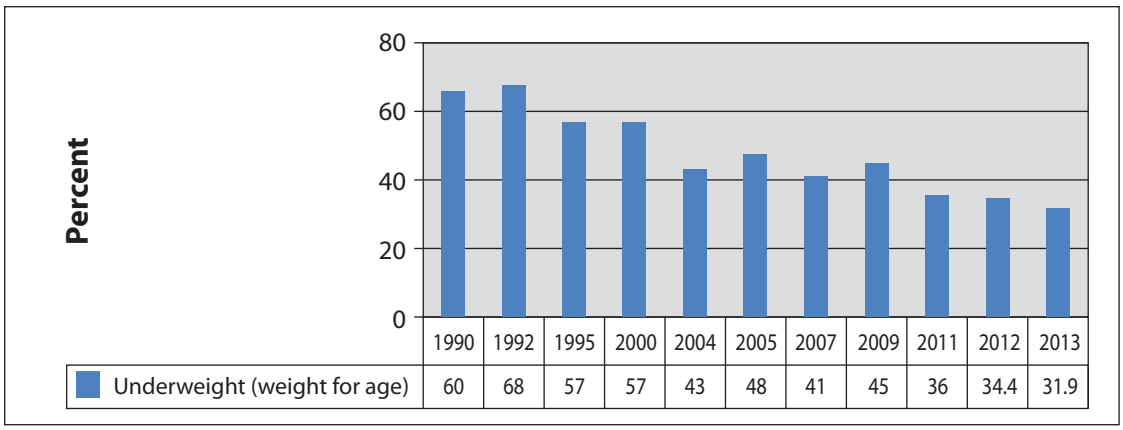
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator 1.8: Prevalence of underweight children under-five years of age (6-59 months)

Prevalence of hunger is reflected through underweight of children and quantity of malnutrition. 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). 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. Recently conducted Child and Mother Nutrition Survey (CMNS)-2012 of BBS found underweight of under-five years children as 34.4 percent. Increased literacy of women (55.1 percent), reduction of fertility rate (2.11), enhanced measles vaccination coverage (82 percent), smaller family size (4.5 persons

per household), spread of vitamin A supplementation coverage (74.8 percent), increased food production (33.9 million tonnes of rice) and energy intake have been the probable causes contributing to the success. However, the recently conducted Utilization of Essential Service Delivery (UESD) Survey 2013 of NIPORT has found the prevalence of underweight children under-five years of age as 35.1 percent.

Figure 2.11: Underweight Rates for Children under 5 Years

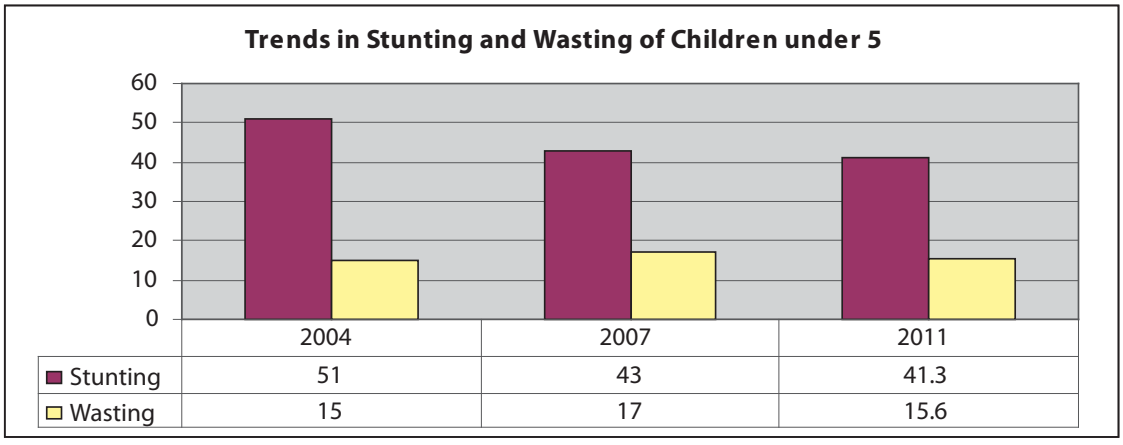


	1990	1992	1995	2000	2004	2005	2007	2009	2011	2012	2013
Underweight (weight for age)	60	68	57	57	43	48	41	45	36	34.4	31.9

Source: BDHS for 2004, 2007, 2011; MICS for 2013, others CMNS, BBS

According to BDHS 2011, at the national level, 41 percent of children under age 5 are stunted (low height for age), 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 2.12 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: 2.12: Trends in Stunting and Wasting of Children under Age Five, 2004-2011



	2004	2007	2011
Stunting	51	43	41.3
Wasting	15	17	15.6

Source: BDHS 2011

According to BDHS 2011, overall, 15.6 percent of children in Bangladesh are wasted (low weight for height). 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 1.12 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.

The preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found prevalence of underweight children under-five years of age at 31.9 percent. It also found prevalence of moderate and severe stunting as 42 percent and prevalence of moderate and severe wasting as 9.6 percent.

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 2.5). 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. National Statistical Organization like BBS should have designed or asked for data collection in a way as to allow monitoring of as many as indicators of the MDGs possible. Concern should be taken in right earnest when we will have post 2015 development agenda by 2015 after the terminal period of MDGs.

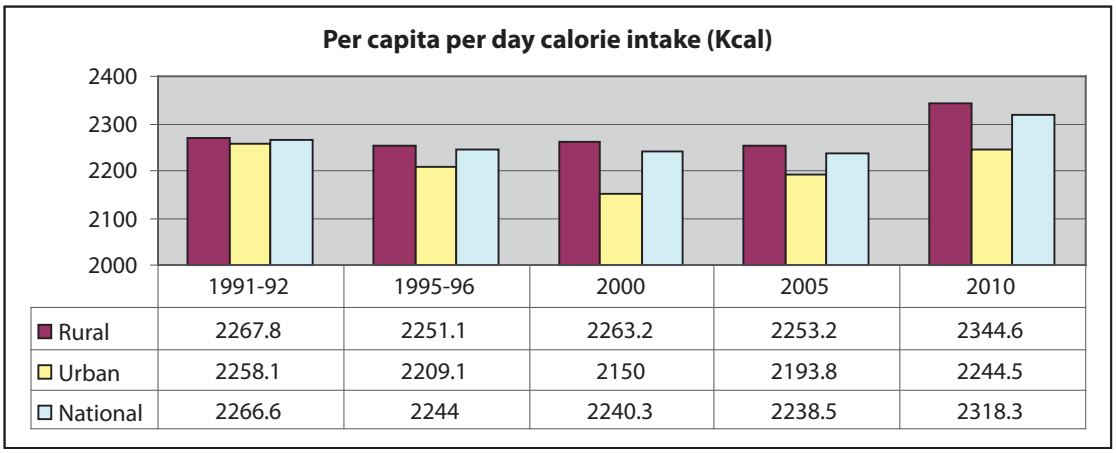
Table 2.5: Percentage of Poor in Bangladesh estimated using the DCI Method

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 2.13).

Figure 2.13: Per Capita per Day Calorie Intake (kcal), 1992-2010



	1991-92	1995-96	2000	2005	2010
Rural	2267.8	2251.1	2263.2	2253.2	2344.6
Urban	2258.1	2209.1	2150	2193.8	2244.5
National	2266.6	2244	2240.3	2238.5	2318.3

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

According to the 'State of Food Insecurity (SOFI) 2012'[8] jointly prepared by the FAO, IFAD and WFP, Bangladesh has halved the prevalence of hunger over the last two decades. 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. 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. Similarly, according to the Global Hunger Index (GHI) Report 2013[9], Bangladesh has improved its rank ten steps improved in the GHI in 2013 to 58th position from 68th position in 2012, which was 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 raising undernourished children, is a major hurdle to reducing hunger.

8 The State of Food Insecurity in the World: Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition, FAO, Rome, 2012

9 Global Hunger Index-The Challenge of Hunger: Building Resilience to Achieve Food and Nutrition Security, International Food Policy Research Institute, Concern Worldwide, Welthungerhilfe, Institute of Development Studies, October 2013

- 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 accelerated 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, though declining, 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 adaptive 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, access to urban settlements with basic urban utilities and protection of coastal areas from rising sea levels and intrusion of salinity.
- The Social Safety Net (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 will have 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 non-farm sector forward linkages. Investments in rural agricultural infrastructure, sales, maintenance or servicing of farm machinery provide good examples of agricultural and non-farm sector backward linkages.
- 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, under-nutrition, 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 non-food 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 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.

"Together we can end extreme poverty and hunger"

CHAPTER 3

Goal 2: Achieve Universal Primary Education

MDG 2: Targets with indicators

Targets and Indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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	97.3 (APSC, DPE 2013)	100
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	96.4 (MICS 2013) 80.5 (APSC, DPE 2013)	100
2.3: Literacy rate of 15-24 year olds, women and men, %	-	78.63 W: 78.86, M: 78.67 (BLS, BBS 2010) 74.9 W: 81.9, M: 67.8 (BDHS 2011) For Women 82(MICS 2013)	100
2.3a: Adult literacy rate of 15+ years old population, % (2proxy indicator)	37.2	59.82 M: 63.89, F: 55.71 (BLS 2010) 58.8 (SVRS 2011)	100

MDG 2: Some Global and Regional level Facts and Figures	
Global	**Asia Pacific Region**
• Half of the 58 million out-of school children of primary school age live in conflict-affected areas. • More than one in four children in developing regions entering primary school is likely to drop out. • 781 million adults and 126 million youth worldwide lack basic literacy skills, and more than 60 percent of them are women.	• Government spends on education, relative to other sectors, is lower in Asia and the Pacific countries than in the world's low-income and lower-middle income countries. • The Asia-Pacific region has achieved gender parity at all levels of education, and is on track to reach full primary enrolment and primary completion by 2015. • The region will be unable to ensure that all children starting grade one reach the last grade of primary school by 2015

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 school 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, increasing adult literacy rate and improving quality of education.

3.2 Progress of achievements in different targets and indicators

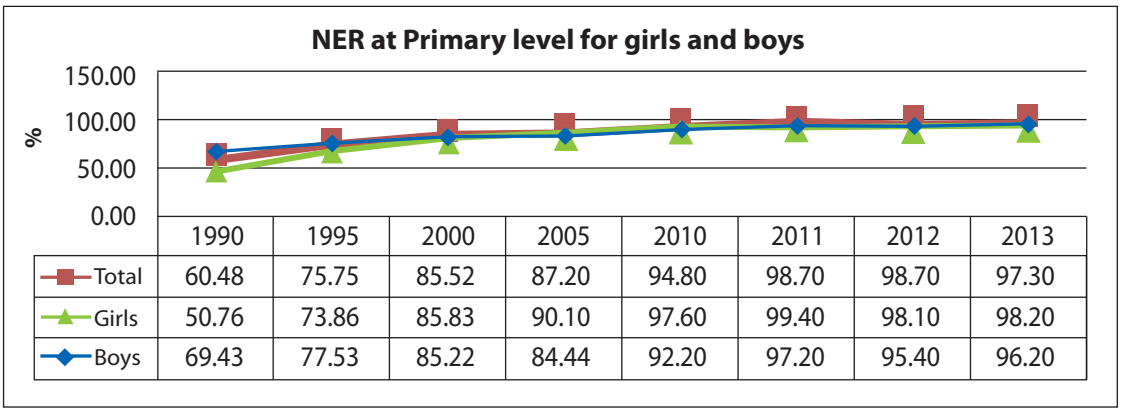
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
Indicator 2.1: Net enrolment ratio in primary education

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 as the net enrolment ratio in 2013 was 97.3 percent (Girls: 98.2 percent, Boys: 96.2 percent). 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 as announced in Vision 2021 document. It is observed

that significant contribution of important factors, such as improved economy, decreased unemployment, decreased mortality rate, decreased hunger have made it possible for doing better in attaining the primary education targets of MDGs in Bangladesh.

Figure 3.1: Trends in Net Enrolment Ratio, 1990-2013



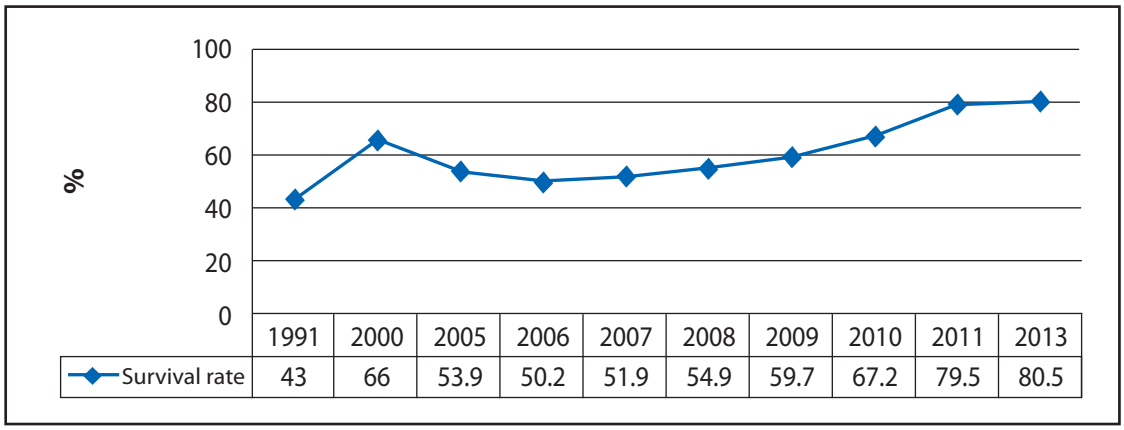
	1990	1995	2000	2005	2010	2011	2012	2013
Total	60.48	75.75	85.52	87.20	94.80	98.70	98.70	97.30
Girls	50.76	73.86	85.83	90.10	97.60	99.40	98.10	98.20
Boys	69.43	77.53	85.22	84.44	92.20	97.20	95.40	96.20

Sources: BANBEIS, MOE & APSC, 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 2013 was 80.5 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, 1991-2013



	1991	2000	2005	2006	2007	2008	2009	2010	2011	2013
Survival rate	43	66	53.9	50.2	51.9	54.9	59.7	67.2	79.5	80.5

Source: Annual Primary School Census, 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

estimated a rate of absenteeism of 20 percent in three major categories of schools: government primary schools, registered non government primary schools and community schools.

However, the preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found percentage of children entering the first grade of primary school who eventually reach last grade as 96.4 percent, and the primary school completion rate was found 79.5 percent. The issue of completion rate up to grave V should draw serious attention if the country wants to be illiterate free, if necessary, providing supports through special social safety net programmes, amongst others.

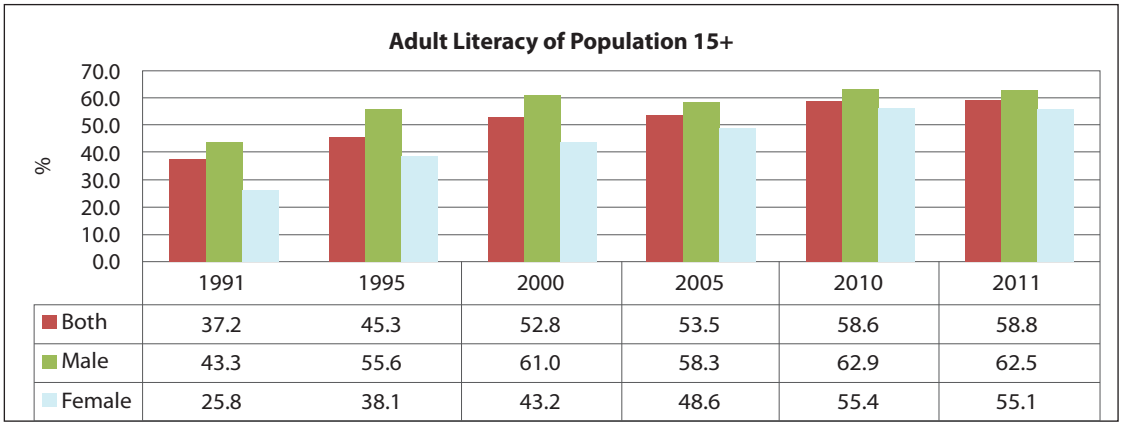
Indicator 2.3: Literacy rate of 15-24 year-olds, women and men

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 2012-2013 (BBS/UNICEF 2014) reports that the literacy rate of women aged 15-24 is 82.0 percent, which is much higher than the 72.0 percent recorded in Multiple Indicator Cluster Survey 2009 (BBS/UNICEF 2007). Moreover, Bangladesh Literacy Survey 2010 (BBS and UNESCO 2011) found the literacy rate of 15-24 years olds as 78.63 percent (women: 78.86, men: 78.67). 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. All these reports indicate positive trends in the literacy rate of women aged 15-24.

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



	1991	1995	2000	2005	2010	2011
Both	37.2	45.3	52.8	53.5	58.6	58.8
Male	43.3	55.6	61.0	58.3	62.9	62.5
Female	25.8	38.1	43.2	48.6	55.4	55.1

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

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.

The Government has nationalized 26,193 primary schools in 2013 and jobs of 104,776 teachers have been absorbed in the government service, which would help reduce illiteracy in the country in near future.

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.

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.

"Education opens doors for all girls and boys"

CHAPTER 4

Goal 3: Promote Gender Equality and Empower Women

MDG 3: Targets with indicators

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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	1.00 (APSC, DPE 2013) 1.07 (MICS 2012-2013) 1.10 (BDHS 2011)	1.00
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.30 (MICS 2012-2013) 1.14 (BANBEIS 2012) 1.10 (BDHS 2011)	1.00
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.73 (BANBEIS 2012) 0.60 (BDHS 2011) 0.78 (UGC 2013)	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 (BPS 2014)	33.00

MDG 3: Some Global and Regional level Facts and Figures	
Global	**Asia Pacific Region**
• In Southern Asia, only 74 girls were enrolled in primary school for every 100 boys in 1990. By 2012, the enrolment ratios were the same for girls as for boys. • In sub-Saharan Africa, Oceania Western Asia, girls still face barriers to entering both primary and secondary school. • Women in Northern Africa hold less than one in five paid jobs in the non-agricultural sector. • In 46 countries, women now hold more than 30 percent of seats in national parliament.	• The Asia-Pacific region has achieved gender parity at all levels of education. • The region is still a long way from achieving gender equality despite the successes in achieving gender parity at the three educational levels. • Across Asia and the Pacific, women face severe deficits in health and education and in their access to power, voice and rights.

4.1 Introduction

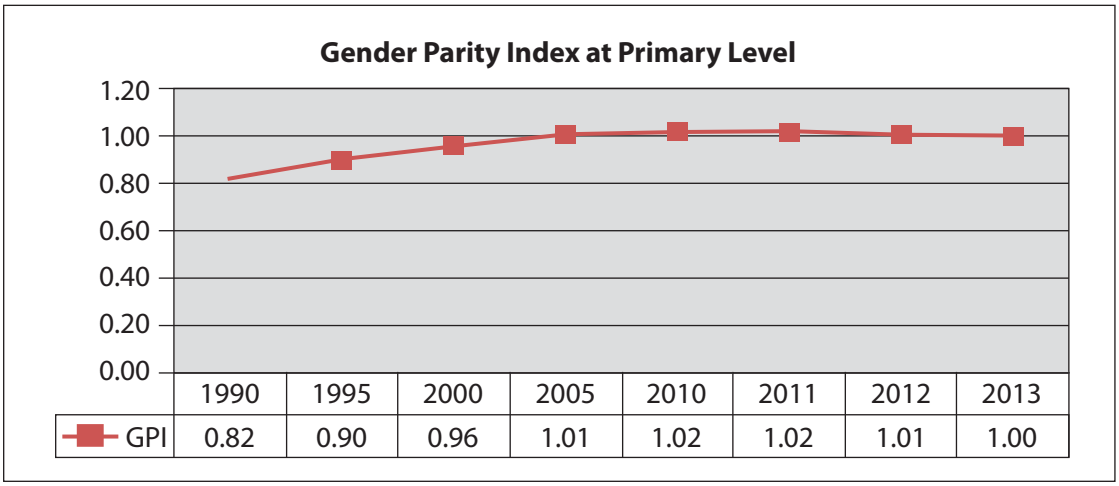
Bangladesh has already achieved gender parity in primary and secondary education at the national level. This positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend 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 in 2014 (20 percent) compared to 1991 (12.73 percent). 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 19.00 million in 2012, half of whom are girls. Gender Parity Index from 1990 to 2013 in primary schools is shown in Figure 4.1.

Figure 4.1: Gender Parity Index at Primary Education, 1990-2013



Source: BANBEIS, MOE and APSC, DPE

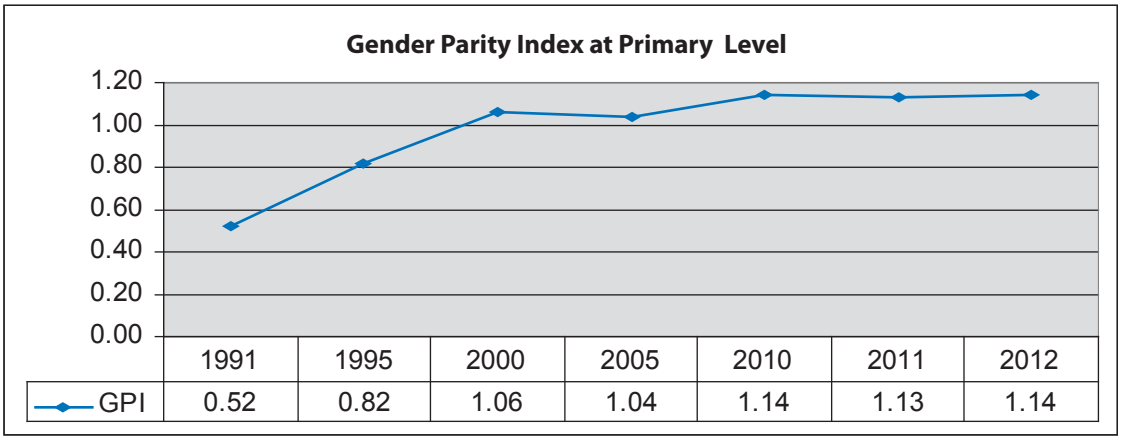
It is evident from Figure 4.1 that gender parity was achieved in 2005 and sustained till 2013. However, this success conceals significant regional disparities. Data from the latest Literacy Assessment Survey 2008 (BBS/UNICEF 2008) indicate that the lowest literacy rate for female (15 years and above) 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).

However, Multiple Indicator Cluster Survey 2012-2013 (BBS/UNICEF 2014) reports Gender Parity Index at the primary school level as 1.07 and the gender parity was achieved at all the Divisions of Bangladesh.

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). According to BANBEIS, in 2012 the ratio of girls to boys in secondary education is 1.14.

Figure 4.2: Gender Parity Index at Secondary Education, 1991-2012



Source: BANBEIS, MOE.

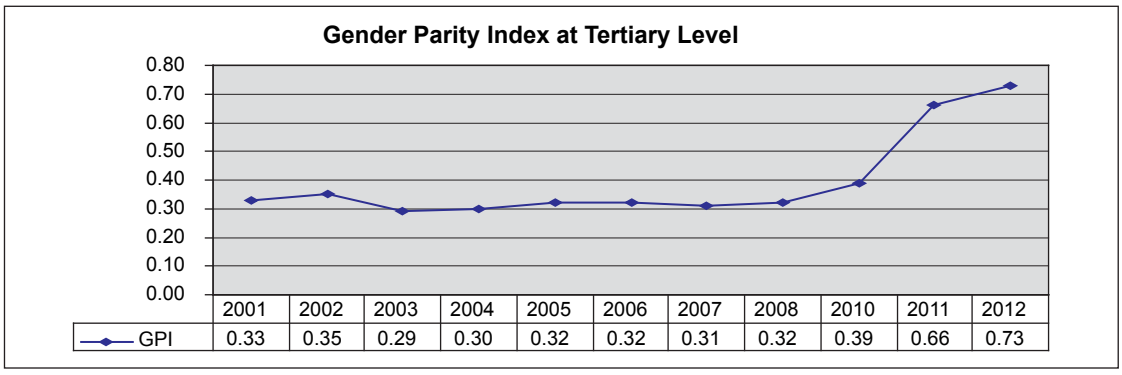
Bangladesh has also been maintaining gender parity at secondary education level since 2000. Female education has been encouraged to empower women and to increase their involvement in the socio-economic activities through providing stipend to the female students at secondary and higher secondary level, 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, fewer 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.

However, Multiple Indicator Cluster Survey 2012-2013 (BBS/UNICEF 2014) reports Gender Parity Index at the secondary level as 1.30 and the gender parity was achieved at all the Divisions of Bangladesh.

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

Gender Parity Index (GPI) in the tertiary education is 0.73 in 2012. 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 and 0.73 in 2012. 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. 'Prime Minister's Education Assistance Trust Act, 2012' has been approved to provide assistance and stipend to students up to graduate level. Government has allocated Tk. 10 billion (equivalent to 125 million US dollar) as seed money to this end. In the mean time TK 751.5 million has been given for the Stipend to 1,33,726 students of Degree (pass) and Graduate level from Prime Minister's Education Assistance Trust Fund. There is a concern that Ratio of girls to boys in tertiary education is lower compare to secondary and higher secondary level. Poverty and other hidden costs of education and some factors that contribute to lower enrolment of girls in tertiary education include violence against girls, restricted mobility, lack of separate toilet facilities for girls and lack of girls' hostel facilities. As a result more attention is needed to achieve gender parity in tertiary education. However, according to University Grants Commission (UGC), ratio of girls to boys in tertiary education in 2013 is 0.78.

Figure 4.3: Gender Parity Index at Tertiary Education, 2001-2012



	2001	2002	2003	2004	2005	2006	2007	2008	2010	2011	2012
GPI	0.33	0.35	0.29	0.30	0.32	0.32	0.31	0.32	0.39	0.66	0.73

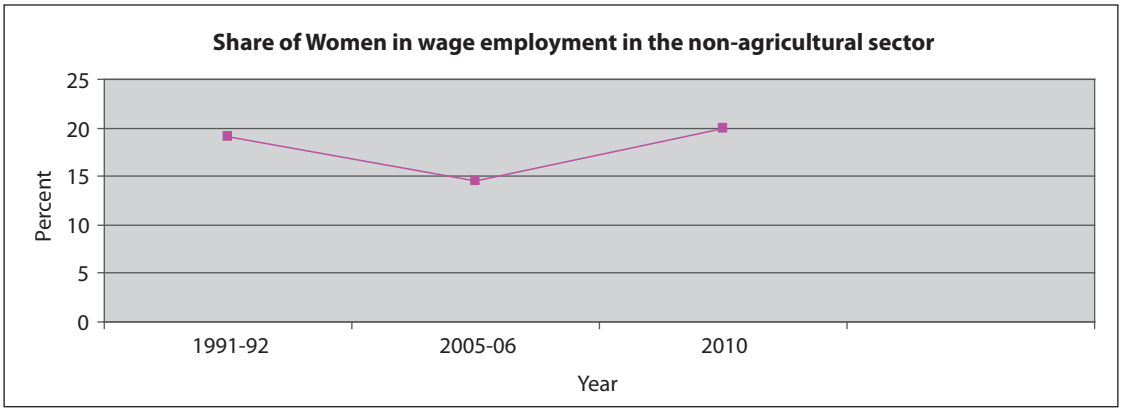
Source: BANBEIS, MOE

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

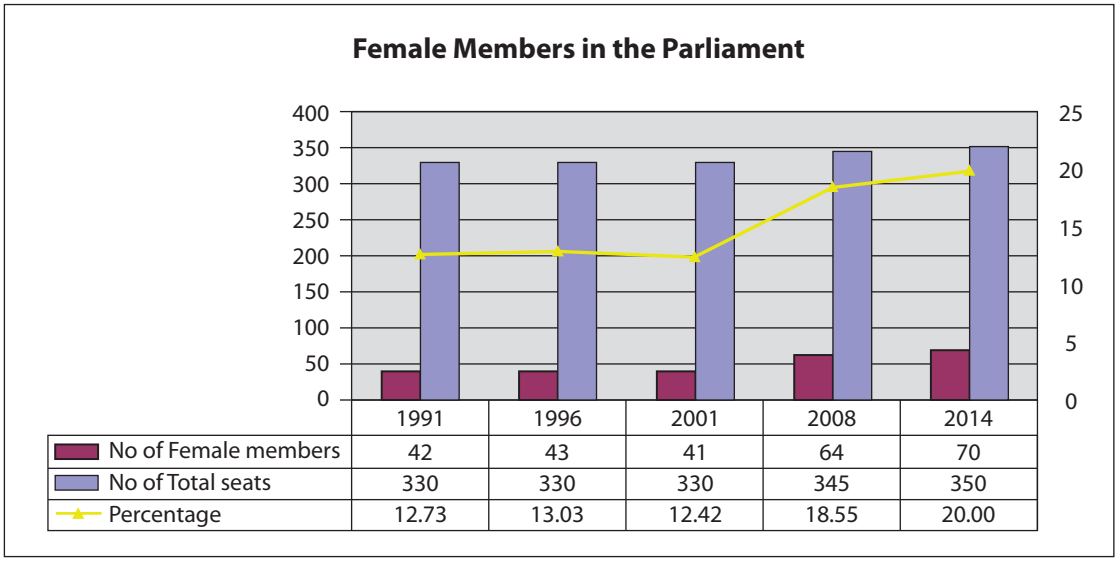
No	Indicator	Gender	1990	2005	2010
1	Share of women in wage employment in agricultural sector	Female	45.50	66.54	40.84
2	Share of women in wage employment in non-agricultural sector	Female	19.10	14.60	19.87
3	Labour force participation rate	Female	23.90	29.20	36.00
		Male	84.00	86.80	82.50
4	Unemployment 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 five 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 2014 respectively. In the last Parliament, the share of reserved seats for women was increased from 45 to 50. Moreover, the current Parliament has got 20 directly elected women Parliamentarians. The Speaker of the National Parliament, the Prime Minister, the leader of the opposition and the Deputy leader of the house are woman.

Figure 4.5: Proportion of Female Members in the Parliament, 1991-2014



Source: Bangladesh Parliament Secretariat (BPS)

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.

Table 4.2: Evolution of Gender Gap Index of Bangladesh, 2006-2013

Year	Overall score (Rank)	Economic participation & Opportunity score	Educational attainment score	Health and survival score	Political empowerment score
1	2	3	4	5	6
	Combined	Sub-index			
2013	0.684 (75)	0.495 (121)	0.884 (115)	0.955 (124)	0.403 (7)
2012	0.668 (86)	0.480	0.858	0.956	0.380
2011	0.681 (69)	0.493	0.917	0.956	0.359
2010	0.670 (82)	0.473	0.914	0.956	0.338
2009	0.653 (93)	0.455	0.911	0.950	0.294
2008	0.653 (90)	0.444	0.909	0.950	0.310
2007	0.631 (100)	0.437	0.871	0.950	0.267
2006	0.627 (91)	0.423	0.868	0.950	0.267

Source: The Global Gender Gap Report 2013, 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). Table 4.2 depicts the Gender Gap Index of Bangladesh from 2006 to 2013. The gaps have been reduced on all counts. According to the Global Gender Gap Report 2013, Bangladesh ranks 75th out of 133 with overall score of 0.6848. Its rank was however, 86th out more than 10 places from 86th place in 2012 and was one of two countries that improved the most. It narrowed the gender gap on both the Educational Attainment and Political Empowerment sub-indexes and rose in the ranks. In terms of ranking of sub-index, health and survival (0.955) comes out top, followed by educational attainment (0.884), economic participation (0.495) and political empowerment (0.403) in 2013. The encouraging fact is that Bangladesh ranks 7th position out of 133 countries in the political empowerment sphere.

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.
- 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 exits 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 patriarchial 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 educational institutions 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.
- Given the fact that women in Bangladesh mostly belong to informal workforce, social protection and safety net programmes will have to be made more gender sensitive by accounting for gender differences in labour market participation, access to information and unpaid care responsibilities.
- 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).

"Empowering girls will change our world"

CHAPTER 5

Goal 4: Reduce Child Mortality

MDG 4: Targets with indicators

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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	81.9 (UESD 2013) 87.5 (M:88.3, F:86.8) (BDHS 2011) 85.5 (CES 2011)	100

MDG 4: Some Global and Regional level Facts & Figures	
Global	**Asia Pacific Region**
• The child mortality rate has almost halved since 1990; six million fewer children died in 2012 than in 1990. • During the period from 2005 to 2012, the annual rate of reduction in under-five mortality was more than three times faster than between 1990 and 1995. • Globally, four out of every five deaths of children under age five continue to occur in sub-Saharan Africa and Southern Asia. • Immunization against measles helped prevent nearly 14 million deaths between 2000 and 2012.	• In Asia and the Pacific, around 3 million children die each year before reaching the age of five. • Around half of child mortality rate in this region is from causes related to malnutrition, poor hygiene and lack of access to safe water and adequate sanitation. • The children with less access to education often live in war-torn zones or remote communities, belong to ethnic minorities or have disabilities.

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

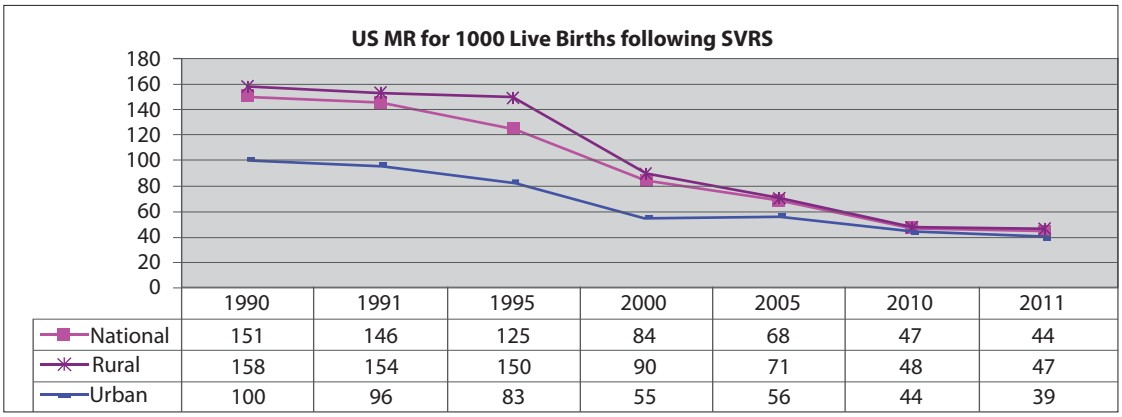
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Indicator 4.1: Under-five mortality rate (per 1,000 live births)

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 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.

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. The

levels and trends in under-five mortality rate can be seen in Figure 5.1. 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.

Figure 5.1: Trends of Under-Five Mortality Rate, 1990-2011



	1990	1991	1995	2000	2005	2010	2011
National	151	146	125	84	68	47	44
Rural	158	154	150	90	71	48	47
Urban	100	96	83	55	56	44	39

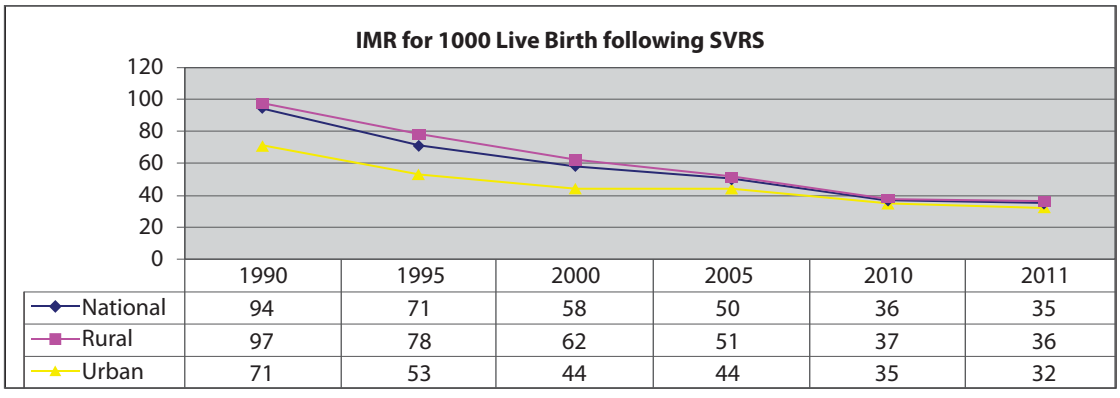
Source: SVRS, BBS, various years

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.

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 5.2: Trends of Infant Mortality Rate, 1990-2011



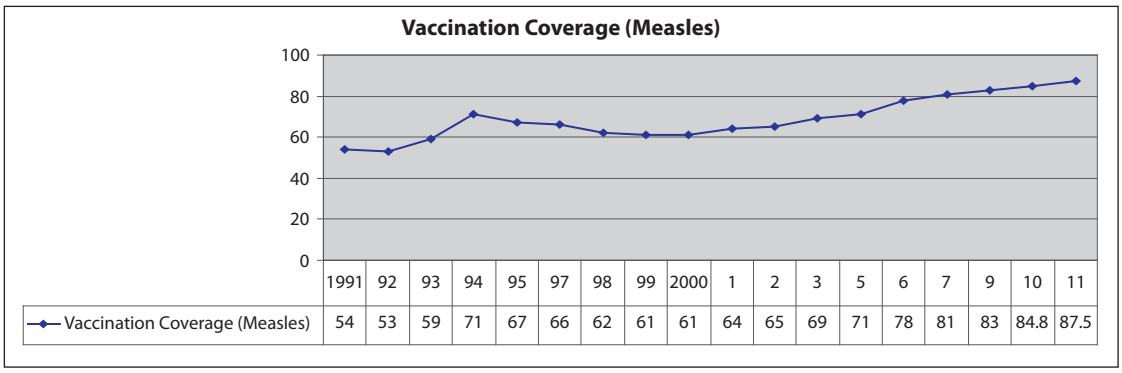
	1990	1995	2000	2005	2010	2011
National	94	71	58	50	36	35
Rural	97	78	62	51	37	36
Urban	71	53	44	44	35	32

Source: SVRS, BBS

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



	1991	92	93	94	95	97	98	99	2000	1	2	3	5	6	7	9	10	11
Vaccination Coverage (Measles)	54	53	59	71	67	66	62	61	61	64	65	69	71	78	81	83	84.8	87.5

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. However, recently conducted Utilization of Essential Service Delivery (UESD) Survey 2013 of NIPORT, proportion of 1 year children immunized against measles is found to be 81.9 percent.

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 new-born 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 equities 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.
- 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.

"Together we can save children's lives"

CHAPTER 6

Goal 5: Improve Maternal Health

MDG 5: Targets with indicators

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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) 34.4 (UESD 2013) 43.5 (MICS 2012-2013)	50
Target 5.B: Achieve by 2015, universal access to reproductive health.			
5.3: Contraceptive prevalence rate (%)	39.7	61.8 (MICS 2012-2013) 61.2 (BDHS 2011) 58.4 (SVRS 2011)	72

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
5.4: Adolescent birth rate (per 1,000 women)	77	83 (MICS 2012-2013) 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) 58.7 (MICS-2012-2013)	100
5.5b: Antenatal care coverage (at least four visits), (%)	5.5 (1993-94)	25.5 (BDHS 2011) 24.7 (MICS 2012-2013)	50
5.6: Unmet need for family planning (%)	21.6 (1993-94)	13.9 (MICS 2012-2013) 13.5 (BDHS 2011)	7.6

MDG 5: Some Global and Regional level Facts & Figures

Global	Asia Pacific Region
• Almost 300,000 women died globally in 2013 from causes related to pregnancy and childbirth. • The proportion of deliveries in developing regions attended by skilled health personnel rose from 56 to 68 percent between 1990 and 2012. • In 2012, 40 million births in developing regions were not attended by skilled health personnel, and over 32 million of those births occurred in rural areas. • 52 percent of pregnant women had four or more antenatal care visits during pregnancy in 2012, an increase from 37 percent in 1990.	• Across the Asia-Pacific region during 2011, nearly 20 million births were not attended by skilled health personnel. • In the area of maternal health, Bangladesh along with other five regional countries has set separate goals and targets on access to reproductive health services. • South Asia still accounts for the second highest number of maternal deaths worldwide (26.8 percent) followed by South-East Asia.

6.1 Introduction

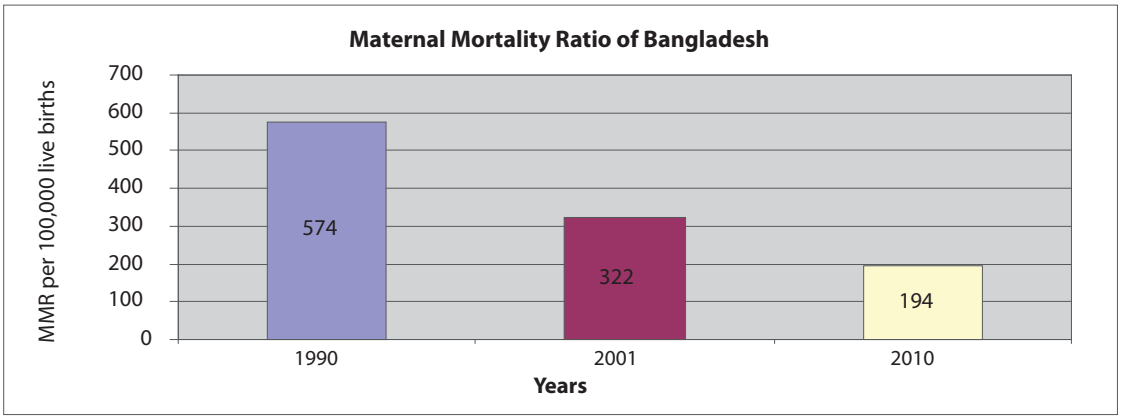
According to the Bangladesh Maternal Mortality Survey 2010 (NIPORT 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, showing a 40 percent decline which gives an average rate of decline of about 3.3 percent per year. The overall proportion of births attended by skilled health personnel increased by more than eight-folds in the last two decades, from 5.0 percent in 1991 to 43.5 percent in 2012-2013.

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

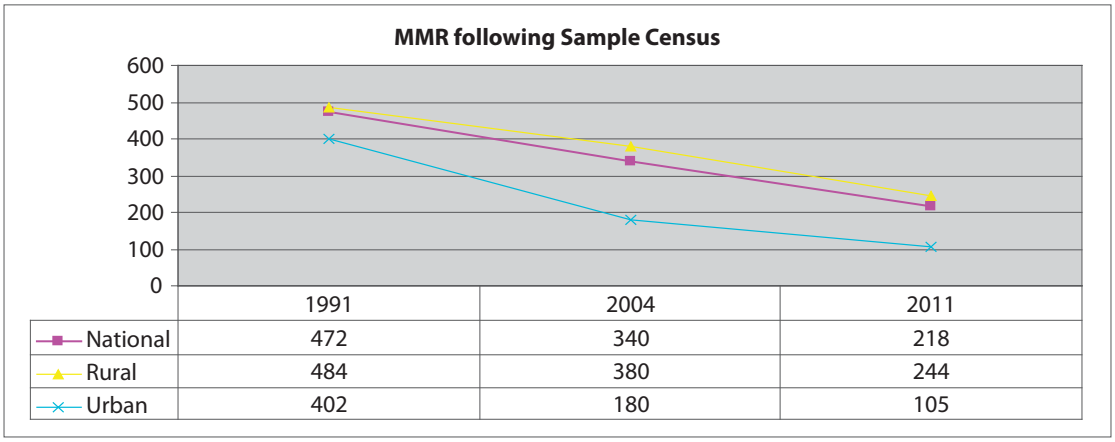
The decline in MMR has been mainly due to reductions in direct obstetric deaths. Mortality due to indirect obstetric causes have somewhat increased. Maternal mortality during pregnancy and during delivery has also declined by 50 percent. In contrast, the reduction in post partum maternal deaths has been 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.

Maternal Mortality Ratio reported by the Bangladesh Bureau of Statistics by conducting Sample Census following successive Population Census is shown in Figure 6.2. 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 6.2: Trend of MMR of Bangladesh, 1991-2011



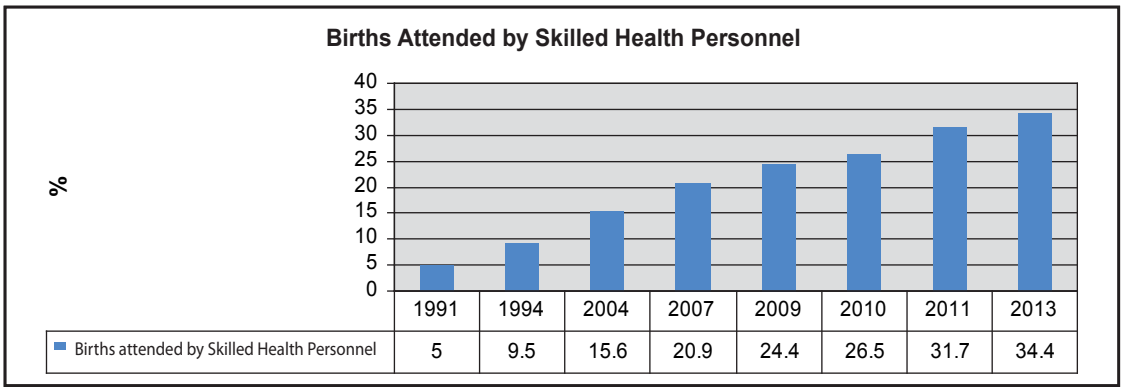
	1991	2004	2011
National	472	340	218
Rural	484	380	244
Urban	402	180	105

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 percent) 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. The recently conducted Utilization of Essential Service Delivery (UESD) Survey of NIPORT found proportion of births attended by skilled health personnel to be 34.4 percent in 2013.

Figure 6.3: Births Attended by Skilled Health Personnel, 1991-2013



	1991	1994	2004	2007	2009	2010	2011	2013
Births attended by Skilled Health Personnel	5	9.5	15.6	20.9	24.4	26.5	31.7	34.4

Source: BDHS1993-94, 2004, 2007, 2011; MICS 2009; UESDS 2010, 2013

However, the preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found 43.5 percent of women age 15-49 years with a live birth in the last 2 years were attended by skilled health personnel during their most recent live birth. Regional variation was found in this case, where Khulna was the best performing Division with 56.7 percent whereas Sylhet Division was the least performer with 26.7 percent.

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.

Interestingly the similar result was found in the preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF. It reveals 61.8 percent of women age 15-49 years currently married is using a contraceptive method. Contraceptive use ranges from 72.9 percent in Rangpur Division to 46.5 percent in Sylhet.

The trend 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.

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

The age specific fertility rate is defined as the number of live births to women in a specific age group during a specified period, divided by the average number of women in that age group during the same period, expressed per 1000 women. The age specific fertility rate for women age 15-19 years is called the adolescent birth rate. 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.

However, according to SVRS 2010, the adolescent birth rate has declined, from 79 per 1,000 women in 1990 to 59 in 2010. 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. However, the preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found the age specific fertility rate for women age 15-19 years as 83 per 1000 women.

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.

The preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found the percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a birth at least once by skilled health personnel as 58.7. The figure ranges from 74.6 percent in Khulna Division to 40.3 percent in Barisal Division.

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. The preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found the percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a birth at least four times by any provider as 24.7. The figure ranges from 35.8 percent in Rangpur Division to 14.0 percent in Barisal Division. 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.

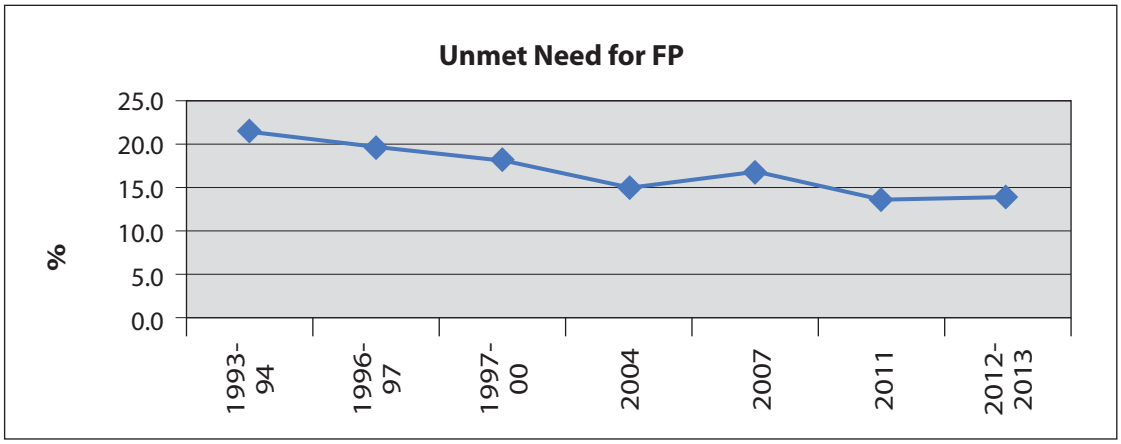
Women who are classified as in-fecund have no unmet need because they are not at risk of becoming pregnant.

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 the highest in Chittagong (21 percent) and lowest in Khulna and Rangpur (both 10 percent). 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.

Like the BDHS 2011 report, the preliminary findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found the unmet need of family planning as 13.9 percent. The unmet need is the highest in Barisal Division (19 percent) and lowest in Rangpur Division (9.1 percent).

Figure 6.4: Unmet Need for Family Planning: 1993-94 to 2013



Source: BDHS 2011, NIPORT, MOHFW, MICS, BBS-2012-13

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 still 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 in accessing information 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 advice, 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 midwifes.
    - 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.

"Every mother's life and health is precious"

CHAPTER 7

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

MDG 6: Targets with indicators

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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	43.33 (NASP 2013)	--
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS , %	--	17.70 (NASP 2013) Women-9.1 (MICS 2013)	--
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	--	0.88 (MICS-2013)	--

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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)	202 (MIS NMCP 2013)	310.8
6.6b Deaths of Malaria per 100,000 population	1.4 (2008)	0.007 (MIS NMCP 2013)	0.6
6.7 Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts) %	81 (2008)	90.1 (MIS NMCP 2013)	90
6.8 Proportion of children under 5 with fever who are treated with appropriate anti malarial drugs	60 (2008)	89.50 (MIS NMCP 2013)	90
6.9a Prevalence of TB per 100,000 population	501 (1990)	434 (GTBR WHO 2013)	250
6.9b TB mortality per 100,000 population/year	61 (1990)	45 (GTBR WHO 2013)	30
6.10a: TB Case Notification rate (all forms) per 100 000 population per year	59 (2001)	119 (MIS NTP 2013)	120
6.10b: Treatment Success Rate New Smear Positive TB under DOTS, %	73 (1994)	93 (MIS NTP 2013)	Sustain >90

MDG 6: Some Global and Regional level Facts & Figures	
Global	**Asia Pacific Region**
• Almost 600 children died every day of AIDS-related causes in 2012. • Antiretroviral medicines were delivered to 9.5 million people in developing regions in 2012. • Malaria interventions saved the lives of three million young children between 2000 and 2012. • Between 1995 and 2012, tuberculosis treatment saved 22 million lives.	• The Asia-Pacific region has performed better on communicable diseases: the spread of tuberculosis has been checked and efforts to control HIV are also bearing fruit.

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 3241 HIV positive cases have been identified; among them 1299 developed AIDS. Out of the total AIDS cases, 472 deaths have been recorded (as of December 2013, NASP).

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

However, according to National AIDS/STD Programmes (NASP), condom use rate at last high risk sex was 43.33 percent in 2013.

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, which came down to 9.1 percent according to MICS 2012-2013. However, according to National AIDS/STD Programmes (NASP), proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is 17.70 percent in 2013.

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

The data from Multiple Indicator Cluster Survey (MICS) 2012-2013 (BBS/UNICEF 2014) indicate that ratio of school attendance of orphans to school attendance of non-orphans as 0.88. It was found by the proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents.

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 in 2012.

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 202 in 2013. 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: BSS 2003-04, 2006-07, UNGASS 2008

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

Malaria is now a localized disease in Bangladesh which is somewhat 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 0.007 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 90.1 percent in 2013.

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

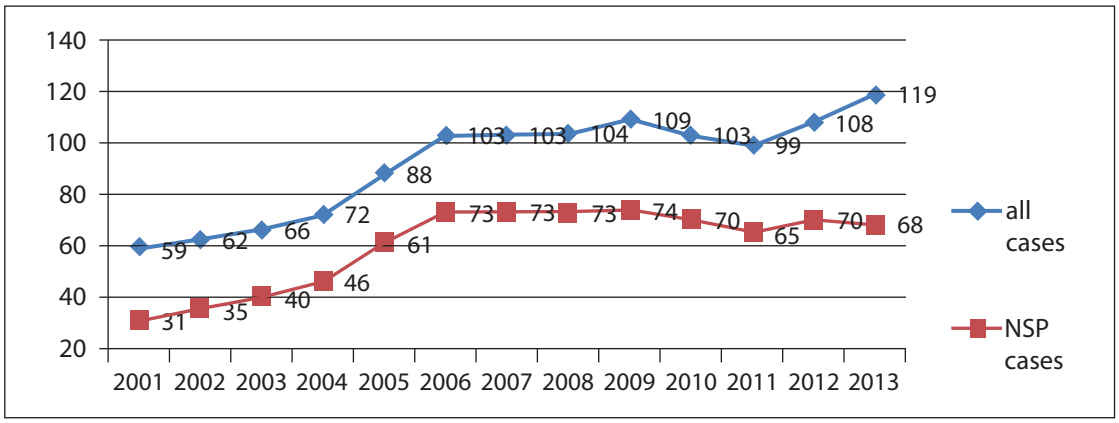
The base line figure for the proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs was 80 percent for the year 2008. In 2013, it was recorded at 89.50 percent and the target is to achieve 90 percent in 2015 is almost achieved.

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 93 percent of the 106,763 new smear-positive cases registered in 2012.

Fig.7.1 Nationwide case notification rate (per 100 000 population/year), 2001-2013



Source: NTP, DGHS

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

The death rate associated with TB was 61 per 100,000 populations in 1990. The country seeks to achieve the target of 30 by 2015. The current status is 45 in 2012 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.

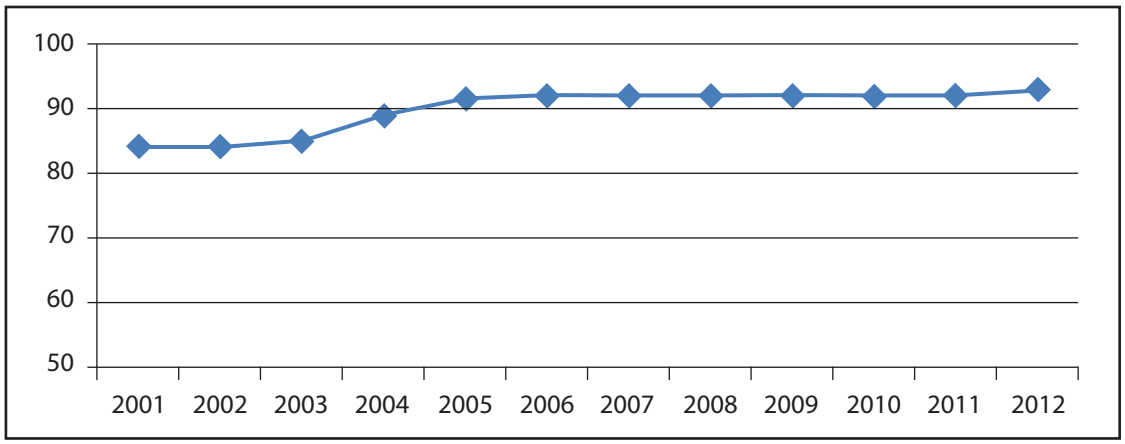
Indicator 6.10a: Proportion of tuberculosis cases detected under DOTS

A total of 190,893 cases (including 6,386 combined cases of return after failure, return after default and others) have been reported to NTP in 2013. So the overall case notification rate excluding those 6,386 cases was 119 per 100,000 population. The case notification rate for new smear positives cases in 2013 was 68 per 100,000 population. (Figures 7.1)

Indicator 6.10b: Proportion of tuberculosis cases successfully treated under DOTS

The treatment success rate of TB under DOTS was 73 percent in 1994, which has crossed the target of more than 85 percent. The program has successfully treated almost 93% of the new smear-positive cases registered in 2012.

Figure 7 .2 Treatment success rates of new smear positive TB cases, 2001-2012 cohorts



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:

- 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.

"We can stop the spread of AIDS, malaria and other diseases"

CHAPTER 8

Goal 7: Ensure Environmental Sustainability

MDG 7: Targets with indicators

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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	13.20 (DoF 2013) (density>30%)	20.0 (density >70%)
7.2: CO_2 emissions, total, per capita and per $1 GDP (PPP)			
7.2a: CO_2 emissions, metric tons per capita	0.14	0.31[10] (DoE 2013)	--

[10] No national GHG inventory was done for 2013. The latest one was for 2005 under 2nd National Communication. The emission figure for 2013 is an assumption taking the emission trend into consideration.

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
7.3a: Consumption of ozone-depleting substances in ODP tonnes	72.6 ODP tonnes	66.47 ODP tonnes (DoE 2012)	65.39 ODP tonnes
7.4: Proportion of fish stocks within safe biological limits	--	54 inland and 16 marine species	---
7.5: Proportion of total water resources used	--	2.9% (UNSD 2010)	---
7.6: Proportion of terrestrial and marine areas protected	0.91	1.83% including 0.47% marine (DoF 2013)	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	97.9[11] (MICS 2013) 98.2 (SVRS 2011)	100
7.9: Proportion of population using an improved sanitation facility	39	55.9 (MICS 2013) 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)	--

MDG 7: Some Global and Regional level Facts & Figures

Global	Asia Pacific Region
• Global emissions of carbon dioxide (CO_2) have increased by almost 50 percent since 1990. • Protected ecosystems covered 14 percent of terrestrial and coastal marine areas worldwide by 2012. • Over 2.3 billion more people have gained access to an improved source of drinking water since 1990, but 748 million people still draw their water from an unimproved source.	• The proportion of people without access to safe drinking water fell from 28 to 9 percent. In this case, the region is classified as an 'early achiever'. • Despite the narrowing of rural urban gaps, access to basic sanitation was lacking for 20 percent or more of the entire population in many countries of the region. • The region has increased the proportion of land area that is covered by forests or that has protected status.

[11] Considering arsenic contamination.

MDG 7: Some Global and Regional level Facts & Figures	
Global	**Asia Pacific Region**
• Between 1990 and 2012, almost 2 billion people obtained access to improved sanitation. However, 1 billion people still resort to open defecation. • One-third of urban residents in developing regions still live in slums.	• If Asia and the Pacific could halve the proportion of people without improved sanitation then 340 million people would gain access. • The region as a whole is an early achiever when considering emissions in relation to GDP. • Between 1990 and 2008, total CO_2 emissions from fossil fuel combustion in transportation rose by 161 percent in Asia, compared with the world average of 44 percent.

8.1 Introduction

At present there is only 13.20 percent of land in Bangladesh having tree cover with density of 30 percent and above. Government is trying hard to increase tree cover by accelerating coastal afforestation in newly accreted chars and introducing social forestry in fallow and marginal land, homestead and institution planting. At present the proportion of terrestrial and marine areas protected is 1.83 percent which is much less than the target of 5 percent. Another 13,395 hectares of terrestrial and 173,800 hectares of Marine Protected areas are under process of declaration. Thereby additional 3 percent area will be under Protected Area system by 2014. Data show that without considering the arsenic contamination, 98.2 percent population of Bangladesh is using improved drinking water source; arsenic adjusted figure is 86 percent in 2011. Moreover, 63.5 percent of the population is using improved sanitation in 2011. 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
Indicator 7.1: Proportion of land area covered by forest

According to the information of the Department of Forest, the total forest area in Bangladesh was 2.60 million hectares in 2013 which is only 17.62 percent of the total land area of the country. Out of this total forest land, 2.33 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 Department of Forest, 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 in marginal land such as roads, railway and embankment sides. Coastal afforestation programme in newly accreted chars is accelerated to increase forest area of the country as well as for estab

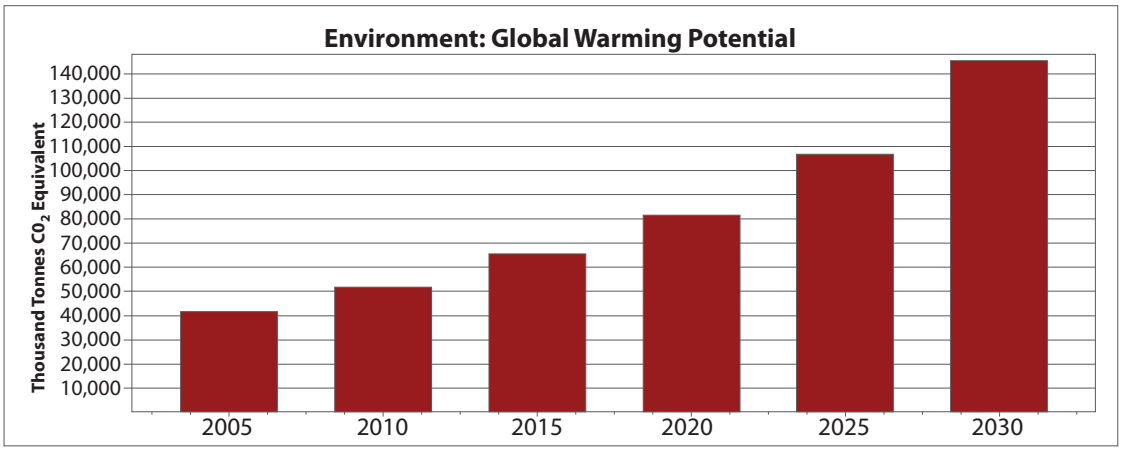
lishing a permanent protective green belt along the coast. Moreover, efforts have been made to increase tree density in existing forests by bringing more forests under Protected Area Management System and introducing silvicultural interventions like 'Enrichment Plantation', 'Assisted Natural Regeneration' etc. 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. Nevertheless, widespread destruction and clearing of forest land for agriculture, homestead and other non-forest purpose 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: CO_2 emissions, total, per capita and per $1 GDP (PPP)
Indicator 7.2a: CO_2 emissions (tonnes per capita)

Although Bangladesh is not a big emitter of CO_2 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 Bangladesh Climate Change Strategy and Action Plan (BCCSAP) 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 2012, the emission was 0.32 tonnes per capita and it is expected to go up to 0.38 tonnes in 2015. Understandably, the per capita CO_2 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 (CO_2, CH_4 and N_2O) emissions in energy sector. In 2005, the total GHG emissions in energy sector were 41,720 kton of CO_2 equivalent. It is projected that in 2030, the emission will increase to a total of 145,308 kton of CO_2 equivalent indicating a 3.5 times over the 2005 emissions. 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 from Energy Activities (2005-2030)

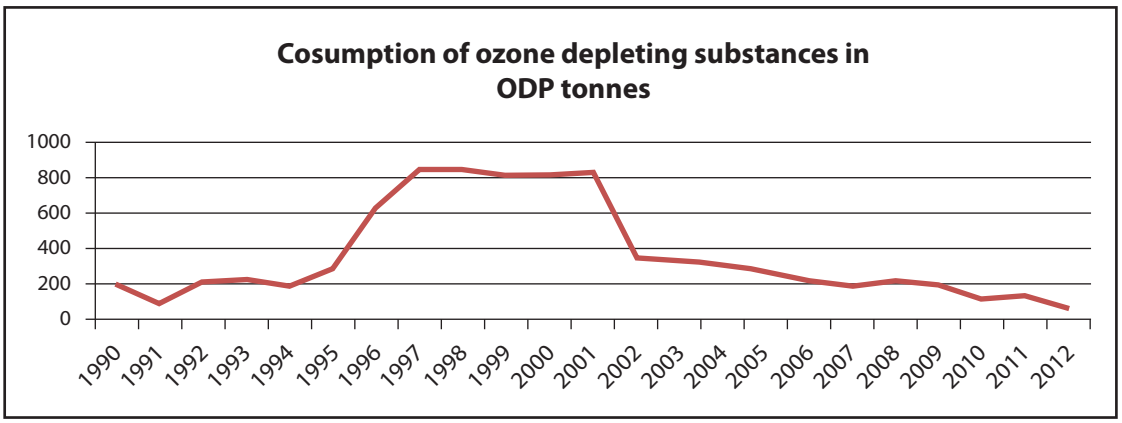


Source: Second National Communication of Bangladesh, Department of Environment, 2012

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

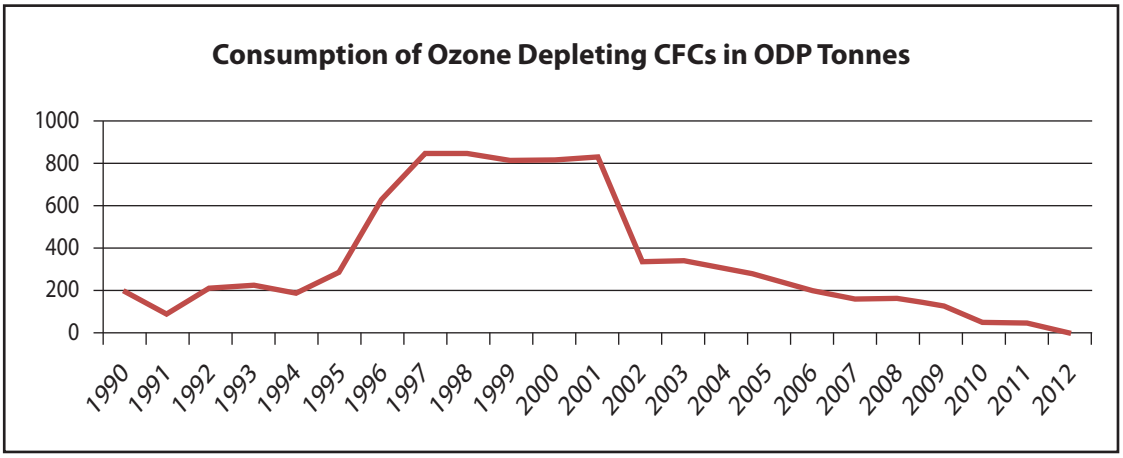
In Bangladesh, the major Ozone Depleting Substances (ODSs) are CFC11, CFC12, CTC and HCFC22, and HCFC141b. The country is in compliance with the ODS target and consumption of ODSs has been in line with the Montreal Protocol obligations. The consumption of CFCs from commercial sector uses has been totally 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. In Bangladesh consumption of ozone depleting substances was 202.1 ODP tonnes, which observed an increasing tendency up to 2001 when it was 826.9 ODP tonnes. However, after 2002 this consumption saw a decreasing tendency and it came down to 66.47 ODP tonnes in 2012.

Figure 8.2: Consumption of Ozone Depleting Substances in ODP tonnes, 1990-2012



Source: http://www.mdgs.un.org/unsd/mdg/
Note: Figures of 2010 & 2011 included CFC consumption under Essential Use Nomination approved by the meeting of the parties of Montreal Protocol for production of metered dose inhalers only.

Figure 8.3: Consumption of Ozone Depleting CFCs in ODP Tonnes, 1990-2012



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

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.[12] 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 8.1.

Table 8.1: Source-Wise Fish Production

Water sources	Production (lakh tonnes)						
	1990-91	1995-96	2000-01	2005-06	2010-11	2011-12	2012-13
1. Inland open waters (capture fisheries)	4.43	6.09	6.89	9.56	10.55	9.57	9.61
2.Impounded waters (aquaculture fisheries)	2.11	3.79	7.12	8.92	14.60	17.26	18.60
3. Marine fisheries	2.41	2.69	3.79	4.79	5.46	5.79	5.89
Total	8.96	12.58	19.98	23.28	30.61	32.62	34.10

Source: Bangladesh Economic Survey, 2012; Dept of Fisheries, 2014

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 2.9 percent in 2010. Bangladesh is endowed with rich water resources. Internal renewable water resources are estimated at 105 km^3/year (based on the National Water Plan Phase II), including 84 km^3 of surface water produced internally as stream flows from rainfall and approximately 21 km^3 of groundwater resources from within the country. Annual cross-border river flows that also enter groundwater are estimated at 1105.64 km^3 and represent over 90 percent of total renewable water resources which are estimated to be 1210.64 km^3. Total water withdrawal in 2008 was estimated at about 35.87 km^3, of which approximately 31.50 km^3 (88 percent) is used by agriculture, 3.60 km^3 (10 percent) by municipalities and 0.77 km^3 (2 percent) by industries. About 28.48 km^3 or 79 percent of total water withdrawal comes from groundwater and 7.39 km^3 or 21 percent, from surface water.[13]

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 1990 was 0.91 percent, which has increased to 4.24 percent in 2012. However, according to the Ministry of Environment and Forests, in 2013, the proportion

[12] 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). Moreover, Permanent Court of Arbitration (PCA's) verdict in 2014 has allowed Bangladesh to establish its sovereign rights on more than 118,813 sq kms of territorial sea, 200 nautical miles (NM) of exclusive economic zone and all kinds of living and non-living resources under the continental shelf up to 354 NM from the Chittagong coast.

[13] National Medium Term Priority Framework 2010-2015, FAO.

of territorial and marine area protected is 1.83 percent including 0.47 percent of marine areas. 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 8.2.

Table 8.2: Terrestrial and Marine Areas Protected, 1990-2012

Year	1990	2000	2010	2012
Terrestrial and Marine area protected to total area, %	0.91	4.07	4.24	4.24
Terrestrial and Marine area protected, sq.km	1629.33	7320.35	7625.61	7625.61
Terrestrial area protected to total surface area, %	1.10	4.58	4.72	4.72
Terrestrial area protected, sq.km	1542.42	6423.90	6611.29	6611.29
Marine areas protected to territorial water, %	0.2	2.2	2.5	2.5
Marine areas protected, sq.km	87	896	1014	1014

Source: http://www.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 National Herbarium (BNH) of the Ministry of Environment and Forest, under a contract research project of Bangladesh Agriculture Research Council, reported that 106 species of vascular plants were threatened.

The present status regarding vulnerability of vascular plants of the country has also been conducted by BNH during 2009-13 and finally, in June 2013, it is reported that, in addition to 106 species, another 120 species of vascular plants are threatened in the country.

In 2001, Bangladesh Agricultural Research Council (BARC) reported that 106 species of vascular plants were threatened. The present status regarding vulnerability 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.

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 Bangladesh Climate Change Trust (BCCT) is one of the major initiatives to address both climate change adaptation and mitigation. As per the direction of Climate Change Trust Act, 2010, BCCT was established on 24 January 2013 with effect from 13 October 2010 under the Ministry of Environment & Forests (MoEF).

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. However, the MICS 2012-2013 found that 97.9 percent of household members are using improved sources of drinking water, the arsenic adjusted figure is 85 percent. Table 8.3 shows the progress in the access to improved drinking water sources by the population in both rural and urban areas.

Table 8.3: Percentage of Population Using an Improved Drinking Water Source, 1990-2012

Year	Total	Urban	Rural
1990	77	87	77
1995	78	87	75
2000	79	86	77
2005	81	85	79
2010	81	85	80
2012	85	86	84

Source: http://www.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)). However, the MICS 2012-2013 found that 55.9 percent of household members are using improved sanitation facilities which are not shared. According to SVRS, however, sanitary toilet facility increased from 42.5 percent in 2003 to 63.5 percent in 2011. 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 8.4, based on the inputs from UNSD, shows the proportion of population using improved sanitation facility in Bangladesh during the 1990-2012 period. Concerted efforts are needed to increase the improved sanitation facilities in both urban and rural areas.

Table 8.4: Percentage of Population Using an Improved Sanitation Facility, 1990-2012

Year	Total	Urban	Rural
1990	39	58	34
1995	42	58	37
2000	47	58	43
2005	51	57	49
2010	56	57	55
2012	57	58	55

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

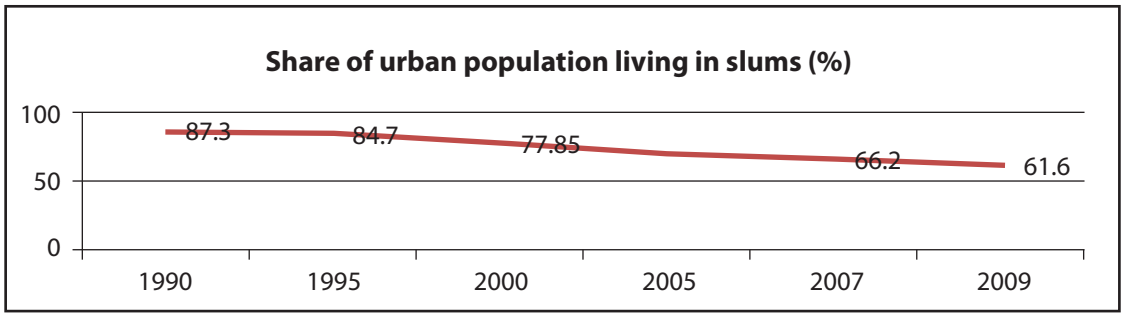
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

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.[14] The vast majority lives in six city corporations and approximately 300 municipalities.[15] 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. Figure 8.4 shows the proportion of urban population living in slums based on UNSD data.

Figure 8.4: Percentage of Urban Population Living in Slums



Source: http://www.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.]

[14] 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.

[15] Slums of Urban Bangladesh: Mapping and Census, 2005.

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 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 low priority of forestry sector, insignificant financing, allotment of forest land for other use, population growth, unemployment, poverty, shortage of skilled manpower in the Department of Forest, weak enforcement of law etc. 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 rainy 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 (BCCSAP) 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.
- 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.

"We can save our planet"

CHAPTER 9

Goal 8: Develop a Global Partnership for Development

MDG 8: Targets with indicators

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
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$)	1,732	2,811 (ERD 2013)	--
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	5.7	0.0037 (ERD 2013)	--

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	42 (2005)	48.24 (ERD 2013)	--
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh), %	82 (2005)	100 (ERD 2013)	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		
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)	Not relevant to Bangladesh		
8.11: Debt relief committed under HIPC and MDRI Initiatives	Not relevant to Bangladesh		

Targets and indicators (as revised)	Base year 1990/91	Current status (source)	Target by 2015
8.12: Debt service as a percentage of exports of goods and services, %	20.9	8.58 (ERD 2013)	--
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	0.71 (BTRC 2014)	--
8.15: Cellular subscribers per 100 population	--	75.81 (BTRC 2014)	--
8.16: Internet users per 100 population	0.0	24.37 (BTRC 2014)	--

MDG 8: Some Global and Regional level Facts & Figures

Global	Asia Pacific Region
• Official development assistance stood at $134.8 billion in 2013, the highest level ever recorded. • 80 percent of imports from developing countries enter developed countries duty-free. • The debt burden on developing countries remains stable at about 3 percent of export revenue. • The number of Internet users in Africa almost doubled in the past four years. • 30 percent of the world's youth are digital natives, active online for at least five years.	• 7 percent of OECD/DAC donors' GNI dedicated to ODA. • ODA in Asia and the Pacific remained below target and was skewed towards Afghanistan and Bangladesh; • Although the region has 66 percent of the world's poor, it received only about 20 percent of the total aid allocation in 2008-2010. • The aid received on a per poor-person basis amounted to $ 21 (i.e. if all the aid went to just the poor); while this figure was $ 221 for Latin America and the Caribbean; and $ 93 for Sub-Saharan Africa. • In 2010 the proportion of goods admitted to developed country markets duty free had reached 82 percent for the LDCs as a whole, while for Asia-Pacific LDCs, the proportion was only 69 percent. • The Asia-Pacific share of AFT (Aid for Trade) flows increased from an average of 7.1 percent in 2002 to 12 percent in 2010. Moreover, around two-thirds of this has gone to just two countries – Afghanistan and Bangladesh.

9.1 Introduction

Between 1990-91 and 2012-13, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 1.87 percent. Per capita ODA disbursement was US$ 15.75 in 1991 and was in a declining trend up to 2012 but saw an upper value in 2013 as US$ 18.29. Out of 34-member states of the OECD, only eight countries provided US$ 624.9 million ODA to Bangladesh in 2012-13. The amount was about 22.23 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 48.24 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$)

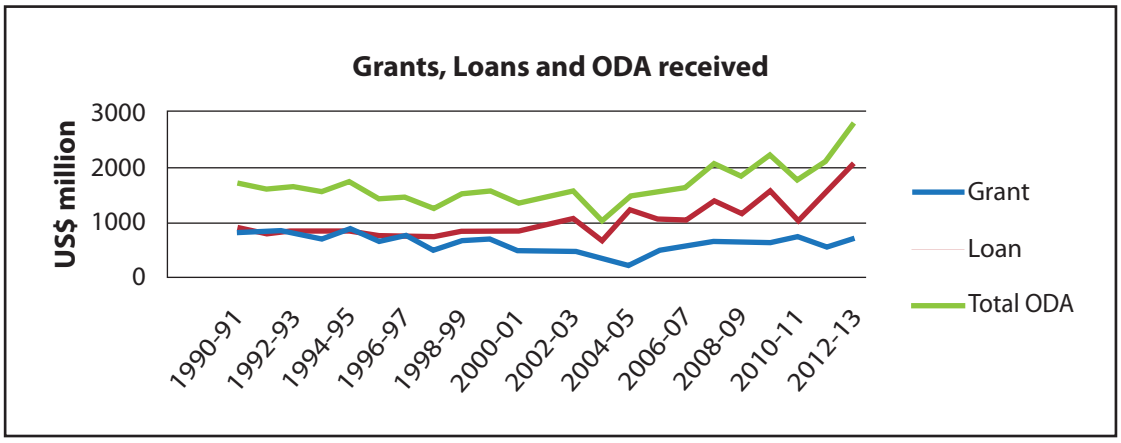
According to ERD report of Flow of External Resources into Bangladesh, net ODA received by Bangladesh in 1990-91 was US$ 1,732 million and 2012-13 it was recorded the highest amount ever in a single year as US$ 2,811 million. It implies during the last two decades and more, Bangladesh, on an average, got US$ 1,677 million ODA per year. However, during the last decade (FY03-04 to FY 12-13), yearly average of net ODA received by Bangladesh was US$ 1,857 million. The disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.59 percent in FY 90-91 to 1.87 percent in FY 12-13 (GDP base year 2005-06), implying yearly average of 2.62 percent. During the same period, per capita ODA disbursement saw fluctuating figures ranging from US$ 18.29 to US$ 7.64; meaning yearly average of US$ 12.68. During the period of FY 90-91 to FY 96-97, the share of grants and loans in total ODA was quite similar. Afterwards, the share of grants is seen to be declining while that of loans is increasing. In 2012-13, the share of grants was 26 percent of total ODA received in that particular year, implying loans to be 74 percent. Table 9.1 reveals that from FY 90-91 to FY12-13, on an average, each year Bangladesh got US$ 633 million as grants and US$ 1,045 million as loans. In absolute terms, the net ODA received by Bangladesh has shown rising trend over the last six years notwithstanding it shows significant yearly fluctuations.

Table 9.1: Trends in ODA Disbursement (in million USD), 1990-91 to 2012-13

Year	Grants (% of total ODA)	Loans (% of total ODA)	Total ODA	Share in GDP (%)	Per capita ODA disbursement (US$)
1	2	3	4 = 2 + 3	5 = (4/GDP) *100	6 = 4/population
1990-91	831(48)	901 (52)	1,732	5.59	15.60
1991-92	817 (51)	794 (49)	1,611	5.14	14.22
1992-93	818 (49)	857 (51)	1,675	5.23	14.50
1993-94	710 (46)	849 (54)	1,559	4.61	13.25
1994-95	890 (51)	849 (49)	1,739	4.58	14.53
1995-96	677 (47)	766 (53)	1,443	3.54	11.82
1996-97	736 (50)	745 (50)	1,481	3.50	11.91
1997-98	503 (40)	748 (60)	1,251	2.84	9.89
1998-99	669 (44)	867 (56)	1,536	3.36	11.98
1999-00	726 (46)	862 (54)	1,588	3.37	12.23
2000-01	504 (37)	865 (63)	1,369	2.86	10.53
2001-02	479 (33)	963 (67)	1,442	3.05	10.99
2002-03	510 (32)	1,075 (68)	1,585	3.05	11.88
2003-04	338 (33)	695 (67)	1,033	1.82	7.64
2004-05	244 (16)	1,244 (84)	1,488	2.48	10.86
2005-06	501 (32)	1,067 (68)	1,568	2.53	11.30
2006-07	590 (36)	1,040 (64)	1,630	2.41	11.59
2007-08	658 (32)	1,403 (68)	2,061	2.61	14.47
2008-09	658 (36)	1190 (64)	1,847	1.93	11.98
2009-10	639 (29)	1,589 (71)	2,228	1.93	15.07
2010-11	745 (42)	1,032 (58)	1,777	1.38	11.87
2011-12	588 (28)	1,538 (72)	2,126	1.59	14.02
2012-13	726 (26)	2,085 (74)	2,811	1.87	18.29
Yearly average	633 (38)	1,045 (62)	1,677	2.62	12.68

Source: Flow of External Resources into Bangladesh 2012-2013, ERD

Figure 9.1: Net ODA Received by Bangladesh (million US$), 1991-2013



Source: Flow of External Resources into Bangladesh 2012-2013, 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 eight countries provided US$ 624.9 million ODA to Bangladesh in 2012-13. The amount was about 22.23 percent of the total ODA received by Bangladesh in that particular year. Net ODA received by Bangladesh from eight countries of OECD/DAC in 2013 is given in Table 9.2.

Table 9.2: Net ODA Received by Bangladesh from OECD Countries, 2012-13

Country	Bangladesh got ODA from OECD countries (US$ million)	GNI of OECD countries in 2013 (US$ million)	OECD countries provided ODA (US$ million)	ODA as % of GNI of OECD countries	ODA received as % of GNI of OECD countries	Bangladesh received ODA as % of total ODA of OECD countries
1	2	3	4	5 = (4/3)*100	6 = (2/3)*100	7 =(2/4)*100
Canada	3.526	1,835,341	4,911	0.27	0.00019	0.07
Denmark	41.423	343,057	2,928	0.85	0.01207	1.41
Germany	68.711	3,716,838	14,059	0.38	0.00185	0.49
Japan	348.584	5,875,019	11,786	0.20	0.00593	2.96
Netherlands	4.6	797,211	5,435	0.68	0.00058	0.08
Sweden	11.264	567,230	5,831	1.03	0.00199	0.19
UK	108.95	2,506,906	17,881	0.71	0.00435	0.61
South Korea	37.842	1,301,575	1,744	0.13	0.00291	2.17
Total	624.9	16,943,180.00	64,579.00	0.38	0.0037	0.97

Source: Column 2: Flow of External Resources into Bangladesh 2012-2013, ERD;
Column 3: World Development Indicators database, World Bank (1st July 2014);
Column 4: http://www.oecd.org/statistics/ (8th April 2014)

It is evident from Table 9.2 that out of the eight OECD countries that provided ODA to Bangladesh in FY 12-13, only three countries—Sweden, Denmark and United Kingdom--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, Denmark comes first, followed by Japan, the United Kingdom and South Korea. On the other hand, if we consider ODA received by Bangladesh as percentage of total ODA from OECD countries, Japan becomes the leader followed by South Korea, Denmark and the United Kingdom.

In 2012-13, eight OECD countries provided US$ 624.9 million ODA to Bangladesh, which is about US$ 88.31 million higher than that in the previous year (Table 9.3). In absolute terms, Japan was the highest provider of ODA amounting to US$ 348.5 million, followed by the United Kingdom (US$ 109 million) and Germany (US$ 68.7 million).

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

Country	2009-10	2010-11	2011-12	2012-13
Japan	121.27	120.02	247.59	348.58
UK	61.37	96.69	136.77	108.95
South Korea	20.07	54.47	60.14	37.84
Germany	49.29	48.05	43.05	68.71
Canada	31.82	13.91	4.69	3.52
Denmark	63.03	13.1	10.58	41.42
Sweden	0.005	11.55	33.77	11.26
Norway	3.10	5.87	0	0
Netherlands	4.80	0.33	0	4.60
Total	354.76	363.99	536.59	624.9

Source: Flow of External Resources into Bangladesh 2012-2013, 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 2012-13, total ODA received by Bangladesh in major sectors was US$ 32,570 million, out of which the Public administration sector got the highest share followed by power, transport, education and health 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 public administration, agriculture, rural development and industries, received nearly 48.24 percent of total ODA outlay.

Table 9.4: Disbursement of ODA in Major Sectors during 1990-91 to 2012-13

Sector	Total disbursement (US $ million)	% of total
Public Administration	5659.7	17.38
Power	4913.8	15.09
Transport	4287.4	13.16
Education & Religious Affairs	3775.2	11.59
Health, Population & Family Welfare	3288.4	10.10
Physical Planning, Water Supply & Housing	2535.3	7.78
Water Resources	2083.4	6.40
Agriculture	1405.9	4.32
Rural Development & Institutions	1315.6	4.04
Oil, Gas & Mineral Resources	1063.1	3.26
Industries	802.0	2.46
Communication	729.7	2.24
Private	422.4	1.30
Social Welfare, Women's Affairs & Youth Development	259.8	0.80
Mass Media	24.1	0.07
Labour & Manpower	2.6	0.01
Sports & Culture	0.8	0.00
Science & Technology Research	0.6	0.00
Total	32,569.80	100.00

Source: Flow of External Resources 2012-2013, 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 was untied. The Government of Bangladesh (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 is not available for Bangladesh.

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

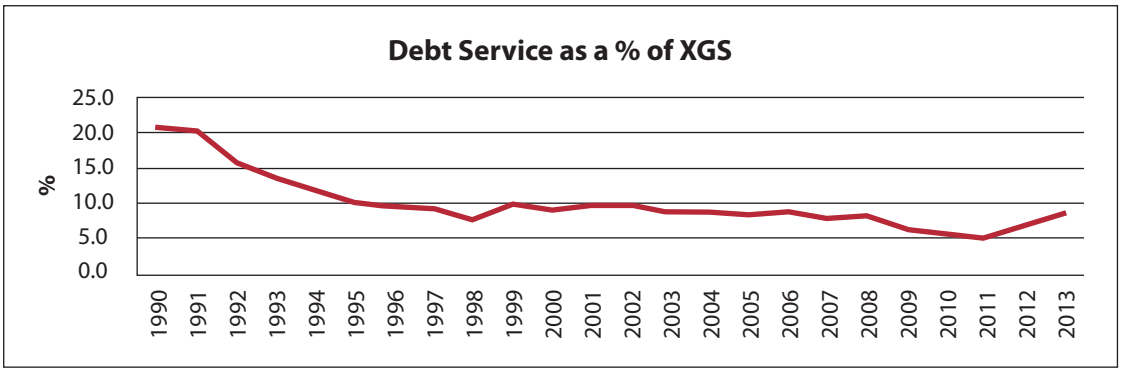
For Bangladesh, total debt service (TDS) payment in 2012-13 was US$ 3,789.70 million (interest: US$ 274.1 million and principal: US$ 3,515.6 million). On the other hand, export of goods and services in the same year was US$ 44,186.3 million (merchandise export: US$ 27,018.26 million, services invisible receipts: US$ 2,830.04 million and remittance: US$ 14,338 million). Hence, TDS as a proportion of exports of goods and services was 8.58 percent in 2013, which was 20.87 percent in 1990. The external debt position of Bangladesh is shown in Table 9.5.

Table 9.5: Bangladesh's External Debt Position, 1990-2013 (US$ million)

	1990	1995	2000	2005	2010	2013
Total Outstanding Debt	10,609.30	16,766.50	16,210.90	19,285.80	21,448.90	24,907.00
Total Debt Service (TDS)	570.00	552.10	767.20	1,139.50	1,700.70	3,789.70
Current Account Balance	- 1,579.00	- 1,030.00	- 418.00	- 557.00	3,734.00	1,905.91
Export of Goods and Services (XGS)	2,731.00	5,490.00	8,560.00	13,679.50	29,662.70	44,186.3
GDP at current price	22,129.30	29,110.60	37,153.60	60,018.30	100,084.00	149,996.65
TDS/XGS (%)	20.87	10.06	8.96	8.33	5.73	8.58
TDS/GDP (%)	2.58	1.90	2.06	1.90	1.70	2.53
Interest/XGS (%)	6.70	2.80	2.20	1.40	0.70	0.6
Debt/XGS (%)	388.50	305.40	189.40	141.00	72.30	56.4
Debt/GDP (%)	47.90	57.60	43.60	32.10	21.40	16.61
Current Account/GDP (%)	-7.10	-3.50	-1.10	-0.90	3.70	1.27

Source: Flow of External Resources into Bangladesh 2012-2013, ERD; National Accounts, BBS for GDP

Figure 9.2: Debt Service as a Percentage of Exports of Goods and Services, 1990-2013



Source: Flow of External Resources 2012-2013, ERD

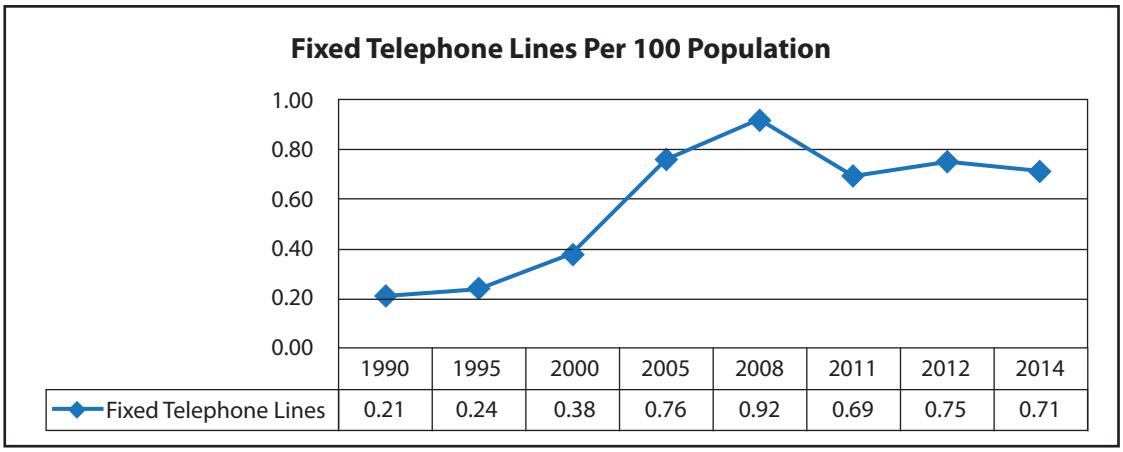
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
Indicator 8.13: Proportion of population with access to affordable essential drugs on a sustainable basis

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 people was 0.71 in 2014 which was 0.20 in 1990. However, the demand for fixed telephone lines has declined significantly after 2008 because of the phenomenal growth 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

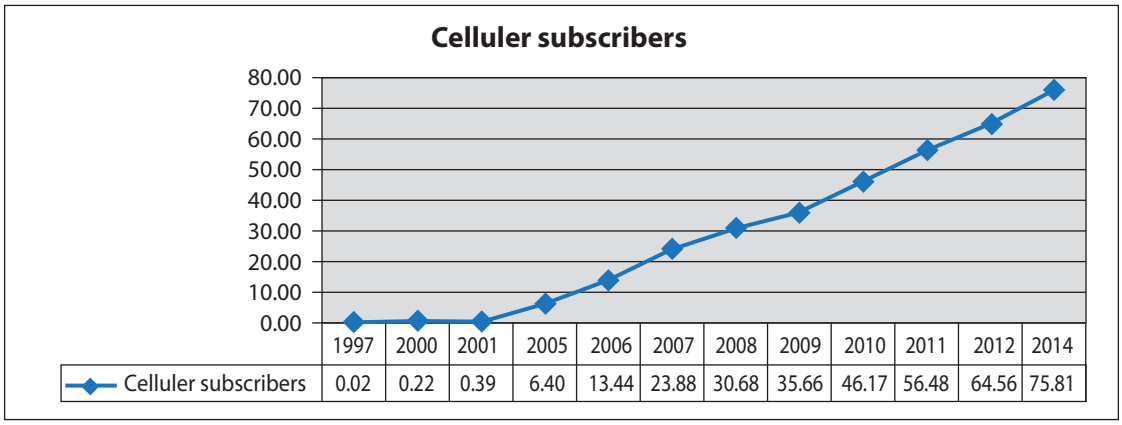


Source: BTRC; Pacific Economic Survey, 2008; ITU estimates

Indicator 8.15: Cellular subscribers per 100 population

According to the information provided by BTRC, cellular subscriber per 100 population was 75.81 in 2014, exhibiting a tremendous growth, which was zero in 1990. According to the HIES 2010 (BBS 2011), a extraordinary 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



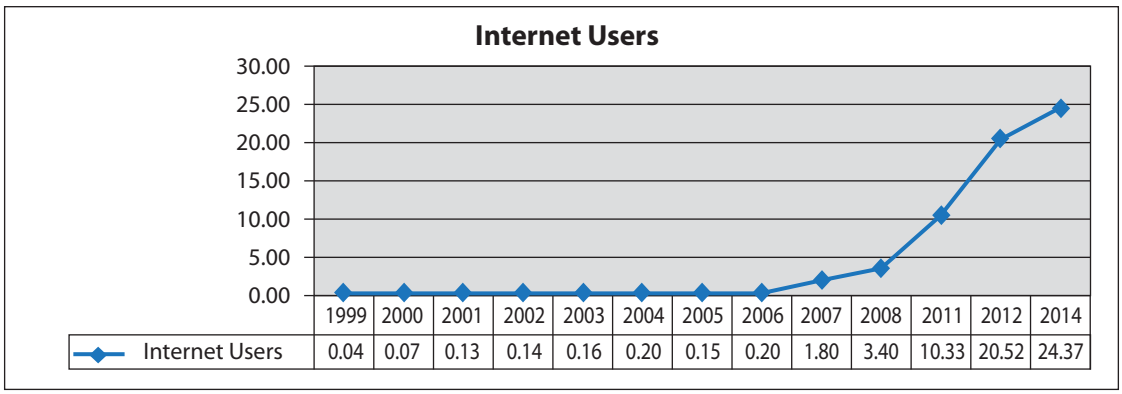
	1997	2000	2001	2005	2006	2007	2008	2009	2010	2011	2012	2014
Celluler subscribers	0.02	0.22	0.39	6.40	13.44	23.88	30.68	35.66	46.17	56.48	64.56	75.81

Source: BTRC and ITU

Indicator 8.16: Internet users per 100 population

According to BTRC, the internet users per 100 population was 24.37 in 2014, 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



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2011	2012	2014
Internet Users	0.04	0.07	0.13	0.14	0.16	0.20	0.15	0.20	1.80	3.40	10.33	20.52	24.37

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 prioritized for sustainable growth.
- 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.
- 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 strengthened.
- 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.
- 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.

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.

"We can create peace through partnerships"

CHAPTER 10

Path of Consensus Building for Post 2015 Development Goals: Search for a New Development Paradigm

Toward the end of the last century, world leaders met together at the United Nations and agreed on a milestone vision for the developing countries to achieve through the Millennium Declaration in 2000. The Millennium Development Goals (MDGs) were a pledge to uphold the principles of human dignity, equality and equity, and free the world from extreme poverty and hunger. The MDGs, with eight goals and a set of measurable time bound targets, established a blueprint for tackling the most pressing development challenges of our time. At the September 2010 MDG Summit, with the end date of the MDGs in sight, UN Member States initiated steps towards advancing the development agenda beyond 2015. In June 2012 at Rio+20, the UN Conference on Sustainable Development, UN Member States adopted *'The Future We Want'* outcome document, which set in motion many of the inter-governmental processes for the post-2015 development agenda.

10.1 The Pre-2015 Agenda: Status of the Post-2015 Development Agenda

The post-2015 agenda, prior to the end date of the Millennium Development Goals (MDGs), is expected to be adopted by the United Nations (UN) member states during the summit scheduled in September 2015. The groundwork has started in several tracks and levels in light with the agreement and decisions taken in the UN Conference on Sustainable

Development (Rio+20) in 2012. The update of processes en-route to adopting post-2015 development agenda are as follows.

Intensive work by UN Member States throughout 2013 laid the groundwork for devising the post-2015 development agenda. The current status of major processes building up to summit in September 2015, where the post-2015 agenda is expected to be adopted are:

Intergovernmental Tracks

The outcome document of Rio+20, *'The Future We Want',* paved the path for initiating and fostering the intergovernmental process to the post-2015 development agenda. Following the recommendations, a *"road map to 2015"* for the intergovernmental process was approved during the Special Event of the 68th UN General Assembly (UNGA) on 25 September 2013. The Open Working Group (OWG) on Sustainable Development Goals (SDGs); the High-level Political Forum on Sustainable Development (HLPF) and the Intergovernmental Committee of Experts on Sustainable Development Financing (ICESDF) were formed and started working with the Economic and Financial Committee (2nd Committee) of the UNGA to promote intergovernmental negotiations en route to processing post-2015 development agenda.

Road Map to 2015

The outcome document of a UN General Assembly (UNGA) Special Event in September 2013 contained a "road map" to 2015, according to which intergovernmental negotiations on the post-2015 agenda will start at the beginning of the 69th UNGA session in September 2014. In preparation, the President of the 68th session of the UNGA, convented a series of thematic and high-level events between February and June 2014, to "set the stage" for the intergovernmental process. The events on the agenda addressed: Water, Sanitation and Sustainable Energy; Women, Youth and Civil Society; Ensuring stable and peaceful societies; Human rights and Rule of law; Role of Partnerships; South-South, Triangular Cooperation and ICT for Development.

During the final quarter of 2014, the UN Secretary-General is expected to issue a synthesis report – another element of the UNGA-mandated road map – incorporating all inputs to the post-2015 development agenda, such as the output of the OWG on SDGs, and the reports of the ICESDF and the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. The roadmap further stated that a Summit of Heads of State and Government should convene in September 2015 to adopt the post-2015 development agenda. The UN is planning for a Ministerial-level Summit for negotiations on post-2015 development agenda in March 2015.

Sustainable Development Goals

The member states during the United Nations Conference on Sustainable Development (Rio+20), held in Rio de Janeiro in June 2012, agreed on for the establishment of Open Working Group (OWG) to develop a set of Sustainable Development Goals (SDGs) before the terminal year of MDGs, 2015. In order to submit a report to the 68th session of the UNGA with a proposal for SDGs, by building synergy with the parallel post-2015 development agenda, the OWG was established on 22 January 2013 by the UNGA comprising 30 UN Member States. In March 2014, the OWG moved into a "consensus-building stage," which extended over five meetings between March and July 2014. The Group's final proposal, comprising of 17 goals and 169 targets, has been submitted in the opening session of the 69th session of the UNGA.

The goals proposed by OWG are as follows:

Goal 1: End poverty in all its forms everywhere

Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Goal 4: Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

Goal 5: Achieve gender equality and empower all women and girls

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Goal 7: Ensure access to affordable, reliable, sustainable, and modern energy for all

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Goal 10: Reduce inequality within and among countries

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12: Ensure sustainable consumption and production patterns

Goal 13: Take urgent action to combat climate change and its impacts

Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

International Governance of Sustainable Development

One of the two themes of Rio+20 was to strengthen the institutional framework for sustainable development. The High-level Political Forum on Sustainable Development (HLPF) was established succeeding the outcome document of Rio+20 in order to follow up and review progress in implementing sustainable development commitments. This body is also mandated to address new and emerging sustainable development challenges; and enhance the integration of economic, social and environmental dimensions of sustainable development. The HLPF is authorized to meet every year under the auspices of UN Economic and Social Council (ECOSOC) and every four years at the level of heads of state and government under the auspices of the UNGA. The inaugural meeting of the HLPF took place on 24 September 2013. The HLPF have had three meetings so far.

10.2 Financing for Sustainable Development

The outcome document of Rio+20 urged for significant mobilisation of resources from a variety of sources and the effective use of financing, in order to give strong support to developing countries in their efforts to promote sustainable development and for achieving sustainable development goals. As a consequence, the Intergovernmental Committee of Experts on

Sustainable Development Financing (ICESDF), comprising 30 experts nominated by regional groups, was established by UN General Assembly on 21 June 2013. The intergovernmental committee has concluded its work by adopting its draft report, during the 5th and final session of the committee held on 4-8 August 2014, and forwarded it to the UNGA for consideration during its 39th session.

The experts figured out that global public and private savings are sufficient to meet current needs of financing for sustainable development. The experts also recommended adopting national financing strategies, as an integral part of national sustainable development strategies, based on the principle of country ownership. Their efforts would be buttressed by a strengthened global partnership for sustainable development.

Under the patronage of the United Nations (UN), other intergovernmental processes are also functioning in order to determine the financing priorities and targets. The First High-Level Meeting of the Global Partnership for Effective Development Cooperation, the Ministerial Meeting of OECD on Reforming Development Financing and 3rd International Conference on Financing for Development (FfD) are expected to contribute in the process of financing the SDGs.

The UNGA is holding informal consultations on the forthcoming Third International Conference on Financing for Development (FfD). This conference is expected to be convened in 2015 or in early 2016 to address new and emerging issues. The meeting is expected to examine the issue in the context of synergies between financing objectives across the three dimensions of sustainable development (social, economic and environmental) and the need to support the post-2015 development agenda, according to a UNGA resolution of December 2013.To date there has been no comprehensive analysis of the amounts required to finance any potential post-2015 sustainable development frameworks.

10.3 UN System Initiatives

The UN system has made substantive contributions in the process of formulating the post-2015 agenda besides the aforementioned intergovernmental tracks initiated by UNGA. UN system efforts include reports from the High-level Panel of Eminent Persons, the Sustainable Development Solutions Network and consultations led by the UN Development Group (UNDG).

The UN Secretary-General appointed the High-level Panel of Eminent Persons on the Post-2015 Development Agenda (HLP) as an initiative to provide recommendations for post-2015 framework. The HLP presented its report titled *'A New Global Partnership: Eradicate Poverty and Transform Economies Through Sustainable Development'* on 30 May 2013. Recommending a post-2015 framework, the report puts forward 12 goals and 6 cross-cutting issues with a target date of achieving these goals by 2030. The report also emphasized for five "key transformations": (a) leave no one behind; (b) put sustainable development at the core; (c) transform economies for jobs and inclusive growth; (d) build peace and effective, open and accountable public institutions; and (e) forge a new global partnership.

The goals proposed by HLP are as follows:

Goal 1: End Poverty

Goal 2: Empower Girls and Women and Achieve Gender Equality

Goal 3: Provide Quality Education and Lifelong Learning

Goal 4: Ensure Healthy Lives

Goal 5: Ensure Food Security and Good Nutrition

Goal 6: Achieve Universal Access to Water and Sanitation

Goal 7: Secure Sustainable Energy

Goal 8: Create Jobs, Sustainable Livelihoods, and Equitable Growth

Goal 9: Manage Natural Resource Assets Sustainably

Goal 10: Ensure Good Governance and Effective Institutions

Goal 11: Ensure Stable and Peaceful Societies

Goal 12: Create a Global Enabling Environment and Catalyse Long-Term Finance

Another initiative by the UN Secretary General was launched at the United Nations Sustainable Development Solutions Network (SDSN) in August 2012. On 6 June 2013, the SDSN delivered a report entitled *"An Action Agenda for Sustainable Development,"* to the UN Secretary-General by outlining 10 sustainable development priorities covering the four main dimensions of sustainable development: (a) economic growth and the end of poverty, (b) social inclusion, (c) environmental sustainability, and (d) good governance. The report also highlighted gender equality and human rights as cross-cutting, while arguing that these issues require social mobilisation and political leadership.

The United Nations Development Group (UNDG) surveyed more than 1.3 million people across the world to assess development priorities for the post-2015 agenda between 2012 and 2013. Compiling the results of online discussions, national consultations and surveys, as well as 11 global consultations, the UNDG released a report titled *"A Million Voices: The World We Want"* in September 2013. The report evaluated the feedbacks of the processes and concluded that the areas people see as central to the new development agenda, among others, are inequality, governance and human rights. In follow-up to this process, UNDG announced a new round of consultations, called 'Dialogues on Implementation', which will address: 1) Localizing the post-2015 development agenda; 2) Helping to strengthen capacities and institutions; 3) Participatory monitoring, existing and new forms of accountability; 4) Partnerships with civil society and other actors; 5) Partnerships with the private sector; and 6) Culture and development.

The outcomes from the HLP report, UNDG-led consultations and SDSN report were among the inputs used for preparation of a report by the Secretary-General, which was issued in August 2013 and was titled 'A Life of Dignity for All.' The report points to an emerging consensus for an agenda that: is universal yet responsive to regional and national capacities and priorities; is ambitious yet simple in design; prioritizes ending poverty and reducing inequality; protects the planet, including its biodiversity, land and water; and is rights-based. It calls for 14 transformative actions to bring this emerging vision to life, also making recommendations on financing and implementing the agenda, including through monitoring and accountability frameworks and improved data and statistics.

Putting Sustainable Development at the Core

At the beginning of the discussions, dialogues and processes towards the post-2015 development agenda, the UN member states tabled a pile of issues to be considered in setting the future agenda. However, the delegates trimmed the list and started to focus on reaching a consensus. One key question in the process of formulating post-2015 development agenda was whether SDGs would be the centrepiece of the post-2015 development agenda, or a second generation of MDGs would be pursued on a parallel track, giving impetus to a "sustainable development" agenda. UN Secretary-General Ban Ki-moon gave his answer to this question in his July 2013 report "the separate strands must come together with the goal of a single, coherent global agenda," and that sustainable development – "enabled by the

integration of economic growth, social justice and environmental stewardship" — must become both a global guiding principle and an operational standard.

The post-2015 development agenda and the SDGs have brought renewed attention to the three dimensions (economic development, social development, and environmental protection) of sustainable development. The experts urge for integrated implementation in these three dimensions en route to achieving sustainable development. Issues such as governance and inequality were also brought to the table for consideration. The High-level Panel of Eminent Persons on the Post-2015 Development Agenda (HLP), recognising its "intrinsic linkage" to sustainable development (some argue that it is "at the core"), identified poverty eradication as the "central imperative" of the post-2015 agenda.

10.4 Bangladesh Proposal to UN

The main objective of the Post-2015 consultation process in Bangladesh, led throughout 2013 by the General Economics Division (GED), Planning Commission, was to broaden the debates and ensure people's active participation in the discussions. The country consultations were designed to stimulate an inclusive debate on formulation of a post-2015 development agenda by providing an analytical base, inputs and ideas that:

(a) build a shared global vision

(b) amplify the voices of the poor and other marginalized group

(c) influence the inter-governmental processes

In Bangladesh, the first round of post-2015 national consultations provided opportunities for the country to reflect and draw upon its experiences with the MDG framework, bolster its say in shaping new global development goals and to ensure that the goals set are relevant to Bangladesh development context. To this end, the Government of Bangladesh (GoB) committed to lead the national consultative process in an inclusive and participatory manner.

On November 10th, 2012, the GoB conducted the first National Expert Level Consultation Conference that 'kicked-off' the national consultation process. The aim of the conference was to identify gaps and challenges that exist in relation to sustainable development and generate ideas on preliminary goals, targets and indicators for Post-2015 development agenda. The summary report from the first national conference set the motion for the subsequent consultations. Between November 2012 and May 2013, a number of consultation meetings were organized to create a draft framework. These dialogues were held at the national and sub-national levels and participated by concerned Ministries, UN agencies, Development Partners, civil societies and media representatives. The draft framework was reviewed by various experts from the UN System who provided insights and inputs for inclusion in May 2013, prior to the final consultation with the Hon'ble Prime Minister Sheikh Hasina and Ministers of Finance, Planning as well as Foreign Affairs, among others that were present.

The national document of Bangladesh contains 11 goals, 58 targets and 241 indicators. The goals set are:

Goal 1: Unleash human potentials for sustainable development

Goal 2: Eradicate poverty and reduce inequality

Goal 3: Ensure sustainable food security and nutrition for all

Goal 4: Universal access to health and family planning services

Goal 5: Achieve gender equality

Goal 6: Ensure quality education and skills for all

Goal 7: Increase employment opportunities and ensure worker rights

Goal 8: Ensure good governance

Goal 9: Promote sustainable production and consumption

Goal 10: Ensure environmental sustainability and disaster management

Goal 11: Strengthen international cooperation and partnership for sustainable development

10.5 2nd round of post-2015 consultations

While the 1st round of consultations focused on substantive issues and areas to be included in a post-2015 development agenda, the 2nd round of post-2015 consultations, led by the UN Development Group (UNDG) in partnership with member states and their governments, will focus on implementation strategies of the post-2015 development agenda. In this context, the UNDG global initiative proposed that the UN Country Teams (UNCTs) in interested programme countries will work together with partners on one of the themes ('areas for consultations') and document existing or new strategies that could be considered when implementing the post-2015 agenda. The UNDG proposed areas for the 2nd round of consultations include: (a) Localizing the post-2015 development agenda, (b) Helping to strengthen capacities and institutions, (c) Participatory monitoring for accountability, (d) Partnerships with civil society and other actors, (e) Partnerships with the private sector, and (f) Culture and development.

To expedite the 2nd round dialogue; a meeting was held on 30 April 2014 organized by the GED, Planning Commission, that confirmed the previous preliminary decision of the GED to focus on the theme of 'participatory monitoring for accountability' as the most appropriate for the 2nd round of post-2015 dialogue in Bangladesh. This particular theme was chosen firstly for its crosscutting nature, and secondly because it would directly address in an inclusive and transparent manner one of the main criticisms of the MDGs, the lack of mutual accountability. In order to make such a dialogue practical, the consensus was to anchor the theme on two goals proposed by the GoB in its post-2015 national report, namely gender equality and nutrition.

The 2nd round of post-2015 consultations in Bangladesh will bring together a diverse set of experts for a series of technical meetings and a knowledge event, with the objective of highlighting best practice approaches in participatory monitoring for accountability in the country. Examples of what is working, and what is not, in the fields of nutrition and gender, will provide evidence of potential approaches and tools to be harnessed for effective post-2015 implementation across all thematic areas. The results of the 2nd round of post-2015 dialogue will inform decision-making bodies in Bangladesh and globally, including the post-2015 synthesis report of the UN Secretary General planned for November 2014.

ANNEXURE

Annexure-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 & 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[16], 2010)	35.1	Need Attention
1.1a: Proportion of populationbelow national upper poverty line (2,122 kcal), %	56.7 (1992)	31.5 (HIES 2010) 26.2 Est for 2013	29.0	Target met
1.2: Poverty Gap Ratio, %	17.0 (1992)	6.5 (HIES 2010)	8.0	Target 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)	3.55 (WB 2012)	-	
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	70.4 (1991)	41.7 (ILO 2010)	-	-
1.7: Proportion of own-account and contributing family workers in total employment	69.4 (1996)	85.0 (ILO 2005)	-	Lacks update 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	31.9 (MICS, 2012-2013)	33.0	Target met
1.9: Proportion of population below minimum level of dietary energy consumption (2122 kcal), %	48.0	40 (HIES 2005)	24.0	Lacks update data
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal), %	28.0	19.5 (HIES 2005)	14.0	Lacks update 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	97.3 (APSC, 2013, DPE)	100	On track
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	96.4 (MICS, 2012-13)	100	Need Attention
2.3: Literacy rate of 15-24 year-olds, women and men, %	-	Total 74.9 Women: 81.9 men: 67.8 (BDHS 2011)	100	Need Attention
2.3a: Adult literacy rate of 15+ years old population, % (Proxy indicator)	37.2	58.8 (SVRS, 2011)	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	0.83	1.00 (APSC, 2013,	1.0	Target met

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

3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.14 (BANBEIS 2012)	1.0	Target met
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.73 (BANBEIS 2012)	1.0	Impressive
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 (BPS 2014)	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 1000 live births)	146	44 (SVRS 2011)	48	Target met
4.2: Infant Mortality Rate (per 1000 live births)	92	35 (SVRS 2011)	31	On track
4.3: Proportion of 1 year-old children immunized against measles, %	54	81.9 (UESD 2013)	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	43.5 (MICS 2012-13)	50	Need Attention
Target 5.B: Achieve by 2015, universal access to reproductive health.				
5.3: Contraceptive Prevalence Rate, %	39.7	61.8 (MICS 2012-13)	72	Need Attention
5.4: Adolescent birth rate, (per 1000 women)	77	83 (MICS 2012-13)	-	-
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)	13.9 (MICS 2012-13)	7.6	Need Attention
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 (9^{th} SS 2011)	Halting	On track
6.2: Condom use rate at last high risk sex, %	6.3	43.33 (NASP 2013)	-	-
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	17.70 (NASP, 2013)	-	Low
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	-	0.88 (MICS 2012-13)	-	-
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 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)	202 (MIS NMCP 2013)	310.8	Target met
6.6b: Deaths of Malaria per 100,000 population	1.4 (2008)	0.007 (MIS NMCP 2013)	0.6	Target met
6.7: Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts), %	81 (2008)	90.1 (MIS, NMCP 2013)	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 2013)	90	On track
6.9a: Prevalence of TB per 100,000 population	501 (1990)	434 (GTBR WHO 2013)	250	Need Attention
6.9b: Deaths of TB per 100,000 population	61 (1990)	45 (GTBR WHO 2013)	30	On track
6.10a: Detection rate of TB under DOTS, %	59 (2001)	119 (MIS NTP 2013)	120	Target met
6.10b: Cure rate of TB under DOTS, %	73 (1994)	93 (MIS NTP 2013)	Sustain >90	Target 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	13.20 (DoF 2013) (Tree density>30%)	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	0.31 (DoE, 2013)	-	-
7.3: Consumption of ozone-depleting substances in Ozone Depleting Potential (ODP) tonnes	72.6	66.47 (DoE, 2012)	65.39	On track
7.4: Proportion of fish stocks within safe biological limits		54 inland & 16 marine	-	-
7.5: Proportion of total water resources used		2.9% (UNSD 2010)	-	-
7.6: Proportion of terrestrial and marine areas protected, %	0.91	1.83 including 0.47% marine (DoF, 2013)	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	97.9 (MICS 2012-2013)	100	On track
7.9: Proportion of population using an improved sanitation facility	39	55.9 (MICS 2012-2013)	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)	-	In sufficient data

Goal 8: Develop a Global Partnership for Development				
Target 8.A: Developed further an open, rule-based, predictable, non discriminatory trading and financial system Target 8.B: Address the special needs of the least developed countries Target 8.C: Address the special needs of landlocked developing countries and small developing states Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term				
8.1a: Net ODA received by Bangladesh (million US$)	1,732	2,811 (ERD 2013)	-	-
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	5.7	0.0037 (ERD 2011)	-	-
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	42 (2005)	48.24 (ERD 2013)	-	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh) , %	82 (2005)	100 (ERD 2013)	100	Target 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	8.58 (ERD 2013)	-	-
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	0.71 (BTRC 2014)	-	Low users
8.15: Cellular subscribers per 100 population	-	75.81 (BTRC 2014)	-	Impressive
8.16: Internet users per 100 population	0.0	24.37 (BTRC 2014)	-	Gradually increasing

Annexure-2

MDG Acceleration in the Chittagong Hill Tracts (CHT)

Introduction

The Chittagong Hill Tracts (CHTs) is a unique area that is geographically as well as ethno-culturally distinct from other parts of Bangladesh. CHT governance is a decentralized government system initially established with the 1989 Hill District Council Act and revised in the Peace Accord of 1997, comprising a Ministry of Chittagong Hill Tracts Affairs (MoCHTA), Regional Council (RC) and three Hill District Councils (HDCs). Other elements of CHT governance are the central government's administrative system, the two levels of local government as in

the rest of the country and the traditional administrative system of Circle Chiefs, Mouza Headmen and Village Karbaris.

The CHT Peace Accord was signed in December 1997 between the Government of Bangladesh (GOB) and the Parbatya Chattgram Jana Samhati Samiti (PCJSS), and was recognized as a significant political breakthrough and achievement, ending more than two decades of violence and improving peace and stability in the region. However, while progress has been made under the Accord, for example enactment of the subsequent laws, such as, Rules of Business of MoCHTA, CHTRC Act and HDCs Acts and the establishment of the Ministry of Chittagong Hill Tracts Affairs (MoCHTA), the Regional Council and 3 HDCs, some important aspects of the Accord still need to be implemented. Land disputes remain the cause of the majority of communal violence incidents, hampering development progress. Additionally, the further transfer of responsibilities/subjects (including law and order, local police, land and land management) and harmonization of national and CHT specific laws is required to address governance challenges and promote lasting peace and development for all inhabitants of the CHT.

Inclusive achievement of the MDGs in the CHT requires recognition of the unique geographical, ethnic and cultural composition of the region in service provision and development interventions. The difficult terrain, scattered population and rudimentary communications infrastructure demand significantly higher operational costs and different implementation modalities when compared to other parts of the country. Moreover, the multiplicity of ethnicities and languages present additional challenges in education and training.

MDG Achievements 2013

The three CHT districts – Khagrachari, Rangamati and Bandarban – have made steady progress in achieving the MDGs; however progress still lags behind national figures. Study reports, including the most recent Child Equity Atlas (2011), ranked the three CHT districts among the worst performing in Bangladesh. In 2012 and 2014, the three HDCs conducted MDG mapping exercises with the participation of development actors, line departments, NGOs and UN agencies. Localizing the MDGs was one component of this exercise, consisting of aligning existing MDG goals and targets to local contexts. Promisingly, most of the selected local indicators correspond with national targets. The following is a description of MDG achievements against localized CHT indicators.

MDG 1: Eradicate Extreme Poverty and Hunger

Poverty: The most recent survey (HIES 2010) with relevant data for the three CHT districts shows that a higher proportion of the population in the three districts falls below the national upper poverty line as compared to the Bangladesh average (Indicator 1.1). Khagrachari fares the worst where just over half (50.5%) of population do not get the requisite kilocalories (2,122) per day; even in Rangamati, a full third of residents fail to achieve this measure of the upper poverty line.

Indicator 1.1: Proportion of population below the national upper poverty line (2,122 kilocalories)

Bangladesh	31.5%
Khagrachari	50.5%
Rangamati	33.2%
Bandarban	41.1%

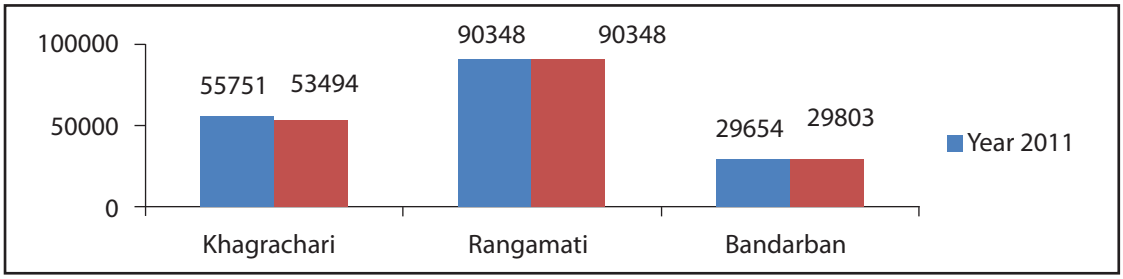
Hunger: A similar trend is observed in the number of children under the age of five that were underweight according to the Bangladesh Household Food Security and Nutrition Assessment (BHFSNA 2009); again, Khagrachari fares the worst at just above the national average (Indicator 1.2). The Helen Keller International (HKI 2012), on the other hand, reports underweight prevalence close to 50% in some remote areas of CHT, which is showing the disparity in between regions. Notably the WHO Emergency threshold is > 30%

Indicator 1.2: Prevalence of underweight among children under five years of age

Bangladesh	45.0%
Khagrachari	45.0%
Rangamati	39.7%
Bandarban	41.0%

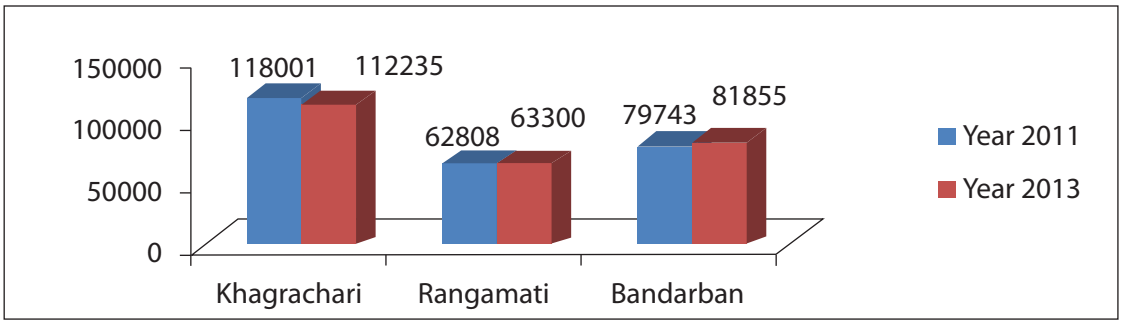
Land cultivation: The proportion of land under cultivation is proxy indicator of development or lack thereof in the CHTs. The District Agriculture Extension (DAE) departments periodically report the area of land cultivated (in hectares) for the 3 CHT districts. No significant changes were witnessed in the three districts during the two years of reporting, 2011 and 2013 below (Indicator 1.3).

Indicator 1.3: Proportion of land under cultivation



Food production: In addition, the DAE departments report on another proxy indicator for development - the status of food production in metric tons (MT) at the district level. Once again, very little advancement was made in this particular area.

Indicator 1.4: Status of food production

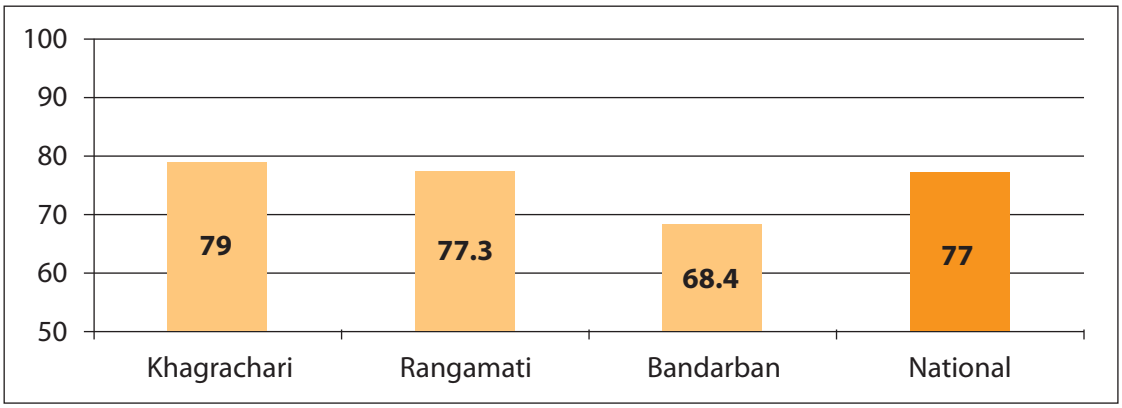


MDG 2: Achieve Universal Primary Education

Efforts to increase awareness among parents to send children to school, provision of pre-primary education and increased access to school through construction of new schools had a positive impact on net enrollment rates.

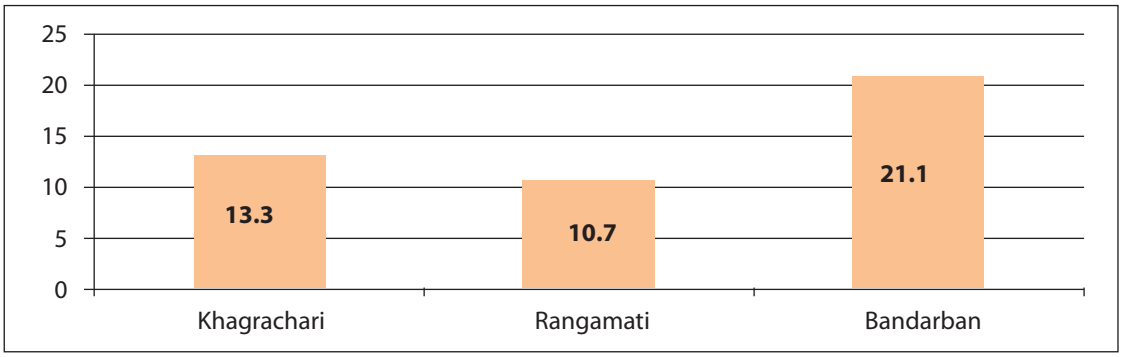
Net enrolment: A comparison of the enrolment rates between MICS 2009 and Child Equity Atlas 2011 shows modest rises in two districts – Rangamati by 2.3% and Bandarban by 8.4% – and a tumble in Khagrachari of 0.4%. Comparison with the national average shows that enrolment rates in the CHT districts cluster just around the national rate of 77% with Khagrachari at 79%, Rangamati at 77.3% and Bandaran still lagging behind its neighbors even with the best jump to 68.4% (Child Equity Atlas 2011).

Indicator 2.1: Net enrollment in primary education



Reaching grade 5: MICS 2009 provides the latest data on the proportion of pupils starting grade 1 who reach grade 5. More updated data includes a proxy indicator on the survival rate from the School Census 2009 and 2012(DPE). A comparison indicates an increase of 13.3% in Khagrachari, 10.7% in Rangamati and 21.2% in Bandarban from 2009 to 2012 (Annual School Census).

Indicator 2.2: Change in survival rate



Access to educational services in the many remote hilly areas of the CHT is constrained, due to relatively small but remotely dispersed population. Studies and surveys covering these geographical areas are showing achievements below the Bangladesh average.

MDG 3: Promote Gender Equality and Empower Women

The most recent data suggest that parents have increased awareness to send girls to school. The Child Equity Atlas 2011 shows attendance rates at primary schools nearly on par with the percentage of boys. In fact, the secondary school attendance percentage of girls is even higher than boys in all three of the CHT districts, particularly in Khagrachari district.

Indicator 3.1: Ratio of girls to boys in primary education by school attendance

District	Boys	Girls	Total
Khagrachari	79.2	78.8	79
Rangamati	78.9	76.6	77.3
Bandarban	69.5	67.5	68.4

Indicator 3.2: Ratio of girls to boys in secondary education by school attendance

District	Boys	Girls	Girls higher than boys
Khagrachari	73.1	76.9	3.8%
Rangamati	72.8	73.5	0.7%
Bandarban	60.6	62.5	1.9%

MDG 4: Reduce Child Mortality

Indicator 4.1: Under 5 Mortality Rate (U5MR)

According to the most recent district level data available, the under 5 mortality rate (per 1,000 live births) was 63 in Khagrachari, 45 in Rangamati and 85 in Bandarban (MICS 2009), while the national average was 53 (BDHS 2011).

Indicator 4.2 Infant Mortality Rate (IMR)

The latest district level data showed an IMR rate of 49 in Khagrachari, 36 in Rangamati and 63 in Bandarban (MICS 2009), while the average IMR in Bangladesh was 43 (BDHS 2011).

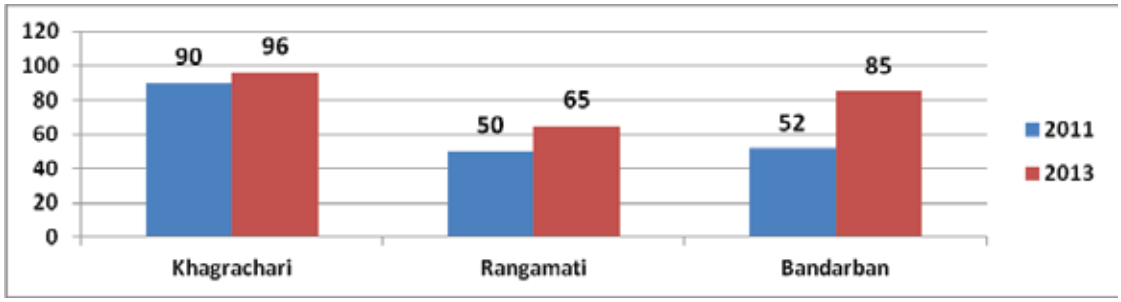
Indicator 4.3: Proportion of 1 year old children immunized against measles.

The most recent district level data estimates the proportion of 1 year olds immunized again measles to be: Khagrachari 95.7%, Rangamati 90% and Bandarban 89% (MICS 2009). Immunization campaigns have resulted in further increases in the proportion; in 2013, 93% of children were immunized against measles in the three CHT districts.

MDG 5: Improve Maternal Health

Indicator 5.1: Maternal Mortality Ratio (MMR)

Maternal deaths in the Chittagong Hill Tracts (CHTs) have actually been on the increase between 2011 and 2013, according to the most recent district EmoC reports.



Indicator 5.2: Proportion of Births Attended by Skilled Health Personnel

According to the most recent Multiple Indicator Cluster Survey (MICS 2009), the number of safe deliveries by skilled birth attendants is significantly lower in the CHT, with Khagrachari at 9.1%, Rangamati at 11.5% and Bandarban at 7.6%, as compared to the national average of 28.8%.

Proxy Indicator for 5.2: Institutional Delivery Coverage

Comparison among the districts in institutional delivery coverage from District EmOC reports in 2011 and 2013 shows an increase; particularly in Khagrachari district with a reported increase of 72.9%, Rangamati and Bandarban reported rises of 2.3% and 6.6%, respectively.

Indicator 5.3: Contraceptive Acceptance Rate (CAR)

The Contraceptive Acceptance Rate (CAR) serves as a proxy indicator for CPR, and has recently increased across all 3 of the targeted districts – Khagrachari by 1.9%, Rangamati by 9.5% and Bandarban by 0.1% (DDFP-UMIS 2011, 2013).

Indicator 5.4: Antenatal Care Coverage

Antenatal Care (ANC) coverage in the CHT districts was estimated to be 14% in Khagrachari, 43% in Rangamati and 31.4% in Bandarban, while the national average was 54.6% (MICS 2009).

MDG 6: Combat HIV/AIDS, Malaria and other Diseases

Indicator 6.1: Prevalence of malaria per 100,000

Presently, the prevalence of malaria in the CHT districts is 18.4 per 100,000 population against the 2015 target of 29.3 per 100,000 (DG Health Bulletin 2013). Cases treated in the CHTs have gone from 65,826 in 2008 to 21,431 in 2013, reflecting a big drop in prevalence.

Indicator 6.2: Death rate associate with malaria per 100,000

The malaria death rate declined from 1.8% in 2008 to 0.7% in 2013. Malaria death rate is 0.007 per 100,000 population against the 2015 target of 0.053 per 100,000 population (DG Health Bulletin 2013).

Indicator 6.3: Proportion of children under 5 sleeping under insecticide-treated bed nets

More than nine in ten (94.4%) of under-five children sleep under insecticide – treated bed nets against a target of 90% (DG Health Bulletin 2013).

MDG 7: Ensure Environmental Sustainability

Forest coverage: The proportion of land area covered by forest serves as proxy indicator for environmental sustainability in the CHTs, due to its beneficial effects on the environment. The DAE offices in the CHT districts reported the following proportions in 2013 (no changes compared to 2011):

Indicator 7.1: Proportion of land area covered by forest [Hectares - 2013]

District	Hectares
Khagrachari	6,200
Bandarban	43,334
Rangamati	568,735

Tobacco cultivation: The proportion of land under tobacco cultivation serves as proxy indicator for environmental sustainability in the CHTs, due to its harmful effects on the environment. The DAE offices in the 3 CHT districts reported a decrease in tobacco cultivation between 2011 and 2013 as follows:

Indicator 7.2: Proportion of land under tobacco cultivation [Hectares – 2013]

District	2011	2013	% decrease
Khagrachari	1,382	781	43.5
Bandarban	3,230	2,814	12.9
Rangamati	701	265	62.2

Tobacco cultivation: The proportion of land under tobacco cultivation serves as proxy indicator for environmental sustainability in the CHTs, due to its harmful effects on the environment. The DAE offices in the 3 CHT districts reported a decrease in tobacco cultivation between 2011 and 2013 as follows:

[17] The Government and BRAC (Global Fund) implemented a large-scale distribution program to all families with children in the CHT, under which a total of 112,000 families received mosquito nets in 2013. DG Health & WHO 2011 and 2013 reports show significant increase in number of children under 5 sleeping under insecticide-treated bed nets.

Indicator 7.2: Proportion of land under tobacco cultivation [Hectares – 2013]

District	2011	2013	% decrease
Khagrachari	1,382	781	43.5
Bandarban	3,230	2,814	12.9
Rangamati	701	265	62.2

Drinking water: The District (DPHE) reported the following on improved drinking water resources 2011 and 2013. Unfortunately, improvements were minimal in the 3 districts in the time period indicated.

Indicator 7.3: Proportion of population using an improved drinking water sources

District	2011	2013
Khagrachari	56%	56%
Bandarban	43.45%	46.29%
Rangamati	37%	45%

Sanitary facilities: The District (DPHE) offices in the CHTs in 2011 and 2013 are showing an increase in the proportion of the population using improved sanitary facilities. However, provision of facilities is hampered in numerous remote areas, with limited access to water.

Indicator 7.4: Proportion of population using an improved sanitary facility

District	2011	2013
Khagrachari	56%	56%
Bandarban	29.25%	32.66%
Rangamati	84%	85%

MDG Acceleration

MDG Acceleration provides stakeholders with a systematic approach to identify and analyse bottlenecks that are causing the MDGs to veer off-track or to advance too slowly. Rather than replacing existing, nationally owned planning processes and frameworks, it seeks to complement and build upon them by identifying actions by all development partners that can speed up progress towards the targets. Local Government institutions at district (HDCs) and sub-district level (Upazila Parishad) have taken the lead in the acceleration process, while members of Government District and Upazila Development Coordination Committees (UDCCs) have actively participated, including relevant line departments, NGOs and UN Agencies. Local Government and stakeholders identified MDG1 (Rangamati & Khagrachari) and MDG2 (Bandarban) as being most in need of acceleration activities, and the plans are therefore limited to these thematic and cross-cutting areas.

The findings and subsequent action frameworks for these plans, included in this annex, serve as both a roadmap for MDG Acceleration and a prioritization of needs moving into the Post-2015 development agenda. While quick mobilization on these priority bottlenecks will yield measurable results, prolonged investment into these areas by DPs, NGOs, national and local Government is necessary to achieve sustainable results in the CHT. In order to get a clear picture of resource commitments and funding gaps, follow-up consultations were organized for mapping exercises to develop comprehensive resource plans. Although the

resource plans identified small amount of funds already committed to implementing the frameworks, noticeable funding gaps highlighted the need for more resource commitments to accelerate development progress in the CHT.

Broad steps in applying the MDG Acceleration Framework in the CHT

The process of identifying bottlenecks to MDG achievement and developing corresponding action plans followed the broad steps suggested by the MDG Acceleration Framework. On the following page is a layout of how the CHT process unfolded with full ownership of local government and participation of relevant actors.

MAF Steps	CHT Steps	When
Formation of district expert core groups with line departments, NGOs and UN agencies	The district expert core groups were formed in a meeting led by the HDC with presence of relevant line agencies, NGOs, UN agencies, etc.	February 2013
Identification and codification of interventions needed to achieve MDG targets	Expert core groups reviewed the outcome of MDG mapping on selected MDGs, collected and reviewed historical data on indicators, and analyzed and presented trends in achievement. Interventions with the potential to accelerate MDG achievements were identified using a scoring matrix.	March 2013
Collection and analysis of data to support identification of bottlenecks and solutions	Drafted a situational analysis on selected MDGs and interventions including: (1) trends/historical overview in MDG achievements (2) impact of ongoing services/projects. This analysis was presented to participants of district upazila workshops to support the identification and prioritization of bottlenecks, and the identification of an action plan.	March 2013
Identification and prioritization of bottlenecks	In each district a workshop was organized with all relevant stakeholders, where the findings and analysis from step 3 were presented. Bottlenecks that are preventing ongoing interventions to achieve MDG targets, along with feasible solutions, were then identified and prioritized by participants.	March-April 2013
Identification of solutions, drafting of MDG acceleration plan	A workshop was organized at district level with all relevant stakeholders to present the outcomes of upazila and district workshops, agree on solutions and assign responsible parties. District MDG acceleration plans were finalized considering impact, feasibility and cost of potential solutions, and thereby prioritizing actions.	May-June 2013

Acceleration Framework: Khagrachari and Rangamati (MDG-1)

No.	Bottleneck	Solution
Overall MDG 1 related service delivery and development programs in CHT		
1	National policies and plans do not recognize/acknowledge CHT specific needs and decentralized governance in CHT	Formulation of CHT specific sector strategies and planning, linking with national strategies/plans
2	HDCs are not empowered with the necessary institutional arrangements and fiscal framework to manage services and development programs	Intervention to develop HDC institutional capacity in managing services and development programs
3	Ministries do not consider the CHT context in allocation of budget, resulting in insufficient and inflexible budget allocation	Finance study on budget allocation and management in MDG-1 related sectors
4	Absenteeism and vacancies of government officers/staff in remote locations due to lack of incentives	Review of HR policies for GoB staff stationed in remote areas of CHT
5	Limited coordination between CHT institutions (MoCHTA, RC, HDC and traditional leaders) and relevant sector ministries/departments at all levels	Enhance functioning of government coordination committees; Strengthen the linkage between committees at Union, Upazila and district level
6	Policies of Financial institutions providing loans are too complex; limits access to these loans	Review and improve loan/credit policies; increase access and awareness
7	Multiple uses of Kaptai lake beyond electricity (transportation, fishery, agriculture and domestic use) not sufficiently considered in lake management	Study on integrated watershed management of Kaptai lake
8	Inadequate marketing/transport infrastructure for farmers, fishermen and producers	Develop and implement a marketing and transport infrastructure plan
MDG Target 1.A - Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day		
MDG / CHT Indicator: Percentage of population below the national upper poverty line (2122 k.cal.) to 29%		
Livestock - [Operational Target: CHT target groups have access to livestock services, increasing their income]		
1	High price of feed and its ingredients; Unavailability of seeds and cuttings for hybrid fodder	Establish mother plots with hybrid fodder and seeds to increase the supply of cuttings and seeds
2	Unavailability of quality artificial insemination inputs leads to low production of milk and meat	Establishment of the parent stock farm and hatchery to ensure quality inputs
3	Lack of awareness on potential of pig and goat farming	Promotion program including establishment of the pig and goat farms/breeding stations
4	Limited data, information and knowledge on livestock diseases in CHT hampers proper disease management	Field research program on livestock diseases in CHT in combination with awareness and training program
5	Union VET health and vaccination service centers are poorly equipped and have inadequate supply of vaccines and medicine, limited data, information and knowledge on livestock diseases in CHT hampers proper disease management	Support union VET health and vaccination centers and improve the medicine supply chain in combination with field research program on livestock diseases in CHT and training program
Crops - [Operational Target: CHT target groups have access to crops services, increasing production and income]		
1	Scarcity of Jhum land causes unsustainable Jhum practices, leading to loss of land fertility and low production	Jhum research and extension services to support gradual transition to settled farming
2	Limited investment in permanent land use practices due to land disputes and land insecurity	Improve land security and land management practices in line with the CHT Accord
3	Lack of supply of quality inputs (seeds, saplings, fertilizer, etc.) and shortage of agricultural equipment	Support establishment of nurseries; Improve the government quality control and monitoring system for seeds and other input supply
4	Lack of facilities for community based agro-processing hampers profitable cultivation/production of spices and fruits	Promotion and support for community based agro-processing of fruits and spices; Develop and support value chains for fruits and spices
5	Drying up of natural streams, poor watershed management and lack of soil conservation	Preserve natural streams; Integrate watershed management and soil conservation in agricultural planning

6	Farmers lack knowledge on advanced agricultural methods	Training on advanced agricultural methods including vegetable gardening, pest management and seed treatment
7	Lack of irrigation facilities and poor management of existing facilities	Support the community-led irrigation development program with the aim to maximize the cultivatable land under irrigation
Fisheries - [Operational Target: CHT target groups have access to fishery services, increasing their income]		
1	Insufficient suitable water bodies for creek and pond fishery	Support construction of dams and ponds
2	Insufficient supply of ice and poor fish preservation facilities	Support expansion of ice production; Improve the drying method
3	Lack of awareness, knowledge and research on aqua-culture	Field research and awareness/training program on pen/cage culture, creek fishery and capture fishery to come to management practices suitable to CHT water systems
4	Shortage of good quality fingerlings	Establish supply system from nearby nurseries
5	Scarcity of inputs (feed, medicine, chemical, etc.)	Improve input supplies through entrepreneurship development
Social Safety Nets- [Operational Target: CHT target groups enjoy 100% access to SSNs]		
1	Complex policies are causing low recovery rates on loans provided by GoB training programs (MoWA, MoSW)	Improve the orientation for recipients of loans and provide follow-up support
2	Poor selection of beneficiaries due to lack of transparency in selection procedures	Support implementation of new government policy on beneficiary selection
3	Limited food and allowances supply/distribution, not matching CHT demands	Expand food and allowances supply/distribution programs
MDG Target 1.B - Achieve full and productive employment and decent work for all, including women and young people		
MDG / CHT Indicator: Percentage of the employment-to-population ratio to 100%		
Skill Development for Employment - [Operational Target: CHT target groups enhance skills and find employment]		
1	Skill development not planned and not linked with the labor market	Mobilize labor market actors and service providers in skill development in CHT and surrounding areas, conduct assessment to identify "marketable" skills, and develop skill development training program accordingly
2	Limited employment opportunities in CHT; Environment not conducive to start small/medium enterprises	Support improved employment generation and entrepreneurship development in the areas of community based inputs, supplies and services , processing and marketing
MDG Target 1.C - Halve, between 1990 and 2015, the proportion of people who suffer from hunger		
MDG / CHT Indicator: Percentage of underweight children under five to 33%		
Nutrition - [Operational Target: Ensure basic calorie needs are met for CHT target groups]		
Priority Intervention #1: Reduce prevalence of underweight children (6–59 months) by mainstreaming nutrition in the health and family planning system		
Priority Intervention #2: All pregnant and lactating women, adolescent girls and children under five including those with disabilities in selected Upazilas		
1	Inadequate coverage/access to essential nutrition services and direct nutrition interventions (DNI)	1. Service/program mapping exercise involving key stakeholders to identify who is doing what and where 2. Mainstream and scale up DNIs through existing health & FP services 3. Early detection, referral and management of SAM at facility/community level
2	Lack of human resources capacity for nutrition service delivery	1. Develop a training plan for key service providers (health, FP and other stakeholders, etc.) 2. Use of standardized nutrition job aids (approved by NNS) at facility and community level 3. Strengthen human resources capacity development through trainings based on standard national training modules

3	Lack of effective coordination among service providers	1. Strengthen the coordination mechanism and clarify their roles and responsibilities 2. Include nutrition as regular agenda of monthly coordination meetings (as per the NNS/IPHN instruction) 3. Link with nutrition sensitive interventions for complementary effects
4	Non-existence of the operational Nutrition Information System (NIS) and monitoring system	1. Orient stakeholders on standards and targets for nutrition interventions in selected Upazilas 2. Use the standard monitoring checklist (approved by NNS/GoB)
		3. Integrate nutrition indicators (as set by NNS/GoB) with existing and functional MIS 4. Conduct periodic implementation and progress reviews and act on the gaps identified during routine program monitoring 5. Functional NIS through HMIS and DGFP-MIS
5	Lack of awareness among local population on importance of nutrition for child survival and development (C4D)	Raise awareness on importance of nutrition for child survival and development among mothers and local leaders

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