



The Millennium Development Goals Bangladesh Progress Report 2011

General Economics Division (GED)
Bangladesh Planning Commission
Government of the People's Republic of Bangladesh
February 2012



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Bangladesh Progress Report 2011

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

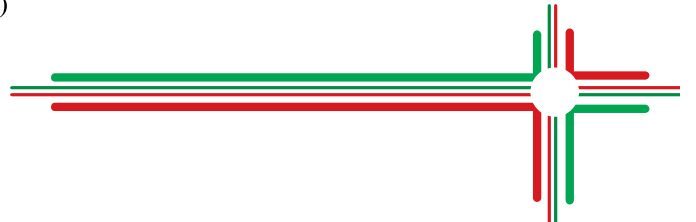
I am happy to learn that the General Economics Division (GED) of the Bangladesh Planning Commission has prepared the 'Millennium Development Goals: Bangladesh Progress Report 2011' taking inputs from relevant ministries and related stakeholders. I hope the report will be helpful to track record of Bangladesh's achievements in respect of MDGs attainment. It will also provide inputs to draw the attention of all stakeholders for fulfilling the set goals in stipulated time.

The Government of Bangladesh is committed to achieve the MDGs within the given timeframe. The recently approved Sixth Five Year Plan (2011-2015) titled "Accelerating Growth and Reducing Poverty" has laid out the operational details on the country's endeavour to move forward with a view to achieving the "Vision 2021" of the Government. The Plan has integrated the Millennium Development Goals within the broader agenda of the economic and social targets. The Sixth Plan has adopted a holistic approach to reduce poverty and improve other social indicators, with special attention provided to remove the regional disparities in development. The beauty of implementing the 6th Plan is that in pursuit of achieving national development goals, the MDG will also be achieved as the terminal year of both the milestone goals coincides.

This is the fifth publication of Bangladesh MDGs Progress Report after 2005, 2007, 2008 and 2009. The report highlights the current trends of achieving the goals and identified future policy interventions in attaining the set targets. It shows that aside from achieving Goal-3, Bangladesh has been convincingly moving towards achieving most of the goals, while some of the goals can be attained with enhanced efforts. However, some goals will need more time to be achieved.

I take the opportunity to thank the GED officials 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 for preparation of the report. I also appreciate the UNDP for providing necessary support in publishing the report through the Initiation Plan of "Support to MDG Monitoring and Pro-poor economic policy".

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



Foreword

'Millennium Development Goals: Bangladesh Progress Report 2011' is the fifth report on the progress monitoring 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 primary schooling, 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 recent data reveal that incidence of poverty has been declining at an annual rate of 2.46 percent in Bangladesh during 1991-1992 to 2010. If this trend continues, the target of halving the population living under the poverty line would be achieved well before 2015. However, achievement of the hunger target might be difficult to attain due to volatility of the commodity prices and the challenges of underemployment.

The report indicates the challenges of achieving MDGs in several key areas. The education sector faces significant challenges in achieving the targets which include ensuring survival rate to grade V, improving quality of primary education, increasing share of education in government budget and increasing coverage and improving quality of adolescent and adult literacy programmes. Achieving gender parity at the tertiary level is also a major challenge.

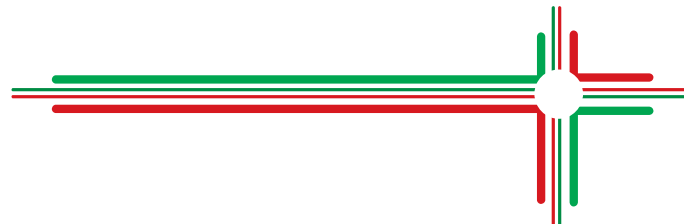
Notwithstanding the low incidence of the communicable diseases and the progress made, Bangladesh faces challenges in maintaining the trend. These include inadequate coverage of Most at Risk Population, limited technical and managerial capacity and lack of strategic information management. Several challenges stand in the way of achieving maternal health target which includes inadequate coordination between health and family planning care services, improper skill mix and insufficient number of health workforce, particularly Skilled Birth Attendants.

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, poorly planned development programmes, lack of policies and strategies to ensure conjunctive use of water resources, lack of information in the area of chemical fertilizer consumption and energy mix, and developing water efficient agricultural practices. All these challenges have to be overcome with concerted efforts by all for sustainable growth and development in achieving MDGs.

The challenges ahead of Bangladesh call for mobilizing required resources and targeted interventions in the areas lagging behind. This report would assist the Government of Bangladesh and other stakeholders to take appropriate measures regarding the off-track targets to bring in line to achieve the MDGs by 2015. Because of lack of yearly up-dated data on poverty, hunger, literacy rate, school enrolment, child mortality, maternal mortality, health situation and on environmental parameters etc, MDG progress report cannot be produced regularly yearly, but, we try utmost to bring out the progress report at least once in two years.



(Prof. Dr. Shamsul Alam)
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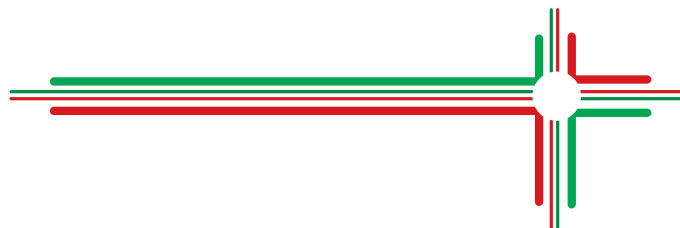


Acknowledgements

'Millennium Development Goals: Bangladesh Progress Report 2011' is the fifth Bangladesh MDGs Progress Report prepared by the General Economics Division (GED), Planning Commission, Government of Bangladesh.

Since the relevant data sources are already identified, different Ministries/Divisions were requested to provide information on the latest status of the implementation of the Millennium Development Goals. The inputs were then compiled and data were analyzed to prepare the draft report by Mr. Mohd. Monirul Islam, Senior Assistant Chief, GED. The draft was then distributed among the relevant Ministries/Divisions for comments. Based on their feedbacks, the report, however, has been recast and finalized.

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



***MDG related progress reports/studies published by
GED, Planning Commission***

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2. Millennium Development Goals: Mid Term Bangladesh Progress Report, 2007
3. Millennium Development Goals: Bangladesh Progress Report, 2008
4. Millennium Development Goals: Bangladesh Progress Report, 2009
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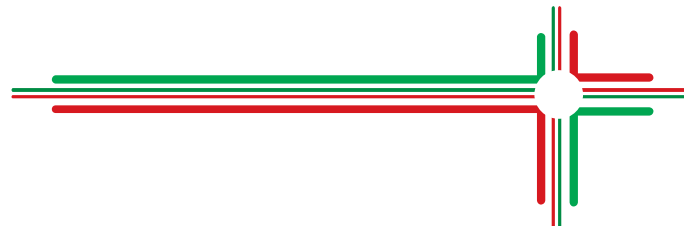
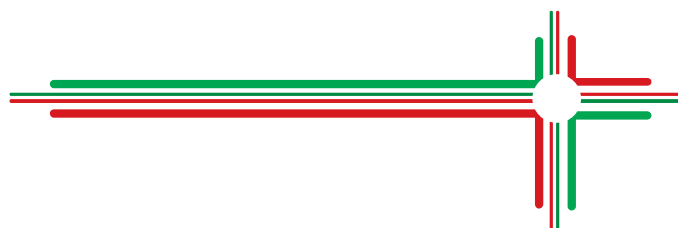


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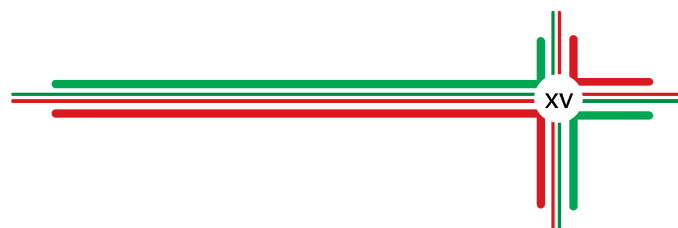
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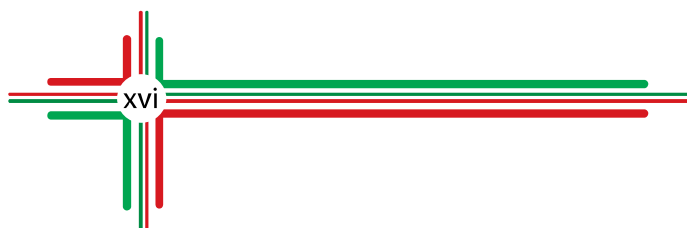
Acronyms

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
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
BHFSNA	Bangladesh Household Food Security and Nutrition Assessment
BMMS	Bangladesh Maternal Mortality Survey
BSS	Behavioural Surveillance Survey
BTRC	Bangladesh Telecommunication Regulatory Commission
CBN	Cost of Basic Needs
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CCTF	Climate Change Trust Fund
CCU	Climate Change Unit
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CFC	Chlorofluorocarbon
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
DOF	Department of Forest
DOTS	Directly Observed Treatment Short-course
DP	Development Partner
DPE	Department of Primary Education
DSF	Demand Side Financing
DWA	Department of Women Affairs
ECR	Environmental Conservation Rules
EmOC	Emergency Obstetric Care

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
HCR	Head Count Ratio
HES	Household Expenditure Survey
HIES	Household Income and Expenditure Survey
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HNPSP	Health, Nutrition and Population Sector Programme
HRD	Human Resource Development
ICT	Information and Communication Technology
IDU	Injection Drug Users
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPCC	Intergovernmental Panel on Climate Change
IPHN	Institute of Public Health Nutrition
ITN	Insecticide Treated Net
IUCN	International Union for Conservation of Nature
IUD	Intra Uterine Device
JCS	Joint Cooperation Strategy
JMS	Jatiya Mohila Shangstha
KKC	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
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
NTP	National Tuberculosis Control Program
ODA	Official Development Assistance
ODS	Ozone Depleting Substance
OECD	Organization for Economic Cooperation and Development
ORT	Oral Rehydration Therapy
PPP	Purchasing Power Parity
PSTN	Public Switched Telephone Network
R&D	Research and Development
RNGPS	Registered Non-Government Primary School
SBA	Skilled Birth Attendants
SFYP	Sixth Five Year Plan (2011-15)
SMEs	Small and Medium Enterprises
SSN	Social Safety Net
SVRS	Sample Vital Registration System
TB	Tuberculosis
TDS	Total Debt Service
TFP	Total Factor Productivity
TFR	Total Fertility Rate
TRAINS	Trade Analysis and Information System
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
WiMax	Worldwide Interoperability for Microwave Access
WTO	World Trade Organization
XGS	Export of Goods and Services



Executive Summary

It is encouraging to note that Bangladesh is well on track in achieving the MDG targets in the areas of poverty, net enrolment in primary education, gender parity in primary and secondary education, reducing child mortality & maternal mortality and improving immunization coverage, rolling back malaria and controlling tuberculosis, and improved drinking water supply and sanitation. However, the areas in need of more attention are hunger-poverty reduction and employment generation, increases in the primary school completion rate and adult literacy rate, creation of more decent wage employment for women, increase in the presence of skilled health professionals at delivery, increase in correct and comprehensive knowledge of HIV/AIDS, increase in forest coverage, and coverage of Information and Communication Technology.

Goal 1: Eradicate Extreme Poverty & Hunger

Bangladesh has made commendable progress in respect of eradication of poverty and hunger. It has sustained growth rate in excess of 6 percent in recent years that has played positive role on way to eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indices such as increased life expectancy and lower fertility rate despite having the world's highest population density. The inclusive growth has resulted in impressive poverty reduction from 56.6 percent in 1991-92 to 31.5 percent in 2010; the rate of reduction being faster in the present decade than the earlier one. The recent Household Income and Expenditure Survey 2010 (BBS, 2011) data reveals that incidence of poverty has declined at an annual rate of 2.46 percent in Bangladesh during the 1992-2010 period against the MDG target of 2.12 percent. Bangladesh has already met one of the indicators of target-1 by bringing down the Poverty Gap Ratio to 6.5, against 2015 target of 8. If this trend continues, the MDG target of halving the population living under the poverty line (from 56.6% to 29%) would be achieved well before 2015. In terms of employment, the country has shown limited capacity to ensure employment opportunities for the citizens. Unemployment as well as underemployment is especially acute among the young people between 15 to 24 years of age. This age group comprises 18.6 percent of Bangladesh's population and approximately 23 percent of the labour force (about 13.2 million persons). While Bangladesh has demonstrated its capacity for achieving the goal of poverty eradication within the target timeframe, attaining food security and nutritional wellbeing still remains a huge challenge. The challenges with regard to reducing income inequality and the low economic participation of women also remain a major concern.

Goal 2: Achieve Universal Primary Education

Progress has been made in increasing equitable access in education, reduction of dropout, improvement in completion of the cycle, and implementation of a number of quality enhancement measures in primary education. Bangladesh has achieved gender parity in primary and secondary enrolment. Initiatives have been taken to introduce preschool education to prepare children for formal schooling. However, out of three targets under Goal 2, Bangladesh is on track to achieve only Target-1. The government plans to enrol all primary education age children by 2011 and is in the process of implementing a comprehensive National Education Policy to achieve its objectives. The constitution of Bangladesh has provision for free and compulsory primary education. However, the completion rate varies considerably across the country. The challenges under MDG-2 include attaining the targets of primary education completion rate and the adult literacy rate. Poverty leads to student absenteeism in general due to the high opportunity cost and other hidden costs of attending school. A large part of the

physically and mentally retarded children remains out of the schooling system. Quality of education is also a challenge at primary education.

Goal 3: Promote Gender Equality and Empower Women

Bangladesh has already achieved this goal i.e. gender parity in primary and secondary education at the national level. This positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend scheme for girls at the secondary level. Bangladesh has made significant progress in promoting the objectives of ensuring gender equality and empowerment of women. There has been steady improvement in the social and political empowerment scenario of women in Bangladesh. 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 National Policy for Women's Advancement (2011) and a series of programs for ensuring sustainable development of women. Women participation in the decision making process has also made significant progress in our country. There was a sharp increase in the number of women parliamentarians elected (19% of total seats) in the 2008 national election. However, wage employment for women in Bangladesh is still very low. Only one woman out of every five is engaged in wage employment in the non-agricultural sector.

Goal 4: Reduce Child Mortality

Bangladesh has made considerable progress (50 per 1,000 live births in 2009 from 146 in 1990) in child survival over the last several decades. The Millennium Countdown Report- Countdown to 2015 (UNICEF, 2008) places Bangladesh among only 16 countries in the world those are on track to achieve MDG 4 on child mortality. The successful programs for immunization, control of diarrhoeal diseases and Vitamin-A supplementation are considered to be the most significant contributors to the decline in child and infant deaths along with potential effect of overall economic and social development. Despite these improvements, there are challenges ahead. While the mortality rates have improved, major inequalities among the population still need to be addressed. Bangladesh Demographic and Health Survey 2007 shows the under-five mortality rate is 86 per 1,000 live births for the poorest quintile while the richest quintile records a rate of 43 per 1,000 live births. Diarrhoeal diseases (5%) and Acute Respiratory Infections (ARI) (21%) still threaten the lives of countless children and are responsible for more than one-quarter of under-5 deaths. Childhood injuries, especially drowning, have emerged as a considerable public health problem responsible for a full quarter of the deaths among children 1-4 years of age.

Goal 5: Improve Maternal Health

According to the first MDG progress report, the Maternal Mortality Ratio in 1990 was 574 per 100,000 live births in Bangladesh. However, according to Bangladesh Maternal Mortality Survey (BMMS), maternal mortality declined from 322 in 2001 to 194 in 2010, a 40 percent decline in 9 years. The average rate of decline from the base year has been about 3.3 percent per year, compared to the average annual rate of reduction of 3.0 percent required for achieving Millennium Development Goal in 2015. BMMS 2001 and 2010 show that overall mortality among women in the reproductive ages has consistently declined during these 9 years. Cancers (21%), cardio-vascular diseases (16%) and maternal causes (14%) are responsible for more than half of all deaths among Bangladeshi women in the reproductive age.

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

Bangladesh has performed well in halting communicable diseases under this goal. Data shows that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1% and thus is still below an epidemic level. However, in Bangladesh, behavioural factors among Most at Risk Populations (MARPs), explored in several rounds of Behavioural Surveillance Survey shows a trend that could fuel the spread of HIV from MARPs to the general population.

There was a significant improvement in the reduction of malarial deaths in the country over the years. Major interventions for malaria control undertaken include expanding quality diagnosis and effective treatment of 90 percent of malaria cases; promoting use of long lasting impregnated nets (LLIN) and insecticide-treated nets (ITN) in 100 percent households in the three hill districts and 80 percent households in the remaining 10 high burden districts by 2015; and intensive Information, Education and Communication (IEC) campaign for increasing mass awareness of prevention and control of malaria.

National Tuberculosis Prevalence Survey (2007-2009) data shows that the overall adjusted prevalence of new smear positive cases among adult (age \geq 15 years) is 79.4/100 000 population (95% CI; 47.1-133.8). Based on this prevalence rate new estimates of TB burden for Bangladesh will be provided through WHO Global TB Report 2011. While the initial short-term objectives of the program 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 of all people with TB to high quality care.

Goal 7: Ensure Environmental Sustainability

Bangladesh has been identified as one of the worst possible victims of the climate change fall out. It has been forecasted that a 10 cm, 25 cm or 1m rise in the sea level by 2020, 2050 and 2100 would inundate 2%, 4% and 17.5% of the total land mass respectively, which is already constrained by over size population and high density. Bangladesh is globally known for its achievements in social forestry, specifically for its success in homestead and strip plantations programs. While improvement is quite visible in social forestry sector, the natural forest is continuously losing its canopy coverage because of insufficient policy, programming and institutional actions. Similarly, while the achievements in culture fishery are quite commendable, inland water and marine systems have been heavily degraded ultimately affecting the access of the poorest segments of the population to these resources of the commons.

At present there is only 19.33 percent of land in Bangladesh having tree cover with density of 10 percent and above. Based on the spatial dimension, the area having tree cover is much closer to the target (20%) set by the government but the density is much less than the target (>70%). Since 1991 there has been a steady increase in CO₂ emission in Bangladesh. In 2007, the emission was 0.3 tonne per capita. On the other hand, the consumption of ozone depleting substances has been declining. In 1998, the consumption of CFCs was 831 tonnes, which has decreased to 155 tonnes in 2007. At present the proportion of terrestrial and marine areas protected is 2.15 percent which is much less than the target of 5 percent. Data show that without considering the arsenic contamination, 97.8 percent population of Bangladesh is using improved drinking water source; arsenic adjusted figure is 86 percent; 62.7 percent of population is using improved sanitation in 2009. 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 for the poor.

Goal 8: Develop a Global Partnership for Development

Between 1990-91 and 2009-10, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 2.2 percent. During this period, per capita ODA disbursement fell from US\$15.75 to US\$15.25 and the relative share of grants declined from 48 percent of ODA to 29 percent. During the period from 1990-91 to 1996-97, the share of grants and loans to the total ODA was about the same. However, after that period, the share of grants is declining and that of loans is increasing.


Out of 34-member states of the OECD, only 9 countries provided US\$ 354.76 million ODA to Bangladesh in 2009-10. However, it was about 16 percent of the total ODA received by Bangladesh in that particular year. It is evident that out of 9 countries of the OECD, only Norway, Sweden and the Netherlands are complying with their commitments 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 would be ranked first, followed sequentially by the United Kingdom, Japan and South Korea. Moreover, if we consider Bangladesh's received ODA as percentage of total ODA from OECD countries, again Denmark would be the first, followed sequentially by South Korea, Japan and Canada.

It is observed that total ODA disbursement in MDG sectors like education, health, social welfare, labour, public administration and social infrastructure received increasing attention. These MDGs sectors together with agriculture and rural development constituted more than 52 percent of total ODA outlay. A joint evaluation, conducted by four DPs indicates that about 94 percent of aid to Bangladesh provided by OECD-DAC donors in 2008 was untied. However, all ODA received from bilateral OECD/DAC donors was cent percent untied in 2010 against 82 percent in 2005 and 94 percent in 2007.

Average tariffs 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. Total debt service as a percentage of exports of goods and services was 5.7 percent for 2010.

The Government of Bangladesh is planning to ensure universal access opportunity to the mass people through harmonious development of telecommunication network and building a well-developed, strong and reliable telecommunication infrastructure for effective implementation of ICT policy and ultimately for complementing "Vision 2021" of the Government. In December 2002 the total number of mobile and Public Switched Telephone Network subscriber was only 1.75 million which has reached 76.434 million in June 2011. As a result the tele-density has reached to 52.39 percent from 1.25 percent. Cellular subscribers per 100 populations are 47.05 in 2011 which was nil in 1990. The internet users per 100 population is 10.33 in 2011, which was 0.15, 0.20 and 3.4 in 2005, 2006 and 2008 respectively.

Resource constraint is one of the major impediments to achieving the MDGs. Recently published "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, are 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 and US\$ 3 billion per year under the baseline and high growth scenarios respectively. 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.



Chapter 1

Introduction

Introduction

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

In line with the Millennium Declaration, to monitor progress towards the goals and targets, the United Nations system, including the World Bank and the International Monetary Fund, as well as the Development Assistance Committee of the Organisation for Economic Co-operation and Development, came together under the Office of the Secretary-General and agreed a set of time-bound and measurable goals and targets to assess progress over the period from 1990 to 2015. The Secretary-General presented the goals, targets and indicators to the General Assembly in September 2001 in his report entitled "Road map towards the implementation of the United Nations Millennium Declaration". Hence A framework of 8 goals, 18 targets and 48 indicators to measure progress towards the MDGs was adopted. However, from January 2008, the following 21 targets and 60 indicators have been used to monitor the MDGs:

Millennium Development Goals (MDGs)	
Goals and Targets	Indicators for monitoring progress
Goal 1: Eradicate Extreme Poverty and Hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve Universal Primary Education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary school 2.3 Literacy rate of 15-24 year-olds, women and men

Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<p>3.1 Ratios of girls to boys in primary, secondary and tertiary education</p> <p>3.2 Share of women in wage employment in the non-agricultural sector</p> <p>3.3 Proportion of seats held by women in national parliament</p>
Goal 4: Reduce Child Mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<p>4.1 Under-five mortality rate</p> <p>4.2 Infant mortality rate</p> <p>4.3 Proportion of 1 year-old children immunised against measles</p>
Goal 5: Improve Maternal Health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	<p>5.1 Maternal mortality ratio</p> <p>5.2 Proportion of births attended by skilled health personnel</p>
Target 5.B: Achieve, by 2015, universal access to reproductive health	<p>5.3 Contraceptive prevalence rate</p> <p>5.4 Adolescent birth rate</p> <p>5.5 Antenatal care coverage (at least one visit and at least four visits)</p> <p>5.6 Unmet need for family planning</p>
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	<p>6.1 HIV prevalence among population aged 15-24 years</p> <p>6.2 Condom use at last high-risk sex</p> <p>6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/ AIDS</p> <p>6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p>
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	<p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p>
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<p>6.6 Incidence and death rates associated with malaria</p> <p>6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets</p> <p>6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs</p> <p>6.9 Incidence, prevalence and death rates associated with tuberculosis</p> <p>6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course</p>

Goal 7: Ensure Environmental Sustainability	
<p>Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<p>7.1 Proportion of land area covered by forest</p> <p>7.2 CO₂ emissions, total, per capita and per \$1 GDP (PPP)</p> <p>7.3 Consumption of ozone-depleting substances</p> <p>7.4 Proportion of fish stocks within safe biological limits</p> <p>7.5 Proportion of total water resources used</p> <p>7.6 Proportion of terrestrial and marine areas protected</p> <p>7.7 Proportion of species threatened with extinction</p>
<p>Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</p>	
<p>Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</p>	<p>7.8 Proportion of population using an improved drinking water source</p> <p>7.9 Proportion of population using an improved sanitation facility</p>
<p>Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>7.10 Proportion of urban population living in slums</p>
Goal 8: Develop a Global Partnership for Development	
<p>Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development and poverty reduction - both nationally and internationally</p> <p>Target 8.B: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	<p>Official development assistance (ODA)</p> <p>8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income</p> <p>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)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p> <p>Market access</p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p>

<p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p> <p>Debt sustainability</p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13 Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14 Telephone lines per 100 population</p> <p>8.15 Cellular subscribers per 100 population</p> <p>8.16 Internet users per 100 population</p>



Chapter 2

Eradicate Extreme Poverty and Hunger

MDG 1: Eradicate Extreme Poverty and Hunger			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 1: Eradicate Extreme Poverty & Hunger			
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line			
1.1: Proportion of population below \$1 (PPP) per day, %	68.80 (1992)	49.60 (UNSTATS 2005)	34.40
1.1a: Proportion of population below national upper poverty line (2122 kcal), %	56.6 (1992)	31.5 (HIES 2010)	29.0
1.2: Poverty Gap Ratio, %	17.0 (1992)	6.5 (HIES 2010)	8.0
1.3: Share of poorest quintile in national consumption, %	8.8 (2005)	8.85 (HIES 2010)	na
1.3a: Share of poorest quintile in national income, %	6.5 (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, %	1.11 (1991)	3.76 (WB2008)	-
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	Data is not available		
1.7: Proportion of own-account and contributing family workers in total employment	Data is not available		
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	45 (BHFNSA 2009)	33.0
1.9: Proportion of population below minimum level of dietary energy consumption (2122 kcal), %	48.0	40 (HIES 2005)	24.0
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal), %	28.0	19.5 (HIES 2005)	14.0

1.1 Introduction

Bangladesh has made commendable progress in respect of eradication of poverty and hunger. It has sustained growth rate in excess of 6 percent in recent years that has played positive role on way to eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indices such as increased life expectancy and lower fertility rate despite having the world's highest population density. The inclusive growth has resulted in impressive poverty reduction from 56.6 percent in 1991-92 to 31.5 percent in 2010; the rate of reduction was faster in the present decade than the earlier one. The recent Household Income and Expenditure Survey 2010 (BBS, 2011) data reveal that the incidence of poverty has been declining at an annual rate of 2.46 percent in Bangladesh during 1992 to 2010 against the MDG target of 2.12 percent. Bangladesh has already met one of the indicators of target-1 by bringing down the Poverty Gap Ratio to 6.5, against 2015 target of 8. If this trend continues, the MDG target of halving the population living under the poverty line (from 56.6% to 29%) would be achieved well before 2015. In terms of employment, the country has shown limited capacity to ensure employment opportunities for the citizens. Unemployment as well as underemployment is especially acute among the young people between 15 and 24 years of age. While Bangladesh has demonstrated its capacity in achieving the goal of poverty eradication within the target timeframe, attaining food security and nutritional wellbeing still remains a huge challenge.

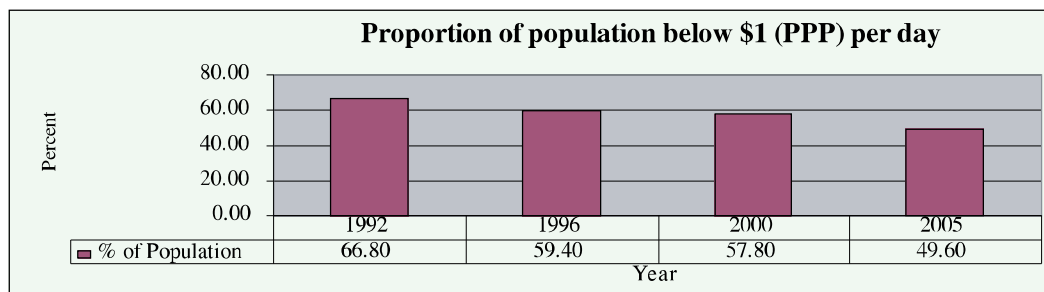
1.2 Progress of achievements in different targets and indicators

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

Indicator 1.1: Proportion of population below \$1 (PPP) per day

The proportion of the population below the national poverty line (2122 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 expenditure method (Cost of Basic Needs-CBN). The proportion of population below \$1 (PPP) per day has been shown in the following figure taking input from UNSTATS. However, data for 2010 is not available.

Figure 1.1: Proportion of Population of Bangladesh below \$1 (PPP) per day, 1992-2005



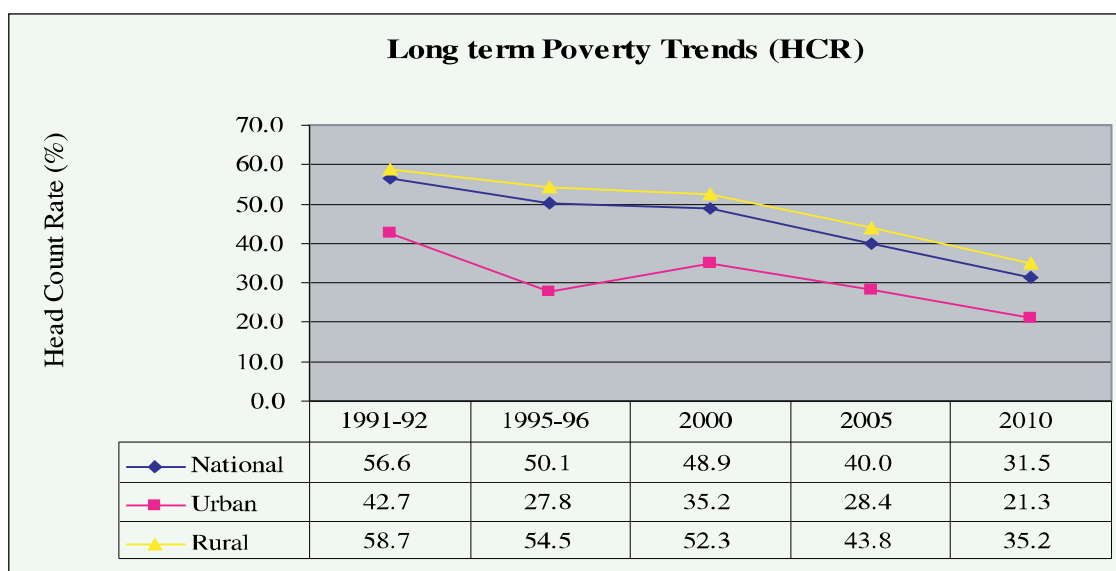
Source: unstats.un.org/unsd/mdg

Indicator 1.1a: Proportion of population below national upper poverty line (2122 kcal/day)

Bangladesh has been successful in achieving significant reduction in poverty since 1990. Figure 1.2 shows this trend. National poverty headcount rates declined from 56.6 percent in 1991-92 to 31.5 percent in 2010.

A notable feature of poverty reduction between 2005 and 2010 was a sizeable decline in the incidence of extreme poverty. The percentage of population under the lower poverty line, the threshold for extreme poverty, fell by 29.6 percent (or 7.4 percentage points) from 25 percent of the population in 2005 to 17.6 percent in 2010. A fall of 47 percent (or 7 percentage points) occurred in urban areas and that of 26 percent (7.5 percentage points) in rural areas. The percentage decline in extreme poverty rate was thus more than that in the poverty rate.

Figure 1.2: Long-term Poverty Trends (Headcount Rates)



Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics

The fall in poverty headcount rates was significantly more than population growth during 2005-2010 leading to a decline in the number of poor people. The size of the population below the upper poverty line and the lower poverty lines declined by nearly 8.58 million and 8.61 million respectively. The levels and distribution of consumption among the poor improved as well, as evident from reductions in poverty gap and squared poverty gap measures by 28 and 31 percent respectively. Real per capita consumption expenditure during 2005-2010 increased at an average annual rate of 16.9 percent, with a higher increase in rural areas compared with urban areas.

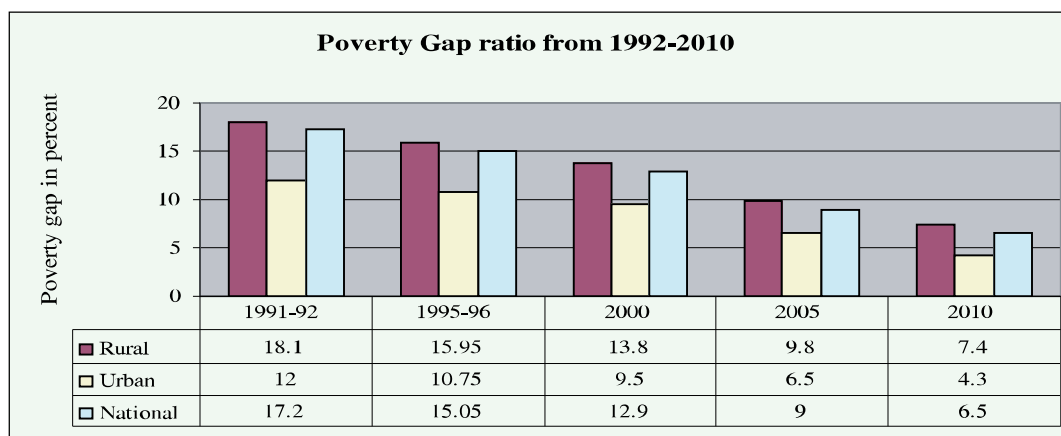
The commendable progress in respect of eradication of poverty was possible due to the relatively inclusive growth pattern and robust growth in GDP that was accompanied by gradual transformation of the sectoral composition of the GDP culminating in greater share of manufacturing and services sectors and declining share of agriculture. The sustained growth (6% in recent years) has been accompanied by corresponding improvements in several social indices in the country such as increased life expectancy and lower fertility rate despite having the world's highest population density. Using the long-term

decline in poverty between 2000 and 2010, the value of the growth elasticity of poverty turns out to be 0.76. Based on this value, the head count poverty rate in the terminal year of MDG becomes 24.5 percent. However, using the more recent 2005-2010 poverty figures, the growth elasticity of poverty estimate becomes 0.89 which implies the head count poverty rate in the terminal year would reach 22.5 percent. Therefore it can be said that inclusive and robust growth have resulted in an impressive poverty reduction at an annual rate of 2.46 percent in Bangladesh during 1992 to 2010 and the reduction is faster in the present decade than the earlier one. If this trend continues, the target of halving the population living under the poverty line (from 56.6% in 1992 to 29% in 2015) would be achieved before 2015.

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. Poverty gap estimates how far below the poverty line the poor are on average as a proportion of the value of that line. The poverty gap ratio is an indicator that measures the depth of poverty. It is the aggregate income deficit of the poor relative to the poverty line, and gives an idea of the resources needed to raise the poor above the poverty line.

Figure 1.3: Poverty Gap Ratio Using Upper Poverty Line, 1992-2010



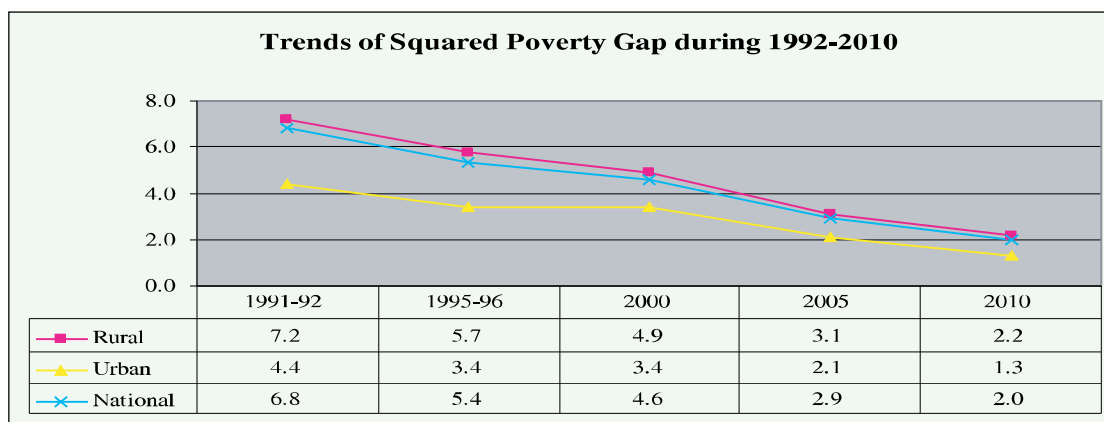
Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics

It is evident from figure 1.3 that reductions in the poverty gap ratio in Bangladesh have been dramatic. Trends in the poverty gap show a drop from 17.20 in 1991-92 to 12.90 in 2000, 9.00 in 2005 and finally 6.5 in 2010. Hence by 2010 Bangladesh has already achieved the target of halving the poverty gap i.e. 8.6, which was targeted to be achieved in 2015 and the early achievement of this target has been gained irrespective of rural and urban areas. This suggests that even among the poor, greater proportion of the people are now closer to the poverty line than at the beginning of the 1990s. It is also worth noting that poverty gap declined relatively more rapidly than the poverty headcount rate. The pro-poor growth strategy of the government has contributed to such an outcome.

Let us now consider the distributional sensitive measures of poverty like Squared Poverty Gap. 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 (the poverty gap), but also the inequality among the

poor. That is, a higher weight is placed on those households further away from the poverty line. It is revealed from figure 1.4 that severity of poverty has declined from 6.8 in 1991-92 to just 2 in 2010 with similar trend in rural and urban areas. However, both poverty gap and squared poverty gap measures show that rural poverty has always been much higher than urban poverty in Bangladesh.

Figure 1.4: Squared Poverty Gap Using Upper Poverty Line, 1992-2010

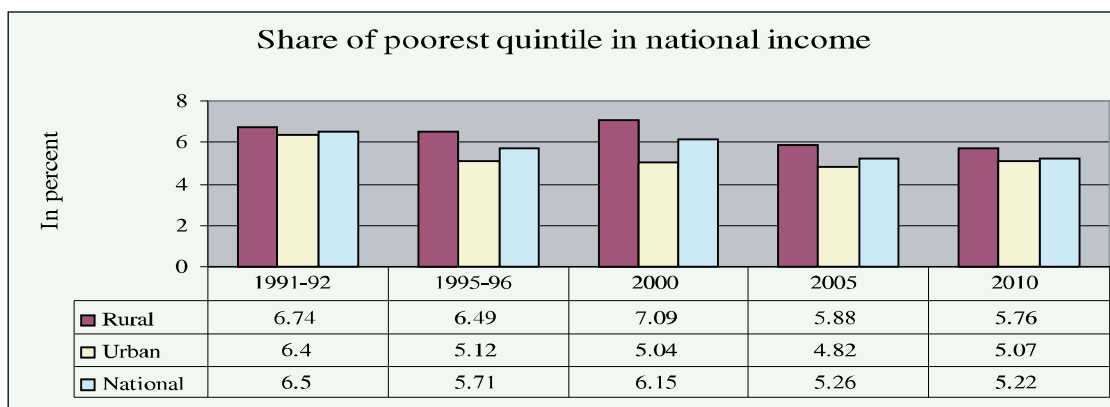


Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics

Indicator 1.3: Share of poorest quintile in national consumption

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 poorest quintile in national income was used as a proxy indicator. It is clear from figure 1.5 that in 1991-92 the poorest quintile had 6.5 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. Hence, appropriate interventions are required so that the benefits of economic growth reach the poorest quintile.

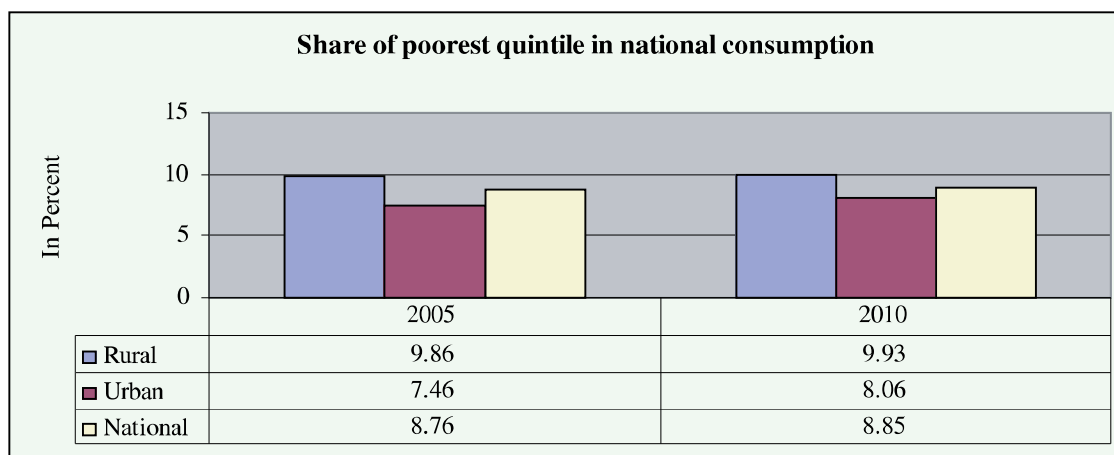
Figure 1.5: Share of Poorest Quintile in National Income, 1992-2010



Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics

It is interesting to note that the share of the poorest quintile in national consumption was 8.8 percent in 2005 (figure 1.6) which has marginally increased to 8.9 percent in 2010. The increment is higher in urban areas than the rural areas, albeit, the share of poorest quintile in national consumption was always higher in the rural areas than the urban areas both in 2005 and 2010.

Figure 1.6: Share of Poorest Quintile in National Consumption, 2005-2010



Source: HIES, BBS

To have better understanding of the trend in inequality, the coefficients of income Gini and expenditure Gini from 1992 to 2010 are presented in table 1.1. It is clear that during this period inequality has increased with a slight concentration of income in the higher income groups.

Table 1.1: Coefficients of Income Gini and Expenditure Gini, 1992-2010

	1991-92		1995-96		2000		2005		2010	
	Income	Exp	Income	Exp	Income	Exp	Income	Exp	Income	Exp
National	0.388	0.26	0.432	0.31	0.451	0.334	0.467	0.332	0.458	0.321
Urban	-	0.31	-	0.37	0.497	0.373	0.497	0.365	0.452	0.338
Rural	-	0.25	-	0.27	0.393	0.279	0.428	0.284	0.43	0.275

Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics

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 of Bangladesh Bureau of Statistics. However, from the World Bank data it is found that the GDP per person employed (constant 1990 PPP dollar) in Bangladesh was \$ 3,722 (PPP) in 2008 with a growth rate of 3.76 percent. The GDP per person employed (PPP\$) with the growth rate is shown in table 1.2.

The information relating to growth rate of GDP per person employed is not available from the National Accounts of Bangladesh Bureau of Statistics. However, from the World Bank data it is found that the GDP per person employed (constant 1990 PPP dollar) in Bangladesh was \$ 3,722 (PPP) in 2008 with a growth rate of 3.76 percent. The GDP per person employed (PPP\$) with the growth rate is shown in table 1.2.

Table 1.2: Trends of GDP Per Person Employed, 1990-2008

Year	GDP per person employed (PPP \$)	Per employed person GDP growth rate (%)
1990	2,166	-
1991	2,190	1.11
1995	2,448	3.16
1996	2,524	3.10
2000	2,827	3.59
2001	2,903	2.69
2005	3,308	3.63
2006	3,446	4.17
2007	3,587	4.09
2008	3,722	3.76

Source: <http://www.indexmundi.com>

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

Indicator 1.5: Employment-to-population ratio

In Bangladesh the share of the manufacturing sector in GDP has increased, while that of agriculture has declined. However, the service sector has remained the dominant contributor to GDP and has sustained the same level of contribution throughout the 1990s and 2000s. Labour force participation rate in Bangladesh is low and has ranged between 51.2 percent and 59.3 percent over the last two decades (Table 1.3).

Table 1.3: Labour Force Participation, 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: BBS, Labour Force Survey, various years

[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 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 has been low at 36 percent in FY2010. The returns from labour force participation for women wage earners are especially low compared with men, which partially explain their low participation rate. The annual rates of labour force and employment growth have also been low and women have contributed more to the annual increment (Table 1.4).

Table 1.4: 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: BBS, Labour Force Survey, various years

The reported unemployment rate in Bangladesh is low. This can be explained by low labour force participation and a large informal sector characterized by wide spread underemployment (especially among women). However, Gender Statistics of Bangladesh-2008 suggests the gap in underemployment between men and women has converged to the national average after 2005-06. The inclusion of the informal sector in the formal sector and subsequent slow employment generation in related sectors remain challenges for Bangladesh. It can be said that it would be difficult to achieve the target of 'employment for all' in the terminal year of MDGs.

Due to youth bulging in the population, employment-population ratio will be under increasing squeeze 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 remittance, comprising almost 11 percent of GDP, has had major beneficial development impacts on the economy. Moreover, remittances, from 7 million expatriate Bangladeshis contribute directly to improvements in the financial and development status of migrants' families and communities.

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

Data is not available for this indicator.

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

Data is not available for this indicator.

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

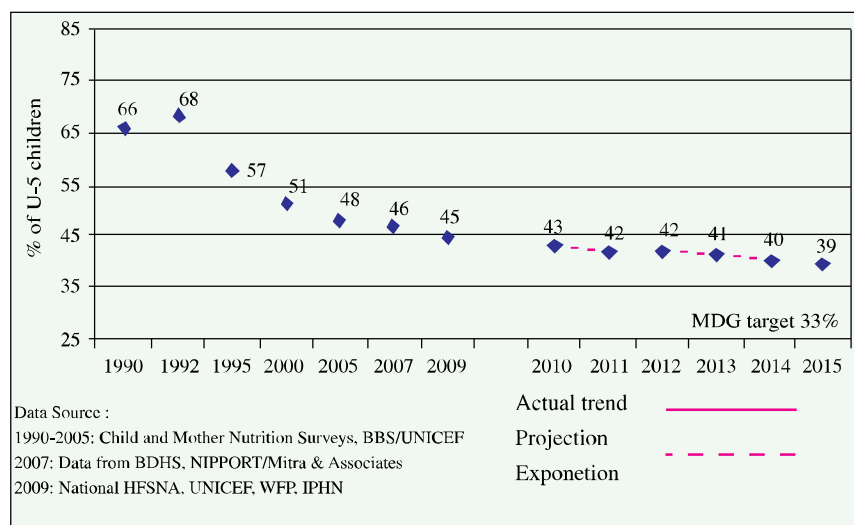
Indicator 1.8: Prevalence of underweight children under-five years of age (6-59 months)

Nearly two-thirds (66%) of Bangladesh's children under-five years of age were underweight in 1990. Less than half (45%) were underweight as of 2009, indicating considerable progress during the last two

decades. Underweight prevalence rates fell sharply between 1992 and 2000. Increased literacy of women, reduction of fertility rate, enhanced measles vaccination coverage (83%), smaller family size (4.4 persons per household), spread of vitamin A supplementation coverage (88 %), rural electrification, increased food production and energy intake might be the probable causes behind this success.

However, since 2000 the fall has been quite slow and during the 2005-2009 period there has hardly been any improvement in the prevalence of underweight children. The probable reasons for the near stagnation might be increase in inequity (increase in Gini coefficient) and reduction in infant mortality rate resulting in more infants surviving but with malnutrition. Rate of reduction so far is 1.27 percent points per year against the required rate of reduction of 1.36 percent points per year. In view of recent progress made in reducing underweight prevalence rates for children, it seems unlikely that Bangladesh will reach the target of 33 percent prevalence rate by 2015.

Figure 1.7: Actual and Projected Underweight Rates for Children under 5 Years



Moreover, child under-nutrition is quite pronounced at sub national level. With the exception of Khulna division, all of Bangladesh's administrative divisions had under-weight rates above 30 percent; a threshold used by the World Health Organization (WHO) as indicative of a "very high severity situation". A greater percentage of rural children (44.7%) aged 6-59 months were under-weight, as compared to their urban counterparts (38.8%).

Indicator 1.9: Proportion of population below minimum level of dietary energy consumption (2122 kcal/day and 1805 kcal/day)

Household Income and Expenditure Survey (HIES-2005) data on Direct Calorie Intake (DCI), shows that between 1990 and 2005, there was a modest decrease in population not having the minimum level of dietary energy consumption (2,122 kcal/day) from 47.5 percent to 40.4 percent. More than one quarter (28%) of the population consumed less than 1,805 kcal/day in 1991-92; the rate had reduced considerably to 19.5 percent in 2005. However, HIES-2010 has not measured percentage of poor based on DCI.

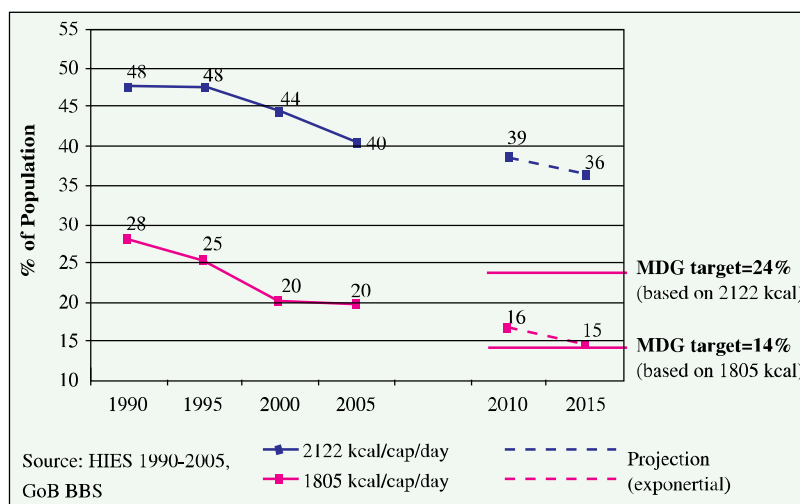
Table 1.5: Percentage of Poor in Bangladesh, Estimated by the DCI Method

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

Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics¹

Despite the aforementioned progress, Bangladesh, in all likelihood, may not meet its targets of halving the proportion of the population below the minimum level of dietary energy consumption by 2015. Using the 2122 kcal/day threshold, the gap between the projected 2015 rate and the Millennium Development Goal target is particularly large (36% versus 24%) as shown in figure 1.8.

Figure 1.8: Actual and Projected Proportion of Population Below Minimum Level of Dietary Energy Consumption



Regional disparities exist in the proportion of the population with less than 2,122 kcals/day. HIES 2005 has identified Barisal and Rajshahi administrative divisions as relatively worse off compared to other divisions. More recently, the Bangladesh Household Food Security Nutrition Assessment (BHFSNA) 2008-2009 reported that populations living in Barisal and Rajshahi divisions had worse (lower) food consumption scores in comparison with other divisions (Table 1.6). The survey also found that female headed households and households in rural areas are more food insecure compared to their respective counterparts.

¹ HIES 2010 does not measure poverty using DCI method

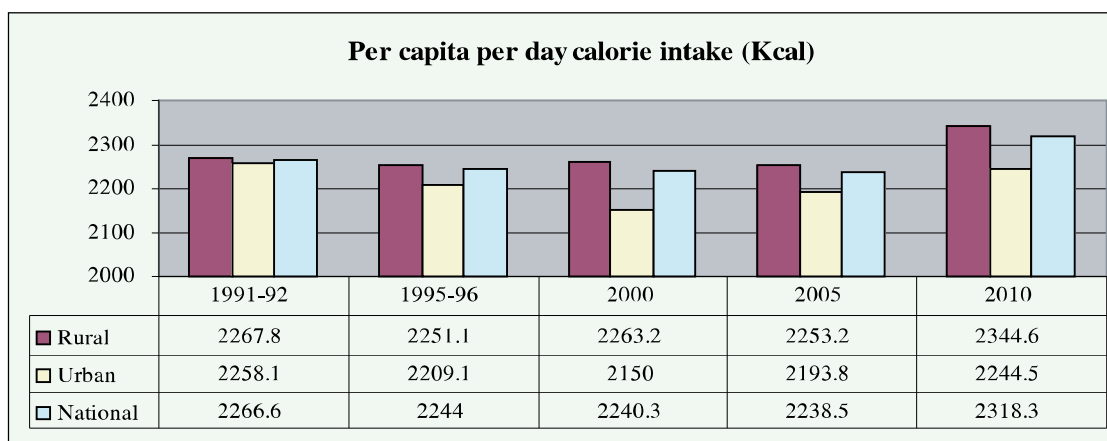
Table 1.6: Food Insecurity by Geographic and Gender Status (percent)

National	Average	25
Area	Rural	27
	Urban	17
Division	Barisal	26
	Chittagong	25
	Dhaka	20
	Khulna	25
	Rajshahi	31
	Sylhet	24
Sex of household head	Male	23
	Female	38

Source: BHFSNA 2008-09, WFP, UNICEF, IPHN

However, Household Income and Expenditure Survey 2010 (BBS, 2011) shows that overall calorie intake per capita per day has significantly increased to 2318.3 kcal in 2010 from 2238.5 kcal in 2005 reversing the general decreasing trend found in previous surveys. Significant increase of per capita per day calorie intake might be due to changing food habit of people as well as to increase in overall quantity of food consumption. (Figure 1.9)

Figure 1.9: Per Capita per day Calorie Intake (kcal), 1992-2010



Source: HES (1991-92) and HIES, various years, Bangladesh Bureau of Statistics

1.3 Challenges

- Despite the linkage between poverty, hunger, and employment, the progress towards hunger and employment related MDG targets have not been as encouraging as poverty.
- Structural realities and constraints such as limited land for cultivation, high population density and a still growing population represent significant challenges. To satisfy the inevitable higher aggregate future demand of a growing population, agricultural productivity growth, for rice and other crops, will have 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.

- Chronic under nutrition in children remains alarmingly high. Protein and micronutrient deficient diets have serious implications for both maternal and child malnutrition. Intergenerational malnutrition dynamics whereby undernourished mothers give birth to underweight children or raise undernourished children, is a major hurdle to reducing hunger.
- Extreme poverty that exists in small pockets poses specific challenges, which need to be addressed through targeted interventions as was suggested in the Sixth Five Year Plan (2011-15)
- Ensuring proper targeting and delivery of assistance to intended beneficiaries, continues to be a major problem for both food and cash based Social Safety Nets (SSNs). Inadequacy of assistance, in terms of inability to address actual hunger gaps and nutritional deficiency in diets of women and children are major issues for the large majority of SSN programmes.
- Ensuring food security to different groups of poor such as absolute poor, extreme poor and potential 'climate refugees' and the poor in general 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. However, sustainable agricultural growth with environmental preservation and expanding rural employment generation (other than SSNs) are yet to receive requisite resources.
- A major concern in the country is the pervasive underemployment which has prevented it from meeting wholly its MDG-1. The challenge is to ensure economic growth that is "pro-poor" and that can lead to more jobs, better employment and higher household income.

1.4 Way Forward

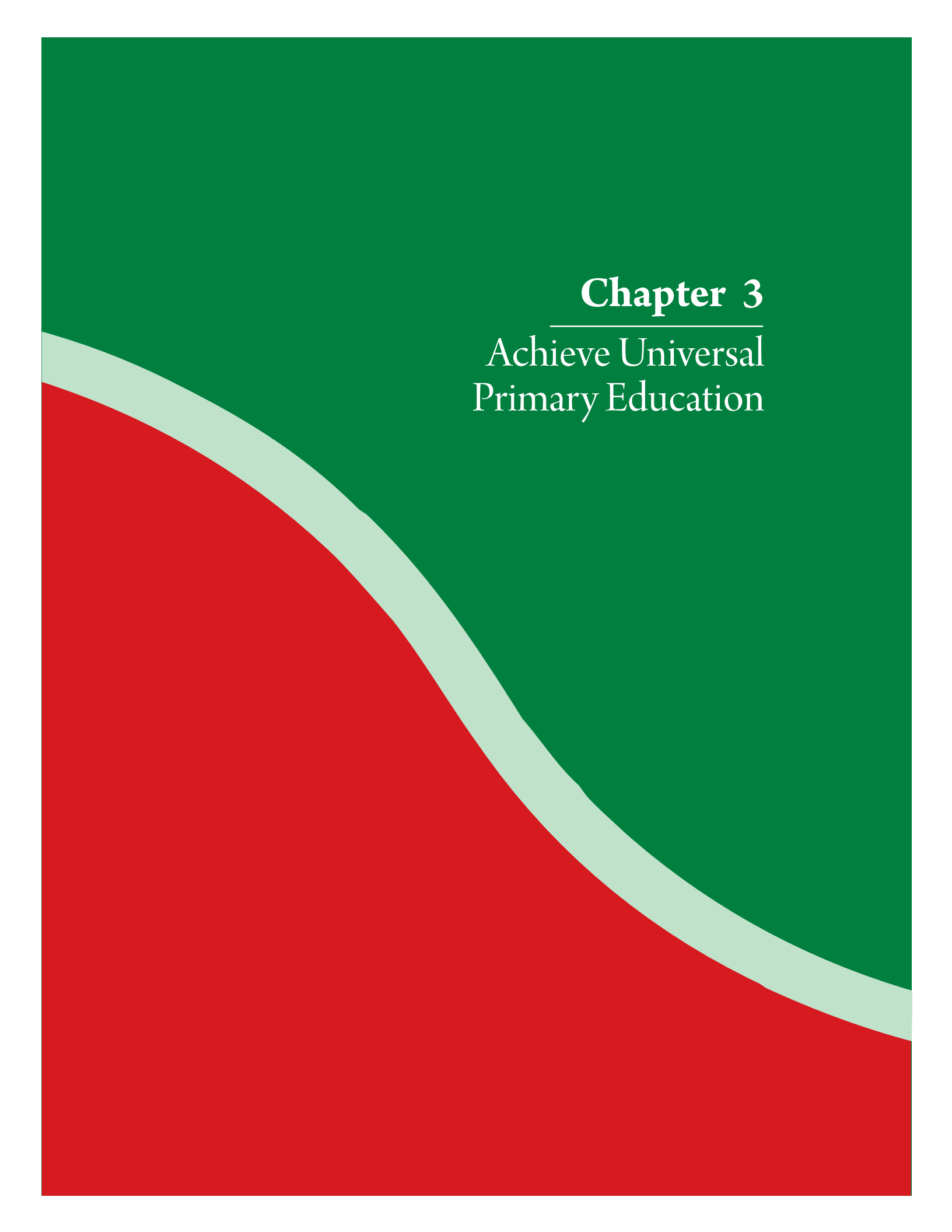
- Agricultural research efforts and other technological developments need to be diversified and redirected towards cereal and non-cereal crops that are resistant to the stresses of climate change. Use of costlier ground water for irrigation needs to be minimized with concomitant expansion of irrigation with cheaper surface water. 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 disseminating of technology. Effective support including credit has to be provided to the farmers to boost crop production and diversification.
- Crop sector diversification strategies need to consider future consumer demand for individual food commodities; the population's food based nutritional needs and related desired outcomes; nutrient availability from domestic production such as dal and vegetables; and geographical considerations related to soil and agro-ecological zoning suitability as well as access to markets.
- A comprehensive land management policy will need 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 security and protection of coastal areas from rising sea levels and intrusion of salinity.
- 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 like health, access to

credit, and social capital, increasingly demonstrate that a more generous and multi-faceted package of assistance has positive impacts on food security.

- Empirical evidence from various SSNs suggests that longer term interventions with nutrition and poverty alleviation objectives contribute to reduction in child under nutrition. The priority interventions 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. Moreover, access to finance, infrastructural support, access to a wider market and production network are some of the focus areas to increase non-farm employment.
- A steady and sustainable reduction of poverty in Bangladesh will require a pro-poor policy framework and to operationalize any such framework an efficient administration is needed. The practice of governance should reflect participation, especially of the vulnerable and marginalized to ensure their engagement in local public institutions.
- Strengthened monitoring capacity and information management systems are needed for a better view of ongoing programme operations and performance.

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Chapter 3

*Achieve Universal
Primary Education*

MDG 2: Achieve universal primary education			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 2: Achieve Universal Primary Education			
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling			
2.1: Net enrolment in primary education, %	60.5	94.9 (BANBEIS2010)	100
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	67.2 (DPE-2010)	100
2.3: Literacy rate of 15-24 year-olds, women and men, %	Data is not available		
2.3a: Adult literacy rate of 15+ years old population, % (Proxy indicator)	37.2	58.4 (SVRS-2009)	100

2.1 Introduction

Bangladesh has made progress in increasing equitable access to education, reduction of dropout, improvement in completion of the cycle, and implementation of a number of quality enhancement measures in primary education. It has achieved gender parity in primary and secondary enrolment. Initiatives have been taken to introduce preschool education to prepare children for formal schooling. However, out of three targets under Goal 2, Bangladesh is on track to achieve only Target-1. The government plans to enrol all primary education age children by 2011 and is in the process of implementing a comprehensive National Education Policy to achieve its objectives. However, the completion rate varies widely across the country. The challenges under MDG-2 include attaining the targets of primary education completion rate and the adult literacy rate. Quality of education is also a challenge in primary education.

2.2 Progress of achievements in different targets and indicators

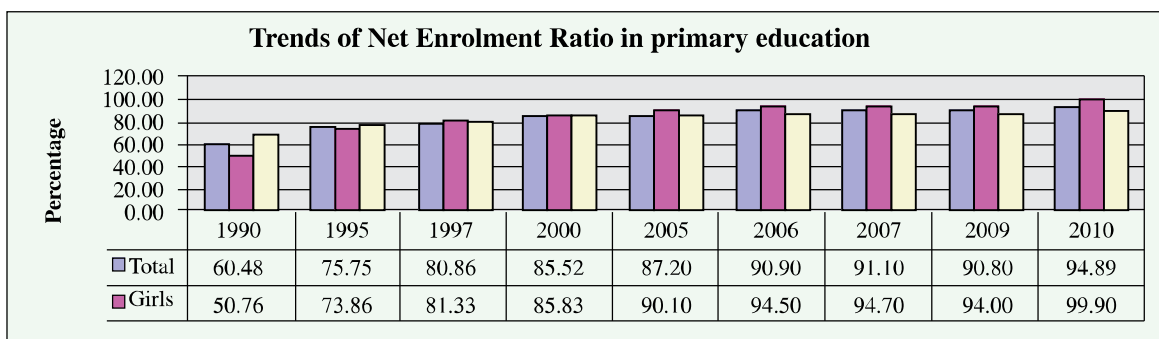
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator 2.1: Net enrolment ratio in primary education

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

In terms of bringing primary school age children to schools, the country is well on track of the MDG target. The net enrolment ratio in 2010 is 94.89 percent (99.90% for girls). It was 60.50 percent in 1990 and 87.2 percent (90.1% for girls) in 2005. The faster and relatively consistent growth in girls' enrolment vis-à-vis boys has been an important driver of the observed improvement in NER. Focused and substantive initiatives undertaken by the government such as food for education, stipends for primary school children, media outreach, and community or satellite schools have all helped boosting the NER. However, according to Provisional Primary Education Census Report-2010 of the DPE, Net Enrolment Ratio is 99.47 percent.

Figure 2.1: Trends in Net Enrolment Ratio, 1990-2010



Sources: BANBEIS & DPE

The growth in NER picked up in the early 1990s following the World Conference on Education for All. The recent NER scenario for the boys and girls, however, demonstrate attainment of gender parity at the primary level. The rate of growth of NER for girls picked up in 1993 and resulted in a situation when the

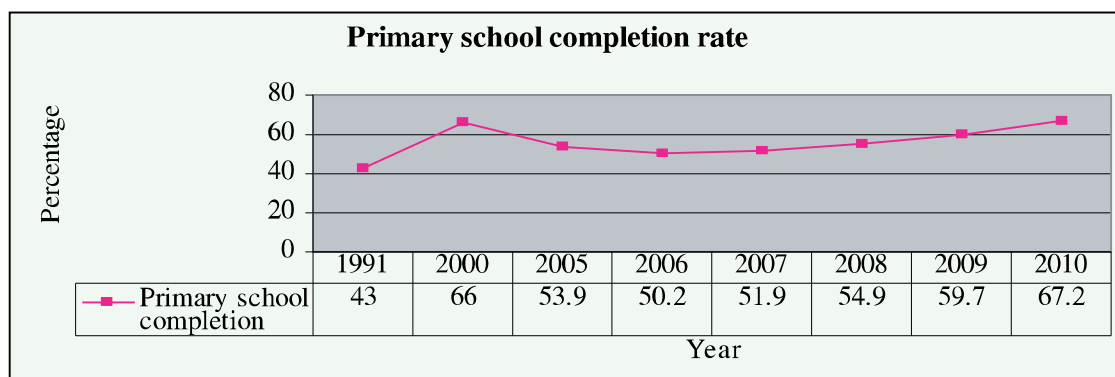
proportion of boys was overtaken by that of the girls in 1997. Running multiple shifts in 3 roomed schools and hiring an increased number of teachers contributed largely to the increase in primary enrolment. A multivariate analysis carried out under the World Bank study (2005) found a strong and highly significant association between net enrolment ratio and Food for Education and VGD programs of the government. Moreover, free distribution of textbooks, scholarships examinations in primary schools, and stipends for primary school children from poor families have been considered as the major interventions that contributed significantly to the increase in enrolment rate at the primary level.

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 not kept pace with the impressive progress in net and gross enrolment rates. The primary school grade 5 survival rate in 2010 was 67.2 percent which implies a modest increase from the 43 percent in 1991. Since 2000, there has been a declining tendency of the primary school completion rate or in the growth of the primary school grade 5 survival rates. According to Annual School Survey Reports in 2005, 2006 and 2007 of DPE, the primary school grade 5 survival rates were 54, 50 and 52 percent, respectively. The rate, however, shows a positive trend after 2007.

These figures do not, of course, take into account the movement of children from one type of school to another. 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 non-formal education projects. The following figure shows the trend of the primary school grade 1 to 5 survival rates.

Figure 2.2: Proportion of Pupils Starting Grade 1 who Reach Grade 5



Source: DPE

[However, Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) shows a survival rate of 79.8 percent.]

The low primary completion rate or high dropout rate at the primary level can be ascribed to several reasons. Household poverty which leads to student absenteeism in general due to high opportunity costs and other hidden costs has been identified by several studies as the major factor. The 2005 DPE baseline survey data estimated a rate of absenteeism of 20 percent in the three major categories of schools: Government Primary Schools, Registered Non Government Primary Schools and Community Schools.

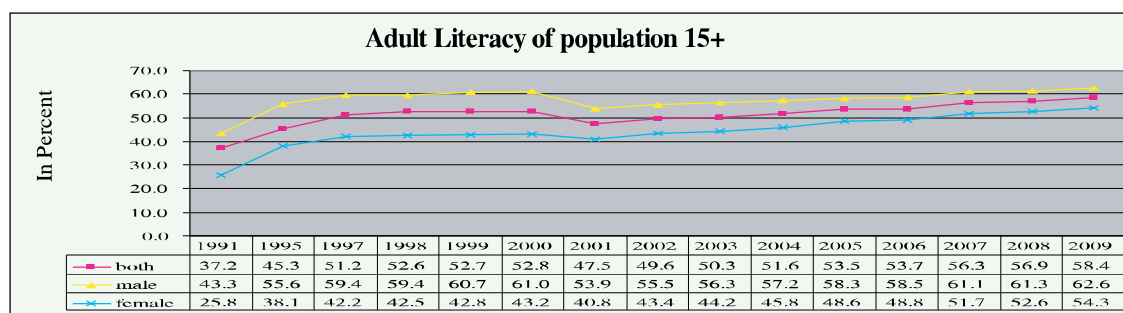
Indicator 2.3: Literacy rate of 15-24 year-olds, women and men

At present, there is no data on the literacy rate of 15-24 year olds in Bangladesh. In view of absence of data literacy rate of 15+ year olds is used as a proxy indicator to estimate the current literacy status. However, from 2006, Multiple Indicator Cluster Survey (BBS and UNICEF) started to calculate literacy rate of women aged 15-24 years. The literacy rate of those aged 15-24 is the percentage of persons aged 15 to 24 who show their ability to both read and write by understanding a short simple statement on their everyday life. By asking women aged 15-24 to read a short simple statement, Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) found that the literacy rate of women aged 15-24 was 72.0 percent, which was slightly higher than the 69.9 percent recorded in Multiple Indicator Cluster Survey 2006 (BBS/UNICEF, 2007).

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

According to Sample Vital Registration System 2009 (BBS 2010) the adult male and female literacy rates were 62.6 percent and 54.3 percent respectively, while the overall literacy rate was 58.4 percent. The Literacy Assessment Survey 2008 (BBS and UNESCO, 2008) estimated the adult literacy rate based on a written test taken by respondents. The report categorized literacy skills into four levels: non-literate, semi-literate, literate at the initial level and literate at the advanced level. The assessment showed that 33 percent of the respondents were non-literate, 18 percent were semi-literate and 49 percent were literate. For the population over 15+ age groups, the same survey found the literacy rate to be 48.8 percent (male 48.6% and female 49.1%). Female literacy rate surpassed male literacy rate for the first time, which may be considered as impact of several gender sensitive programmes undertaken by the government and other agencies.

Figure 2.3: Trends of Adult Literacy of Population of 15+, Women and Men



Source : SVRS, BBS

It is evident from figure 2.3 that adult literacy rates have increased by 57 percent during the period 1991-2009 implying an average growth rate of 3.16 percent per annum. If this trend continues the adult literacy rate at the terminal year of MDG will be about 77.39 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 (2010-15) is estimated to be as high as 4.86 percent. However, the gender parity index for adult literacy has increased from 0.60 in 1991 to 0.71 in 2000 and reached 0.87 in 2009.

2.3 Challenges

- Progress in the survival rate to grade 5 poses a big challenge in achieving MDG 2. The trend growth rate for primary cycle survival is considerably below the warranted growth rate for

achieving the 100 percent target. High repetition and dropout rates pose serious challenges for acceleration of progress in survival to the last grade. On average, 8.6 years of pupil inputs are required to produce a 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 concrete information on education quality, experts widely agree that the quality of education needs to be improved for the vast majority of 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, it has been suggested to increase investment in education gradually 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. 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. Literacy and post-literacy education curricula are often irrelevant to the diverse realities and contexts of learners, the contents are dull and production quality is often very poor.

2.4 Way Forward

Although the progress towards MDG 2 has been commendable, large challenges still remain in achieving the targets. It is critical that current efforts are sustained and new initiatives are introduced.

- In terms of the education target, 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 impart skills in Information Technology to all by 2021. Vision 2021 has also made commitments to the development of human resources, which include allocation of a higher proportion of the budget to education, improvement in the quality of education, increase in the salary of teachers and particular attention to disadvantaged groups including urban working children.
- To achieve the NER target, the government has undertaken several initiatives. Under the newly adopted Operational Framework on Pre-Primary Education, the government has planned to add one additional class in existing schools. Expanding the stipend coverage to target the hardcore population has also been approved with the target population for stipend being increased from 4.8 to 7.8 million students. To ensure enrolment and primary cycle completion, the school feeding programme is being expanded from 0.2 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 schools.
- Improving the quality of primary education, creating a child friendly atmosphere at 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 building mass awareness are some of the key areas that need particular attention for achieving the millennium targets. However, the following areas are identified as focus:

- o A carefully planned infrastructure initiative to make available sufficient child friendly classrooms in existing GPS, RNGPS and community schools so that universal primary education by 2015 is physically feasible;
- o Build new child friendly schools to ensure access to education;
- o Adequate number of qualified skilled teachers with better social and economic status;
- o Emphasis on quality of learning as measured in learning achievement of children;
- o Introduction of one year pre-primary education as an integral part of primary education;
- o Second Chance Education for the non-enrolled and drop-outs through a non-formal mode of delivery;
- o Equivalency and bridging between formal and non-formal education;
- o Technical and vocational education opportunities for the disadvantaged population;
- o Provision of school feeding for the pre-primary and primary students;
- o Development of a national unified curriculum with a core (compulsory for all) portion and an elective portion for all categories of schools and madrasas;
- o Adult Education Programme for illiterate adults to create opportunities for meaningful and quality life-long learning; and
- o 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.



Chapter 4
Promoting Gender Equality
and Empowering Women

MDG 3: Promoting Gender Equality and Empowering Women			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 3: Promote Gender Equality and Empower Women			
Target 3.A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015			
3.1: Ratios of girls to boys in primary, secondary and tertiary education			
3.1a: Ratio of girls to boys in Primary education (Gender Parity Index = Girls/ Boys)	0.83	1.02 (BANBEIS2010)	1.0
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.14 (BANBEIS 2010)	1.0
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.39 (BANBEIS 2010)	1.0
3.2: Share of women in wage employment in the non-agricultural sector, %	19.1	19.87 (LFS 2010)	50
3.3: Proportion of seats held by women in national parliament, %	12.7	19.71 (MOWCA2011)	33

3.1 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. It 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 government has adopted National Policy for Women's Advancement 2011 and a series of programs for ensuring sustainable development of women. Women participation in the decision making process has also marked significant progress in the country. There has been a sharp increase in the number of women parliamentarians elected (19.71% of total seats) in 2011. However, wage employment for women in Bangladesh is still very low. Only one woman out of every five is engaged in wage employment in the non-agricultural sector.

3.2 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 1.4 times from 11.9 million in 1990 with 6.6 million boys and 5.4 million girls to 16.9 million in 2010, half of whom are girls. Primary school enrolment and gender parity index from 1990 to 2010 are shown in the table 3.1.

Table 3.1: Enrolment and Gender Parity Index at Primary Education, 1990-2010

Year	Total	Boys	Girls	Boys (%)	Girls (%)	GPI (Girls/Boys)
1990	11,939,949	6,574,633	5,365,316	55.06	44.94	0.82
1995	17,280,416	9,090,748	8,189,668	52.61	47.39	0.90
2000	17,667,985	9,032,698	8,635,287	51.12	48.88	0.96
2005	16,225,658	8,091,221	8,134,437	49.87	50.13	1.01
2010	16,904,546	8,367,960	8,536,586	49.50	50.50	1.02

Source: BANBEIS, M/O Education.

From the table it is evident that gender parity was achieved in 2005 and sustained up to 2010. However, this success masks the geographical disparities. Data from the latest Literacy Assessment Survey 2008 (BBS, UNICEF, 2008) shows the lowest literacy rate for female (15 years and above) exists in Sylhet division (42.8) and the highest in Chittagong (54.6). The urban-rural gap is wide in Barisal (19.1 percentage point) while male-female gap also exists more in Khulna (7.5 percentage point).

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 secondary education enrolment of female students has increased significantly with girls' enrolment surpassing boys' in 2000 (52% for girls and 48% for boys).

Table 3.2: Enrolment and Gender Parity Index at Secondary Education, 1991-2010

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

Source: BANBEIS, M/O Education.

Bangladesh is the only country in South Asia next to Sri Lanka that achieved gender parity both at primary and secondary education level. 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 pay fees for the public examination. Though primary and secondary education is free for girls in the country huge 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 hidden cost of education are major causes for dropouts especially in rural areas. Other factors that contribute to dropouts of the girl students at the secondary level include violence against girls, restricted mobility, lack of separate toilet facilities for girls, lack of female teachers at secondary level, and lack of girls hostel facilities. Another concern is the quality of education. In order to reduce dropouts, it is important to ensure good quality education through improving the course curricula and effectively addressing learning needs of diversified groups of students.

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

Unlike the success at the primary and secondary education levels, gender parity at the tertiary education level remains low and has been hovering around 0.32 (76% boys vs. 24% girls). Gender Parity Index is 0.39 in 2010 which is little bit encouraging. During the last ten years, except 2010, the enrolment of students at the tertiary level has increased significantly, but it is attributable to more rapid increase in the number of male students. Measures have been taken to increase female participation in tertiary and higher education. An international University 'Asian University for Women' has been established in Chittagong. Girls' education is free up to higher secondary level. It has been planned to make girls education free up to Degree level. The number and amount of general scholarship for the meritorious students and scholarship for technical and vocational education have been increased reasonably. The textbooks have been distributed at free of cost to the secondary level students like the primary level students. These efforts also play a positive role in promoting girls education.

Several factors account for the low girls to boys ratio at the tertiary education level. These include social and cultural attitudes still reinforcing girl's/women's subordinate position in the society, various forms of violence including acid throwing and sexual harassment on the street and in educational institutions discouraging attendance at the school, and child marriage (despite legal marriage age set at 18 years) due to the social norms and poverty hindering girls from continuing their education at higher level. Furthermore, poor quality of education offered at some institutions and the fact that the attainment of higher education does not guarantee the future economic benefit for girls due to the male-biased job market (formal sector) which may not provide enough incentives for girls to pursue higher education.

Table 3.3: Enrolment and Gender Parity Index at Tertiary Education, 2001-2010

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

Source: BANBEIS, Ministry of education

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 share of female workers in wage employment in the non-agricultural sector expressed as a percentage of total wage employment in that same sector. The non-agricultural sector includes industry and services. This indicator shows the extent to which women have access to paid employment, which will affect their integration into the monetary economy. It also indicates the degree to which labour markets are open to women in industry and services sectors which affects 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 indicator is calculated by dividing the number of women in non-agricultural paid employment by the total number of persons in paid employment in the non-agricultural sector, and multiplying it by 100.

Data presented in Labour Force Survey 2010 show that total 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 came down to 14.6 in 2005-06 and then enhances to 19.87 in 2010.

Figure 3.1: Share of Women in Wage Employment in the Non-Agricultural Sector

Source: Labour Force Survey in Bangladesh, various years, BBS.

Creation of opportunities for the women labour force remains the major bottleneck for wage employment for women in the non-agricultural sector with the exception of the garment sector. The participation of labour in mainstream economic activities by gender is shown in table 3.4.

Table 3.4: Participation of Labour in Mainstream Economic Activities, 1990-2010

No	Indicators	Gender	1990	2005	2010
1	Share of women in wage employment in agricultural sector	Female	45.5	66.54	40.84
2	Share of women in wage employment in non -agricultural sector	Female	19.1	14.6	19.87
3	Labour Force Participation Rate	Female	23.9	29.2	36.0
		Male	84.0	86.8	82.5
4	Unemployment rate	Female	7.8	7.04	5.8
		Male	3.4	3.35	4.1

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 seems promising when one looks at the share of women in the highest policy making elected body-the National Parliament. During the last four governments of parliamentary democracy women's participation in the Parliament were 12.7% in 1991-95; and 13%, 12.4% and 19% in 1996-2000, 2001-06 and 2008 respectively. In the current Parliament the share of reserved seats for women has also been increased to 50 from 45. Moreover, it has got directly elected 19 women Parliamentarians (almost doubled). Another important aspect of these developments is that the present government has the highest number of women members (6) in the cabinet including the honourable Prime Minister.

Table 3.5: Proportion of Female Members in the Parliament, 1991-2011

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

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

3.3 Challenges

- National level primary enrolment shows that Bangladesh has achieved gender parity in 2005. However, regional variation in terms of primary enrolment exists; Barisal is yet to achieve desired position while negative growth exists for Rajshahi and Khulna.
- Increased enrolment of girls at secondary schools has been a significant achievement in Bangladesh. The challenge is to sustain the twin objectives of keeping increasing number of girl students at secondary schools and retain them until graduation.
- Despite many improvements in primary and secondary school enrolments a large disparity exists between male and female literacy rates. The challenge is to narrow the gap through intensive public and private initiatives. Absence of equivalency and 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 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 sectors, such as care-giving and hospitality, particularly in European countries where 'aging' is the issue.
- Awareness raising and mobilization programmes are needed to encourage direct involvement of women in mainstream politics. Holistic policy interventions may include subjective changes of the decision makers, amendment of laws, and promoting 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 that is inherent 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, policies and mechanism remains a major challenge.
- In order to change the deep rooted gender norms and attitudes among individuals and in the society, well coordinated bottom-up and top-down approach is necessary to mobilize the entire society involving men, boys, women, girls, policy makers, civil servants, judiciary, police, public leaders and media personnel. Sensitization of various groups is important and needs to be done in 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 sex disaggregated data, in understandable forms is identified as a major challenge confronting the GOB.

3.4 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 active advocacy and monitoring by civil society needs to be promoted. The National Policy for Women's Advancement 2011 needs to be implemented.
- Many of the harmful practices in Bangladesh like child marriage, dowry, weak legal and social protection in the event of divorce and abandonment, and gender based violence are largely due to cultural practices that favour boys over girls. They are deep rooted in the traditional patriarchal society of Bangladesh, which must be changed to make gender sensitive policy and legal framework effective. The government will facilitate the process of social change through partnership with development partners and other stakeholders.
- 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 girls-friendly schools could be implemented. Similarly, for women's economic participation, small scale entrepreneurship with incentives and access to market and finance for women, workforce safety measures, child care support to remove barriers, vocational and technical education to increase women's chance for decent economic participation 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 a comprehensive package including the medical, psycho-social and legal services as well as shelter and livelihood support needs to be introduced.
- Given the fact that women in Bangladesh consists of a large part of 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.
- MOWCA is in the forefront of the promotion of gender equity and equality in the country. 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 will need to be improved to enable them to engender programmes and project formulation.
- Capacity building for system strengthening, conducting quality studies, surveys and researches, and promoting effective use of data created needs to be undertaken on an urgent basis. For capacity development of the DWA, JMS and MOWCA officials a need based computer training with special emphasis on IT is required.
- Eradication of poverty with special emphasis on eradication of feminization of poverty by strengthening Social Safety Net programme is an important agenda of the Government. Programmes such as Allowance to Widows & 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 agriculture and fisheries and livestock, computer, sewing, block batik trade, handicrafts are being conducted. Support is being given to women entrepreneurs engaged in small and medium enterprises (SMEs).



Chapter 5
Reduce Child Mortality

MDG 4: Reduce Child Mortality			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 4: Reduce Child Mortality			
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	50 (SVRS 2009)	48
4.2: Infant Mortality Rate (per 1000 live births)	92	39 (SVRS 2009)	31
4.3: Proportion of 1 year-old children immunized against measles, %	54	85.3 (UESD 2010)	100

4.1 Introduction

Bangladesh has made considerable progress (50 per 1,000 live births in 2009 from 146 in 1991) in child survival rate over the last several decades. 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 past progress, challenges ahead are there. While the mortality rates have improved, major health inequalities among the population still need to be addressed. Childhood injuries, especially drowning, have emerged as an important public health problem responsible for a full quarter of the deaths among children of 1-4 years of age.

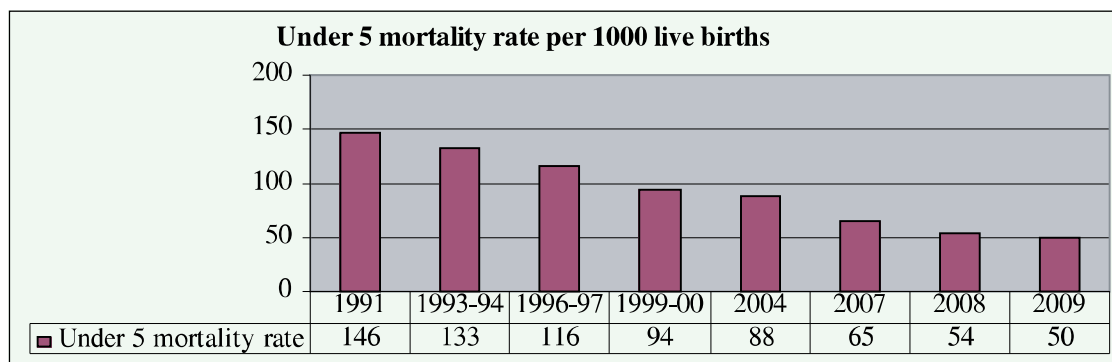
4.2 Progress of achievements in different targets and indicators

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

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

Bangladesh Demographic and Health Survey 2007 (NIPORT, 2009) shows that there has been a remarkable decline (65 per 1000 live birth) in the under-five mortality rate since 1990. Between the periods 1989-1993 and 2002-2006, the country's average annual rate of reduction in the mortality rate was 9.3 percent per year for the 12-59 months age group, 6.0 percent per year for the 1-11 months age group and 2.6 percent per year for the neonatal period. However, data provided in Sample Vital Registration System 2009 (BBS, 2010) suggests that the under-five mortality rate is 50 per 1,000 live births in 2009 as compared to 146 in 1991. There seems to be no major disparity among boys and girls in under-five mortality rates (52 per 1,000 live births for boys and 48 per 1,000 live births for girls).

Figure 4.1: Trends of Under Five Mortality Rate, 1991-2009



Sources: 1993-2007 (BDHS), 1991 & 2008-2009 (SVRS)

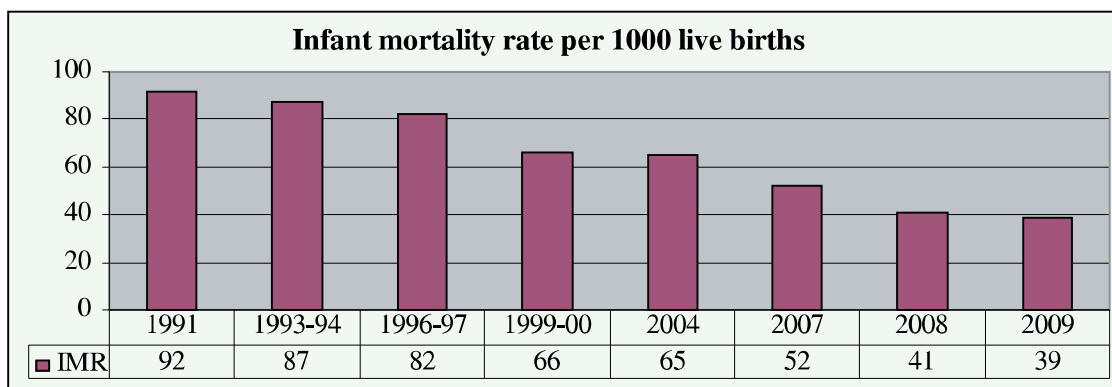
However, data available from Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) shows that under-five mortality rate is 64 per 1,000 live births. Although there are differences in data collection methodologies, trends of rapid mortality reduction are consistent across these surveys. Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) highlights geographical disparities in the under-five mortality rate with the worst performing district, Sherpur, recording 102 per 1,000 live births and the best performing one, Pabna, recording only 43 per 1,000.

Indicator 4.2: Infant Mortality Rate (per 1000 live births)

Similar to the under-five mortality rate, substantial reduction has been documented in the Infant Mortality Rate in Bangladesh Demographic and Health Survey 2007 (NIPORT, 2009) report (87 per

1000 live births in 1994 to 52 in 2007). The survey shows that mother's level of education is inversely related with infant mortality rate. The Infant Mortality Rate is the highest among mothers with the lowest education (71 per 1,000 live births) as compared to those with secondary or higher education (26 per 1,000 live births). More recent data available from Sample Vital Registration System 2009 (BBS, 2010) suggests that the IMR is 39 per 1,000 live births as compared to 92 per 1,000 live births in 1991. There is no significant difference between Infant Mortality Rates of boys and girls.

Figure 4.2: Trends of Infant Mortality Rate, 1991-2009



Sources: 1993-2007 (BDHS), 1991 & 2008-2009 (SVRS)

However, Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) data reveal that infant mortality rate is 49 per 1,000 live births. Disaggregated data reveal widespread geographical variations in the status of infant mortality in the country. To illustrate, the worst performing district, Sunamganj, recorded 75 deaths per 1,000 live births and the best performing one, Magura, recorded only 29 per 1,000. The same data also show wide variations in mortality by divisions. Infant mortality rates range from 55 per 1,000 live births in Sylhet division to 35 per 1,000 live births in Barisal division.

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 a measles vaccine. The EPI Coverage Evaluation Survey 2010 (DGHS) shows that measles immunization coverage has increased from 54 percent in 1991 to 84.8 percent in 2010. Although there were annual fluctuations in coverage during the 1991-2000 period, a continuous improvement is obvious during the 2001-2010 period. The Welfare Monitoring Survey 2009 (BBS, 2010) shows that 89.3 percent children are vaccinated with 88.4 percent children from the rural and 92.7 percent from the urban areas. However, Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) data show geographical variations in measles vaccination status by divisions for 2009 with the worst performing division (Sylhet) recording 75 percent and the best performing one (Khulna) recording 86 percent coverage. Urban slum areas have low coverage, for example, against 81 percent coverage in Dhaka City Corporation, the coverage is only 63 percent in slums in Dhaka. However, Utilization of Essential Service Delivery Survey 2010 (NIPORT, 2011) found the proportion of 1 year children immunised against measles at 85.3 percent.

Bangladesh has made considerable progress in child survival rate over the last several decades. The recent Millennium Countdown Report of UNICEF-'Countdown to 2015' places Bangladesh among

only 16 countries in the world which are on track to achieve the target of child mortality. The successful programmes 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 the general effect of economic and social development in the country. In recognition of this achievement the Honourable Prime Minister of the country has been honoured with UN MDG Awards 2010.

4.3 Challenges

Although Bangladesh has high prospect of achieving the MDG 4 targets, a number of challenges remain.

- Injury is an emerging challenge for children in Bangladesh. This area requires multi-sector collaboration and development of a National Injury Prevention Strategy along with effective and efficient implementation of the strategy.
- Reducing substantial differences in health outcomes between regions and socio-economic groups remains a constant challenge.
- Lack of quality service is the major bottleneck in facility-based child and newborn healthcare. Quality service is frequently inadequate in health facilities because of insufficient number of skilled or trained personnel. Moreover, a lack of routine supportive supervision and monitoring is a major cause of poor quality of services.
- While there has been significant progress in building the infrastructure, particularly in terms of construction of health facilities, the delivery of Essential Services Package, including various child health services, has lagged behind significantly.
- One of the challenges in child health services is the low coverage of the scientifically proven effective interventions in the treatment of diarrhoea and lack of care from trained provider in the case of pneumonia. Though the use of ORT in diarrhoea is very high (>80%), the BDHS 2007 (NIPORT, 2009) shows only 20 percent of children received both oral rehydration therapy and zinc, the globally and nationally recommended guideline for diarrhoeal treatment to reduce the severity and duration of episodes.
- Nutrition interventions that are keys to child survival are not being delivered consistently across the country.
- Another issue is lack of clarity in responsibilities of district or Upazila level managers working in various maternal and child health programmes. A majority of them spend a substantial amount of time dealing with high priority vertical programmes such as EPI and Tuberculosis. While external resources for training and capacity building have increased substantially, managerial processes often pose a bottleneck in full use of these resources.
- Bangladesh Health Facility Survey 2009 (World Bank, 2010) found that, on average only 58 percent of 19 essential drugs was present in facilities. Only 9 percent of all facilities surveyed at district level and below had more than 75 percent of essential drugs in stock.

4.4 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. The government will undertake the following measures:

- Establishing an enabling policy environment and advocating for adequate resource allocation for neonatal and child health interventions, including injury prevention.
- Developing relevant strategies and implementation plan for operationalizing services for newborns and children.
- Increasing valid immunization coverage of all vaccine preventable diseases and maintaining polio free status, maternal and neonatal tetanus elimination status and reducing measles morbidity by i) continued focus on low performing districts and urban municipalities; ii) NIDs, measles and other supplementary immunization campaigns, e.g., tetanus ; and iii) introduction of new and under-used vaccines.
- Ensuring 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.
- Promoting demands for services, particularly by the poor and excluded. Supporting increased household and community capacity to identify danger signs and seek care for sick newborn and children.
- Promoting 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.
- Strengthening pre-service education for improving delivery and usage of quality child and newborn health services for disadvantaged and excluded groups.
- Developing and updating technical guidelines and supporting operational research in creating evidence base for accelerated survival of sick newborn and children.

Chapter 6

Improve Maternal Health



MDG 5: Improve Maternal Health			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 5: Improve Maternal Health			
Target 5.A: Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Ratio.			
5.1: Maternal Mortality Ratio, (per 100,000 live births)	574	194 (BMMS 2010)	143
5.2: Proportion of births attended by skilled health personnel, %	5.0	26.5 (BMMS 2010)	50
Target 5.B: Achieve by 2015, universal access to reproductive health.			
5.3: Contraceptive Prevalence Rate, %	39.7	61.7 (UESD 2010)	72
5.4: Adolescent birth rate, (per 1000 women)	77	105 (BMMS 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)	71.2 (BMMS 2010)	100
5.5b: Antenatal care coverage (at least four visits), %	5.5 (1993)	23.4 (BMMS 2010)	100
5.6: Unmet need for family planning, %	19.4 (1993)	17.1 (BDHS 2007)	7.6

5.1 Introduction

According to Bangladesh Maternal Mortality Survey 2010 (NIPORT, 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, a 40 percent decline in 9 years implying an average rate of decline of about 3.3 percent per year. The overall proportion of births attended by skilled health personnel has increased by more than fivefold in the last two decades, i.e. from 5 percent in 1991 to 26.50 percent in 2010.

5.2 Progress of achievements in different targets and indicators

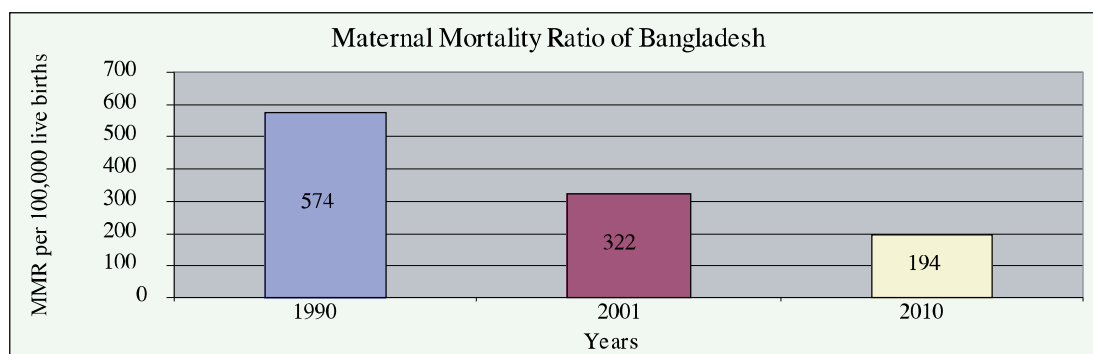
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 5.1: Maternal Mortality Ratio (per 100,000 live births)

According to the first MDG progress report published in 2005, the Maternal Mortality Ratio in 1990 was 574 per 100,000 live births in Bangladesh. However, according to Bangladesh Maternal Mortality Survey 2010 (NIPORT, 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, a 40 percent decline in 9 years. The average rate of decline was about 3.3 percent per year, compared to the average annual rate of reduction of 3.0 percent required for achieving Millennium Development Goal in 2015. BMMS 2001 and 2010 show that overall mortality among women in the reproductive age has consistently declined during these 9 years. Cancers (21%), cardio-vascular diseases (16%) and maternal causes (14%) are responsible for more than half of all deaths among Bangladeshi women in the reproductive age.

The entire decline in MMR has been due to reductions in direct obstetric deaths. Mortality due to indirect obstetric causes have increased somewhat. Maternal mortality during pregnancy and during delivery has also declined by 50 percent. In contrast, the reduction in post partum maternal deaths was 34 percent. Substantial declines in all causes of direct obstetric deaths have been observed between 2001 and 2010. 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. Obstructed or prolonged labour (7%) and abortions (1%) are the other direct obstetric causes of deaths. It is noted that abortion related maternal deaths declined from 5% in 2001 to about 1% in 2010. The 2010 survey did not identify any case of infection as an underlying cause of maternal death. Indirect obstetric causes of deaths account for about a third (35%) of maternal deaths.

Figure 5.1: Trend of Maternal Mortality Ratio of Bangladesh, 1990-2010 (following BMMS)

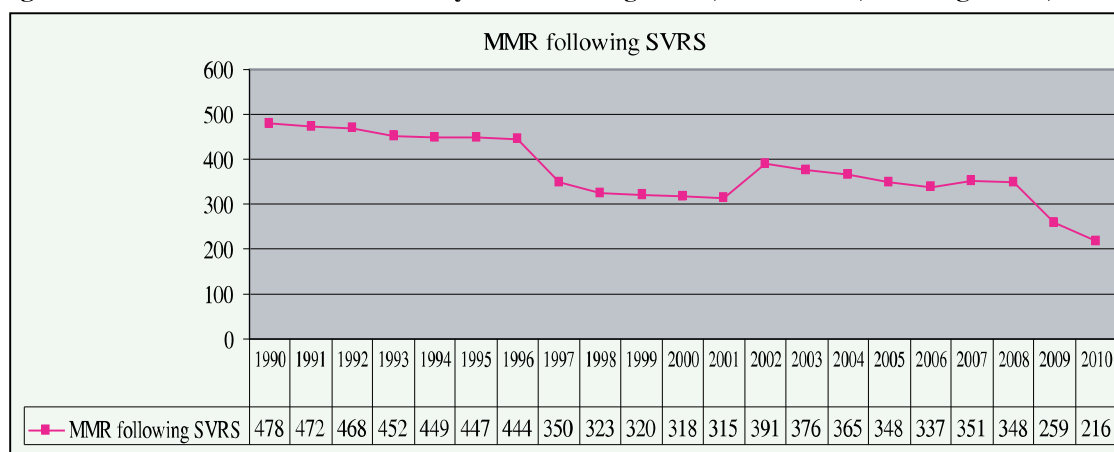


Source: BMMS (2001, 2010)

In order to strengthen primary healthcare facilities at the grass roots level, Government has reintroduced and revitalized Community Clinics. So far 10,723 community clinics have already been established to provide care and health services to the outreach patients.

It should be mentioned that the SVRS of BBS found relatively higher MMR during 1990 to 2010. Although MMR came down to 315 per 100,000 live births in 2001 from 478 in 1990, the ratio increased in 2002 and then gradually decreased; it stood at 216 in 2010. There has not been any explanation of this behaviour of MMR.

Figure 5.2: Trend of Maternal Mortality Ratio of Bangladesh, 1990-2010 (following SVRS)



Source: SVRS, BBS, different years

Indicator 5.2: Proportion of births attended by skilled health personnel

The proportion of births attended by skilled health personnel has increased by more than fivefold in the last two decades i.e. from 5 percent in 1991 to 26.50 percent in 2010 (Bangladesh Maternal Mortality Survey 2010 (NIPORT, 2011)). According to Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) more than 58 percent of births in Bangladesh were assisted by non-trained birth attendants and 14.5 percent were attended by relatives, friends or neighbours. Only 24.4 percent of all births were delivered by a medically trained provider, which includes qualified doctors, nurses, midwives, paramedics, Family Welfare Visitors (FWVs) and Community Skilled Birth Attendants (CSBAs).

In Bangladesh, evidence shows that women from the richest quintile and with secondary education are more likely to have access to institutional or skilled care during delivery. Utilization of Essential Service Delivery Survey 2010 (NIPORT, 2011) shows that the proportion of skilled attendance at delivery is seven times more among the richest (63%) compared to the poorest households (9%); it is almost three times more in urban areas compared to rural areas.

Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010) shows upazila-wise variation in the proportion of births attended by skilled providers. These variations point to the need for focused geographic targeting and close monitoring of programmes. Encouragingly, of 481 upazilas, 12 have already achieved the MDG 5 target in 2009. Greater use of emergency obstetric care is a positive trend. However, access to this care remains uneven as the gap between poor and rich is significant.

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

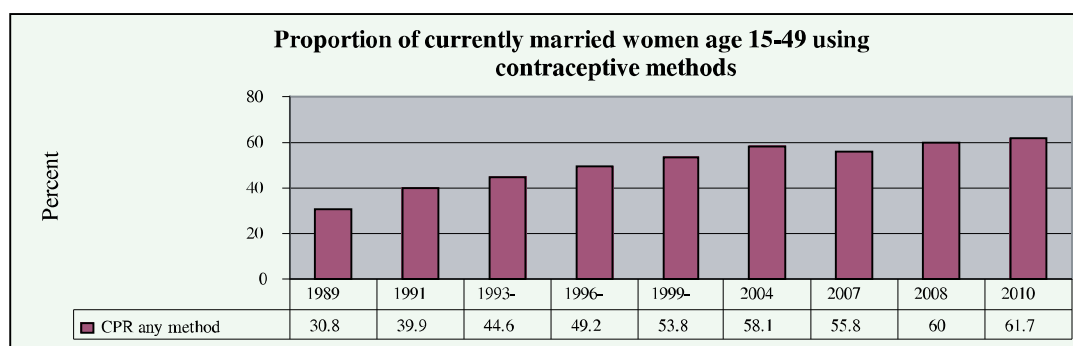
Indicator 5.3: Contraceptive Prevalence Rate (%)

The CPR in Bangladesh has increased by 22 percentage points over the past nineteen years, from 40 percent in 1991 to 61.7 percent in 2010 (UESD 2010). The data show a consistent increase of CPR between 1991 and 2004. The CPR temporarily declined and unmet need increased due to the decline in injectables as a result of supply shortages and inadequate domiciliary services against rising demand. The CPR increased again in 2008 and a linear estimate shows that the CPR in Bangladesh may increase to 67 percent by 2015. This increase will not be sufficient to attain replacement level fertility (CPR 70% or more is required to achieve total fertility rate of 2.1).

Utilization of Essential Service Delivery 2010 (NIPORT, 2011) shows that the pill (29.7%) is the most popular form of contraceptive followed by injectables (12.5%), female sterilization (5%) and condoms (4%). Despite ongoing efforts, only 7 percent of married women use long acting methods (IUD, Norplant, female and male sterilization).

The use of contraceptives is fairly equitable in Bangladesh irrespective of the socio-economic status of women. However, the use of long-term contraception decreases with household income and the educational status of women. Among six administrative divisions, the CPR is highest in Khulna and Rajshahi divisions and lowest in Sylhet and Chittagong divisions.

Figure 5.3: Trends in Contraceptive Prevalence Rate, 1989-2010



Source: 1989 (BFS), 1991 (CPS), 1993-2007 (BDHS), 2008-2010 (UESD)

Indicator 5.4: Adolescent birth rate (per 1000 women)

Early marriage and motherhood are widely prevalent in Bangladesh. Women in Bangladesh get married younger than women in all other Asian countries. According to Bangladesh Demographic and Health Survey 2007 (NIPORT, 2009) two in three women marry before the legal age of marriage, i.e., 18 years, and one in three women start childbearing before age 20. According to SVRS 2009, the adolescent birth rate has declined, from 77 per 1,000 women in 1991 to 62 in 2009. However, the fertility rate per one thousand women in the 20-24 year age group is 137, which was 163 in 2003. As expected, early childbearing is more common in rural areas, among the poor and less educated. However, Bangladesh Maternal Mortality Survey 2010 found adolescent birth rate 105 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)

ANC is an essential component of safe motherhood. BDHS and BMMS surveys indicate that the rate consistently increases for at least one ANC. Over the past fifteen years, the proportion of women who received at least one ANC has increased from 28 percent in 1993-94 to 71.2 percent in 2010. Similarly, ANC from a trained provider has also increased from 29 percent in 1996-97 to 54 percent in 2010. If the present trend continues, the utilization rate would not be sufficient to reach the MDG target of ensuring at least one ANC for all by 2015.

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

The Government of Bangladesh and WHO recommend at least four ANC visits for routine monitoring of pregnancy. Bangladesh Demographic and Health Survey 2007 (NIPORT, 2009) reveals that only one in five women received the recommended visits. From 6 percent in 1993-94, it has reached 21 percent in 2007. Moreover, recently completed Bangladesh Maternal Mortality Survey 2010 shows that the antenatal care coverage of at least four visits was only 23.4 percent. Although the number of women who receive at least four ANC has increased steadily, at the current rate, these gains will not be sufficient to reach even half of the target set for 2015. Inequalities in ANC coverage exist according to rural/urban settings, administrative divisions and household wealth. The Utilization of Essential Service Delivery 2010 (NIPORT, 2011) reveals that women in the highest wealth quintile are twice (93%) more likely to receive at least one ANC than the women in the lowest wealth quintile (46%).

Indicator 5.6: Unmet need for family planning

The unmet need for family planning helps to explain the fertility preferences of currently married women. According to the latest available estimate, 17.1 percent of currently married women in Bangladesh have an unmet need for family planning services (BDHS 2007). The unmet need has declined gradually from 19.4 percent in 1993-2004 to 11.3 percent in 2004. However, the increase in 2007 may reflect the rising demand for family planning and temporary shortages of contraceptives. If the current unmet need is addressed, the CPR would be over 70 percent which is sufficient to attain replacement level fertility by 2015.

There are wide regional disparities in unmet need estimates in Bangladesh. The unmet need for family planning is very high in Sylhet and Chittagong divisions. Interestingly, the unmet need does not vary much between rural and urban locations, and does not show close linkages to wealth.

5.3 Challenges

- Health system constraints undermine effective, efficient and equitable health care services. Inadequate coordination between health, family planning and nutrition services prevent the effective use of limited resources and frequently result in inefficiencies, missed opportunities and duplication.
- Human resource capacities remain a major obstacle to quality health service delivery. Key challenges include an extreme shortage of health manpower of all categories, insufficient skills-mix and insufficient numbers of health workers in rural areas.
- Further progress with CPR will require consistent and reliable access to contraceptives to reduce unmet need and dropout rates. The decline in the use of injectables reported in BDHS highlights the need to strengthen logistics and procurement.

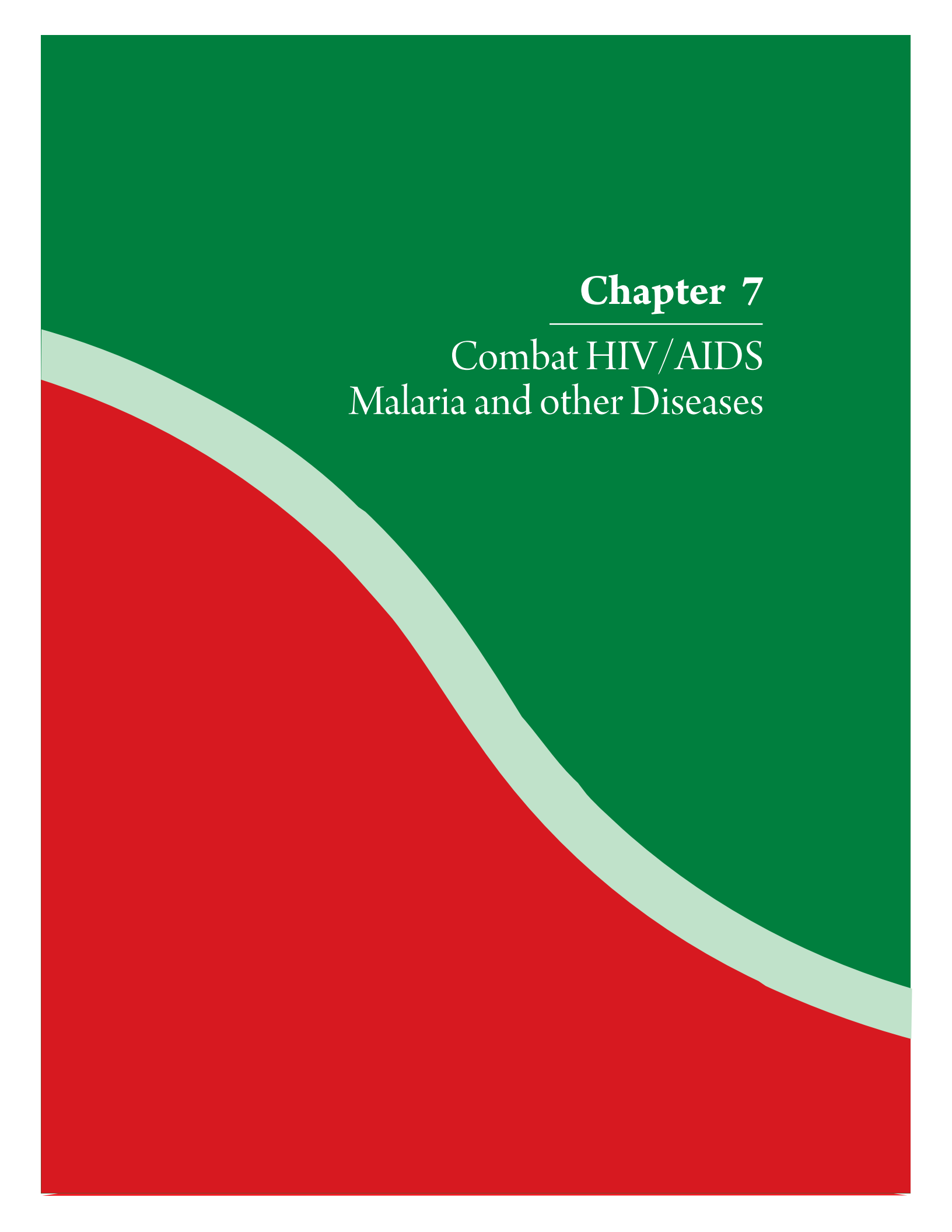
- Overall, public spending on health has remained relatively small with low expenditure on resources due in part, to conditionality in project aid and GOB procedures. Allocation of public resources continue to be based on historical norms for facilities and staffing, rather than on accurate indicators of individual and household health needs, degree 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 the lack of human resource capacities, inadequate drug supplies and logistics, poor maintenance 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 seen in terms of the services women receive according to rural/urban residence, mother's education level, household wealth and geographic location. It is a great 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. The 2007 BDHS found that 66 percent of women age 20-24 were married before age 18. Among women age 20-49, 78 percent are married by age 18, and 88 percent are married by age 20. Hence enforcement of The Child Marriage Restraint Act, 1984 is a big challenge for Bangladesh.

5.4 Way Forward

To achieve the MDG 5 goal and targets, Bangladesh must first effectively address the three pillars within the health care system for reducing maternal deaths. These include Family Planning (FP), Skilled Birth Attendants (SBAs) and Emergency Obstetric Care (EmOC).

- The life-cycle approach should be used to address the general and reproductive health needs of women and to ensure reproductive health and rights in all phases of life. Essential health services should be provided in an integrated manner and vertical service delivery should be avoided.
- 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 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 populations 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.
- Reducing health disparities between regions and socio-economic groups need to be tackled through area-specific poverty targeting.

- 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.
- 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 revealed 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. DSF can be expanded to other areas of Bangladesh with some modifications.
- In support of the Human Resource Development Master Plan for 2010-2040 to close large human resource gaps over the next 10 years, the government will need to focus on the following areas:
 - Reviewing the skills mix and deployment model for midwifery/MH/RH services.
 - Improving the quality of education and training of health workers especially midwives.
 - Ensure necessary regulations to protect the public from unsafe and incompetent care.
 - Addressing recruitment, career development, performance management, and retention issues to reduce staff shortages, particularly in rural areas.
 - Bangladesh's experiments with various pilot initiatives has yielded valuable lessons-learned. An effective system needs to be introduced to compile and disseminate lessons-learned to inform policy and programmatic decision making for improving maternal and reproductive health.



Chapter 7

**Combat HIV/AIDS
Malaria and other Diseases**

MDG 6: Combat HIV/AIDS, Malaria and other Diseases			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 6: Combat HIV/AIDS, malaria and other diseases			
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS			
6.1: HIV prevalence among population, %	0.005	0.1 (MIS DGHS 2010)	Halting
6.2: Condom use rate at last high risk sex, %	6.3	44-67 (UNGASS2010)	-
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	17.7 (NASP, 2009)	-
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Lack of data		
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it			
6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs, %	-	47.7 (UNGASS 2009)	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)	512.6 (MIS DGHS 2010)	310.8
6.6b Deaths of Malaria per 100,000 population	1.4 (2008)	0.32 (MIS DGHS 2010)	0.6
6.7 Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts) %	81% (2008)	90% (MIS DGHS 2010)	90%
6.8 Proportion of children under 5 with fever who are treated with appropriate anti malarial drugs	60% (2008)	80% (MIS DGHS 2009)	90%
6.9a Prevalence of TB per 100,000 population	639	79.4 (NTPS 2010)	320
6.9b Deaths of TB per 100,000 population	76	43 (MIS DGHS 2010)	38
6.10a: Detection rate of TB under DOTS, %	21 (1994)	70.5 (MIS DGHS 2010)	70
6.10b: Cure rate of TB under DOTS, %	73 (1994)	92 (MIS DGHS 2010)	>85

6.1 Introduction

Bangladesh has performed well in halting communicable diseases under MDG-6. Data shows that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1% and thus is still below an epidemic level. There has been significant improvement in the reduction of malarial deaths in the country over the years. However, according to the National Tuberculosis Prevalence Survey 2007-2009 the overall adjusted prevalence of new smear positive cases among adult (age ≥15 years) is estimated at 79.4 per 100,000 population.

6.2 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

Data 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) shows a trend that could fuel the spread of HIV from MARPs to the general population. HIV Voluntary Counselling and Testing (VCT) services and the uptake of VCT remain limited. Thus, many people who are infected with HIV may not be aware of their HIV status. The 8th round National Serological Surveillance (2007) found a HIV prevalence rate of 7 percent overall and 11 percent in one of the neighbourhoods of Dhaka. HIV prevalence among sex workers overall is below 1 percent, but at Hills the prevalence was 2.7 percent among casual sex workers. Such concentrated prevalence has potentially far-reaching implications for HIV transmission to other vulnerable segments. The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 2088 HIV positive cases have been identified as of December 2010; among them 850 developed AIDS. Out of the total AIDS cases, 241 deaths have been recorded (as of December 2010).

Indicator 6.2: Condom use at last high-risk sex

According to BDHS 2007 (NIPORT, 2009) the rate of condom use among married couples is low. It was 3 percent in 1993 which has increased to 4.5 percent in 2007 and is unlikely to scale up significantly by 2015. Data in 20 Years of HIV in Bangladesh: Experience and Way Forward 2009 (World Bank and UNAIDS) shows that though the rates of condom use among different most at risk populations (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 6.1).

Table 6.1: Condom Use at Last High Risk Sex

Most at risk populations (MARP)	Year 2005	Year 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%

Sources: BSS (2003-4, 2006-07), UNGASS-2008

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

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

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

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

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

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 shows it to be 100 percent.

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

Indicator 6.6: Incidence and death rates associated with malaria

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

Prevalence of Malaria per 100,000 population was 441.5 in 2005. After gradual increase up to 2008, it has started to reverse and come down to 512.6 in 2010. The following table shows the information of incidence and death rates associated with malaria.

Table 6.2: Malaria Statistics, 2005-2010

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

Source: MIS Report, M&PDC, DGHS

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

Malaria is now a localized disease of Bangladesh endemic in 13 districts of eastern and northern parts of the country. However, the three hilly districts account for 80 percent of the total burden of malaria in Bangladesh. During the last decade, the annual average number of reported cases was 57,230 of whom 45569 (>90%) are due *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 0.032 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 number of cases and deaths. Early diagnosis and prompt treatment through doorstep facilities provided by GO-NGO partnership with support of GFATM fund has been proved to be effective. Use of insecticide treated bed nets has supplemented the effort. Table-9.1 summarizes malaria epidemiological data from the endemic districts.

Table 6.3: Malaria Epidemiological Data from the Endemic Districts

Year	Clinical case	Positive case	P. falciparum	P. vivax	P. falciparum%	Death
2000	294,358	54,223	39,272	14,951	72	478
2001	276,901	54,216	39,274	14,942	72	490
2002	305,738	62,269	46,418	15,851	75	588
2003	279,439	54,654	41,356	13,298	76	577
2004	224,003	58,894	46,402	12,492	79	535
2005	242,247	48,121	37,679	10,442	78	501
2006	313,794	32,857	24,828	8,029	76	307
2007	458,775	59,857	46,791	13,066	78	228
2008	526,478	84,690	70,281	14,409	83	154
2009	553,787	63,873	56,912	6,853	89	47
2010	461,262	55,873	52,049	3,824	93	37
Average/year	357,889	57,230	45,569	11,651	80	358

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 hill tract 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.

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

The base line data for proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs was selected as 80 percent for the year 2008. However, in 2009 it was 80 percent with the aim to achieving 90 percent in 2015.

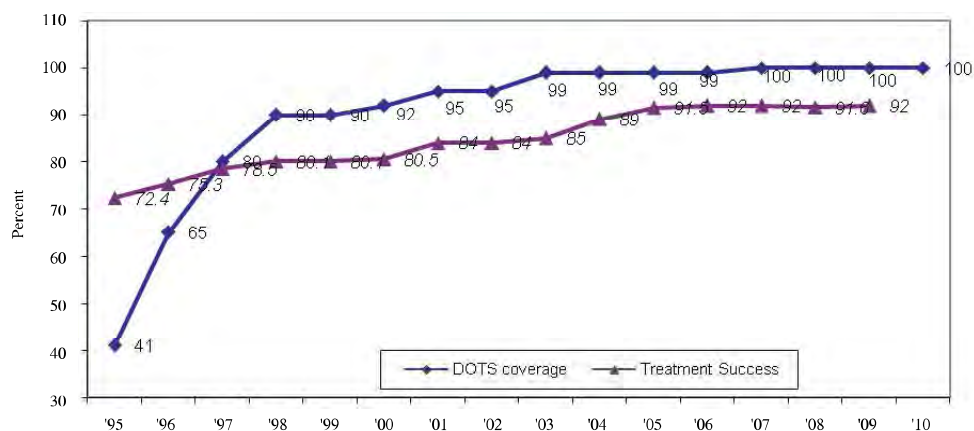
Indicator 6.9: Incidence, prevalence and death rates associated with tuberculosis

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

According to the National Tuberculosis Prevalence Survey (2007-2009) report of Bangladesh the overall adjusted prevalence of new smear positive cases among adult (age ≥15 years) is estimated at 79.4/100 000 population (95% CI; 47.1-133.8). Based on this prevalence rate new estimates of TB burden for Bangladesh will be provided through WHO Global TB Report 2011.

Under the Mycobacterial Disease Control (MBDC) unit of the Directorate-General of Health Services (DGHS), the National Tuberculosis Control Program (NTP) is working with a mission of eliminating TB from Bangladesh. While the initial short-term objectives of the program 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 program has been maintaining over 90 percent treatment success rate since 2006, and has successfully treated 92 percent of the 109,099 new smear-positive cases registered in 2009.

Figure 6.1: DOTS Coverage and Treatment Success Rate



Source: NTP, DGHS

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

Death rate associated with tuberculosis was 76 per 100,000 populations in 1990. The country seeks to achieve the target of 38 by 2015. The current status is 43 in 2010 which reveals that the country is on track to achieve the target.

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

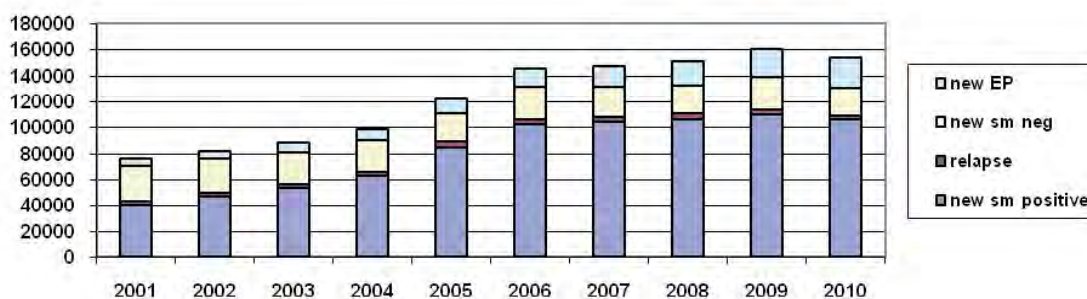
Operationally these indicators are interpreted as case detection rate (number of new smear-positive cases notified under DOTS out of all estimated incident smear-positive cases) and number of patients

who were cured or have completed treatment among those who started treatment one year earlier. While treatment outcomes were high since the beginning of the DOTS programme, case detection has increased significantly during the expansion of the coverage and shows only a modest increase in recent years.

Indicator 6.10a: Proportion of tuberculosis cases detected under DOTS

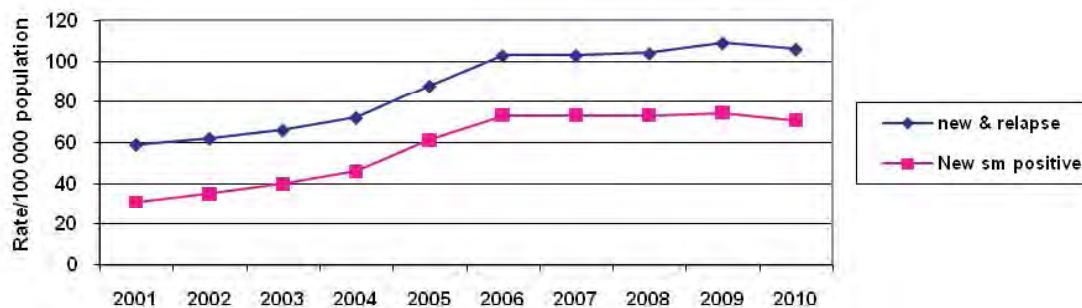
The number of new smear-positive cases notified under DOTS out of all estimated incident smear-positive cases was 21 percent in 1994, which has increased significantly and achieved the target of 70 percent. The program has been notifying more than 70 new smear positive cases per 100,000 populations since 2006. In 2010 a total of 105,772 new smear-positive cases were detected with a notification rate of 70.5 per 100,000 populations (estimated projected population for 2010 is 150,047,466). The case notification trend both in absolute number and rate is shown in Figure 6.2 & 6.3.

Figure 6.2: Case Notification, New and Relapse TB Cases



Source: NTP, DGHS

Figure 6.3: : Case Notification Rate per 100,000 Populations, New & Relapse



Source: NTP, DGHS

Indicator 6.10b: Proportion of tuberculosis cases cured under DOTS

The cure rate of tuberculosis under DOTS was 73 percent in 1994, which has crossed the target of more than 85 percent. The cure rate under DOTS was 71, 92, and 92 in 1995, 2007 and 2008 respectively. However, in 2010 the cure rate was 92 percent.

6.3 Challenges

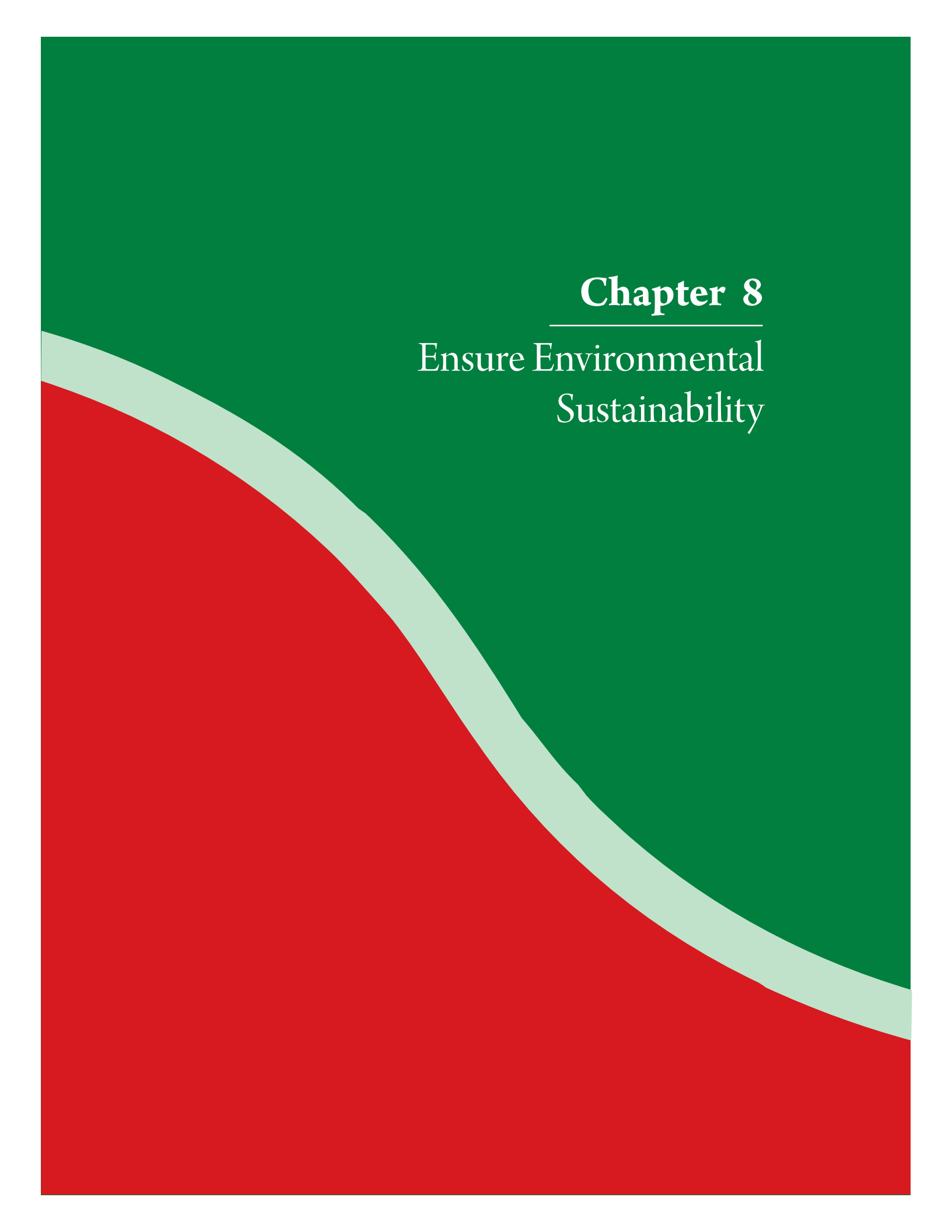
Bangladesh is in a favourable position for achieving the MDG 6 targets. There are, however, several challenges facing the national responses towards the three diseases.

- 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.
- Due to the inherent complexities of the new areas in the field of tuberculosis a higher level of skill is required from health care providers. While programmatic technical skills have been the main subject in the capacity building activities for programme staff, managerial capacity has not been adequately addressed.
- 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 not yet providing 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, requires policy changes, training and supervision and is thus always 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 have little impact on ensuring the quality of these.
- With the availability of funds from GFATM through multiple principal and sub-recipients, undertaking comprehensive cost analysis including activities executed by partners becomes more challenging. Bangladesh has so far not conducted a National AIDS Spending Assessment.
- The National Policy on HIV/AIDS and Sexually Transmitted Diseases 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 population leading to interference and weakening of the programme implementation for MARPs.
- The country is still trying to strike a balance with new mechanisms such as the Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria that shoulder a good share of the oversight, leadership and coordination role. Technical, human resource and financial capacity of the government bodies in charge of the disease control programmes is inadequate.
- 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. Capacity is lacking for conducting prevalence, mortality or drug-resistance surveys for TB.

6.4 Way Forward

Strengthen coordination in the national response through advocacy, coordination and collaboration, evidence-based programme management and strengthening of systems with special focus on the following outcomes:

- Strengthened national coordination mechanisms through reforming/strengthening NAC, CCM, UNJT and key civil society networks and building capacity of the leadership.
- Improved 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. More attention should be given for inclusion of managerial components in addition to technical or programmatic skills development.
- 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, etc.) 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, etc.).



Chapter 8

**Ensure Environmental
Sustainability**

MDG 7: Ensure Environmental Sustainability			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 7: Ensure Environmental Sustainability			
Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources			
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss			
7.1: Proportion of land area covered by forest, % (tree coverage)	9.0	19.33 (DoF 2011) (density>10%)	20.0 (density >70%)
7.2: CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	Lack of data		
7.2a: CO ₂ emissions, metric tons per capita	0.14	0.27 (DoE, 2005)	-
7.3: Consumption of ozone-depleting CFCs in metric tons per capita	195	128 (DoE, 2009)	0
7.4: Proportion of fish stocks within safe biological limits		54 inland & 16 marine	-
7.5: Proportion of total water resources used		6.6% (2000)	-
7.6: Proportion of terrestrial and marine areas protected	1.64	Terri: 1.82% & Mari: 0.47 (DoF)	5.0
7.7: Proportion of species threatened with extinction	-	106 (2001)	-
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation			
7.8: Proportion of population using an improved drinking water source	78	86 (MICS 2009)	-
7.9: Proportion of population using an improved sanitation facility	39	62.7 (SVRS 2009)	-
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)	-

7.1 Introduction

At present there is only 19.33 percent of land in Bangladesh having tree cover with density of 10 percent and above. Based on the spatial dimension, the area having tree cover is much closer to the target (20%) set by the government but the density is much less than the target (>70%). Since 1991, it has been observed that there has been a steady increase of CO₂ emission in Bangladesh. In 2007, the emission was 0.3 tonne per capita. On the other hand, the consumption of ozone depleting substances has been declining. At present the proportion of terrestrial and marine areas protected is 2.29 percent which is much less than the target of 5 percent. Data show that without considering the arsenic contamination, 97.8 percent population of Bangladesh is using improved drinking water source; arsenic adjusted figure is 86 percent, and 62.7 percent of population is using improved sanitation in 2009. 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 for the poor.

7.2 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 Department of Forest, the total forest area in Bangladesh was 2.53 million hectare, which is only 17.49 percent of the total land area of the country. Out of this total forest land 2.25 million ha. is owned by the government as classified and unclassified forests and 0.27 million ha is owned privately. Government forest land, managed by the Forest Department, covers both natural and plantation forest. Out of 64 districts, 28 districts had no public forest in the past. But now almost all districts have been brought under forest coverage through social forestry program. 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 program was introduced in the early eighties. The government has amended the rules so that marginal poor are eligible to participate in the program. Besides, government has also increased the profit margin significantly for the participating poor that have increased people's participations in forest management. Based on the implementation of the Social Forestry Program through people's participation, about 0.40 million ha. of land has been brought under forest cover. In June 2011, the proportion of land area covered by forests is 19.33 percent, which was 19.20 percent in 2007. About 55,052,000 nos. of seedlings has been raised under plantation. Nevertheless, widespread destruction, clearing of forest land for agriculture and homestead etc. seriously impedes achieving of target of 20 percent forest with tree density more than 70 percent coverage by the end of 2015.

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

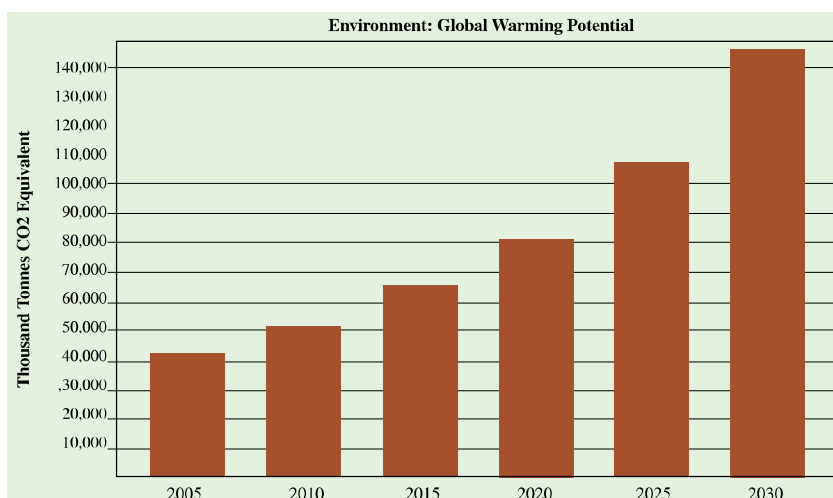
Indicator 7.2a: CO₂ emissions (tonnes per capita)

Although Bangladesh is not a big emitter of CO₂ and the country has no obligation to reduce greenhouse gas emissions given its LDC status, the government has identified mitigation and low carbon development as one of the priority areas in its Climate Change Strategy and Action Plan 2009. The total carbon emission was 33.23 tonnes in 2001 and 37.17 tonnes in 2005. The per capita carbon emission was 0.26 tonnes and 0.27 tonnes in 2001 and 2005 respectively. It showed an increase of 0.35 percent per year. In 2007, the emission was 0.30 tonnes per capita and it is expected to go up to 0.38 in

2015. Understandably, the per capita CO₂ emission in Bangladesh is very low in the global context. However, there are some major areas of intervention to reduce emission such as, power generation, transportation and industrial production.

Figure 7.1 shows the projection of the total GHGs (CO₂, CH₄ and N₂O) emission. In 2005, the total GHG emissions were 41,720 kton of CO₂ equivalent approximately. It is estimated that in 2030, the emission will increase to a total of 145,308 kton of CO₂ equivalent implying a 3.5 times jump over the 2005 emissions level. It is also estimated that, in 2030, electricity generation and industry would be the two main GHG emitters.

Figure 7.1: Total GHG Emissions Projection, 2005-2030



Source: Second National Communication of Bangladesh, Department of Environment

Indicator 7.3: Consumption of ozone-depleting substances

Indicator 7.3a: Consumption of ozone-depleting CFCs (tonnes per capita)

In Bangladesh the major Ozone depleting substances (ODSs) are CFC-11, CFC-12 and CFC-15. The country is in compliance with the ODS target and consumption of ODSs has been declining. This is borne out by the fall in per capita consumption of CFCs from 831 tonnes in 1998 to 128 tonnes in 2009.

The consumption of ozone depleting CFCs has been totally phased-out from commercial sector use since 1 January 2010. There are some limited uses in manufacturing metered dose inhalers in Bangladesh which are being used for the treatment of asthma and COPD patients; they will be gradually phased out too.

Table 7.1: Per Capita Consumption of Ozone Depleting CFC in Tonnes

1995	1998	2002	2005	2006	2007	2008	2009
281	831	329	250	191	155	158	128

Source: MOEF

Indicator 7.4: Proportion of fish stocks within safe biological limits

Bangladesh is endowed with vast inland open waters measuring 4.05 million ha and 0.3 million ha closed waters in man-made ponds and aquaculture enclosures. The country also has 166,000 km of marine water resource in the Bay of Bengal, extending up to 200 nautical miles in the exclusive

economic zone, with high potential of fish production. 265 fish species and 24 prawn species inhabit inland waters, while 475 species of fish and 38 species of shrimp are to be found in marine waters. According to IUCN (2000) 54 inland fish species are threatened of which 12 are critically endangered and 4 are threatened in marine systems. The actual source-wise fish production is shown in the table 7.2.

Table 7.2: Source-wise Fish Production

Water resources	Production (lakh tonne)					
	90-91	95-96	00-01	05-06	07-08	08-09
1. Inland open waters (capture fisheries)	4.43	6.09	6.89	9.56	10.6	11.24
2. Impounded waters (aquaculture fisheries)	2.11	3.79	7.12	8.92	10.05	10.63
3. Marine fisheries	2.41	2.69	3.79	4.79	4.97	5.14
Total	8.96	12.58	19.98	23.28	25.63	27.01

Source: Dept of Fisheries (2009)

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

Indicator 7.5: Proportion of total water resources used

The MDG Database, prepared and maintained by the United Nations Statistics Division, shows that the proportion of total water resources used in Bangladesh was 6.6 percent in 2000. Bangladesh is endowed with rich water resources. Internal renewable water resources are estimated at 105 km³/year (based on the National Water Plan-Phase II), including 84 km³ of surface water produced internally as stream flows from rainfall and approximately 21 km³ of groundwater resources from within the country. Annual cross-border river flows that also enter groundwater are estimated at 1105.64 km³ and represent over 90 percent of total renewable water resources which are estimated to be 1210.64 km³. Total water withdrawal in 2008 was estimated at about 35.87 km³, of which approximately 31.50 km³ (88%) is used by agriculture, 3.60 km³ (10%) by municipalities and 0.77 km³ (2%) by industries. About 28.48 km³ or 79 percent of total water withdrawal comes from groundwater and 7.39 km³ or 21 percent, from surface water.²

Indicator 7.6: Proportion of terrestrial and marine areas protected

According to the United Nations Statistics Division, the proportion of terrestrial and marine areas protected in 2008 was 1.8 percent. However, according to the Ministry of Environment and Forest, in 2011, the proportion of Territorial and Marine Area Protected is 1.82 percent, which was 1.78 percent in 2007. Given current trends, it is estimated that 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% of the total area of Bangladesh) in the Bay of Bengal for the protection and conservation of marine resources.

Indicator 7.7: Proportion of species threatened with extinction

Based on the data of 2000, IUCN has reported that among the 895 variety of inland and resident vertebrates of Bangladesh, 13 species have been extinct and 201 species are threatened. It was 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

² National Medium Term Priority Framework (2010-2015), FAO

endangered, and in the marine systems, 4 species are threatened. In 2001 BARC reported that 106 species of vascular plants were threatened. Bangladesh National Herbarium, Ministry of Environment and Forest is conducting a study spanning over 2009-10 to 2011-12 to find out the present status of the same. Agricultural biodiversity is facing severe depletion due to ingress of hybrid varieties. However, the Sundarban, the mangrove forest, is recovering gradually from the severe damage caused by the SIDR and AILA cyclones in 2007 and 2009 respectively.

Climate is the vital factor for Bangladesh in various aspects. It is widely recognized that, climate change will affect many sectors, including water resources, agriculture and food security, ecosystems and biodiversity, human health and coastal zones in Bangladesh. The cyclones (SIDR in 2007 and AILA in 2009), droughts and flood occurred during the recent years indicate that IPCC predictions on extreme climate events were on right track in Bangladesh. To prevent the climate change impact in the country, Bangladesh Government has carried out several initiatives in the policy making system. Establishment of Climate Change Unit (CCU) is one of the major initiatives to address both climate change adaptation and mitigation. CCU started its activities in January 2010 under the Ministry of Environment & Forest (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 2009 (BBS/UNICEF, 2010) reveals that access to improved source of water adjusted for arsenic contamination has increased to 86 percent, without considering arsenic contamination it is, however, 97.8 percent. Approximately 20 million people are exposed to drinking arsenic contaminated water exceeding the Bangladesh drinking water standard of 50µg/L, with 90 percent of those living in rural areas. It may be possible to reach the water target by 2015 if present progress is maintained in the coming years. However, this will require large segment of the population under arsenic-safe water supply systems.

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 (Multiple Indicator Cluster Survey 2009 (BBS/UNICEF, 2010)). However, according to SVRS, sanitary toilet facility was 62.7 percent in 2009, which was 42.5 percent in 2003. In spite of the higher percentage of sanitation coverage in the urban areas compared to the rural, the actual sanitation situation is worse due to high population density. In the slums, only 12 percent of households are using an improved sanitation facility in conformity with the Government standard, with a large proportion of households sharing a toilet due to lack of space. In densely populated areas of Bangladesh, maintaining a safe distance between pit latrines and drinking water sources is problematic. Moreover, improper de-sludging and unsafe disposal of the latrines and septic tanks has the potential to spread pathogens.

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 2001 Population Census, approximately 31 million people (23% of the population) lived in urban areas, of which 7.8 percent resided in slums. The vast majority lives in six city corporations and approximately 300 municipalities. The urban population is increasing at the rate of 3-6% per annum. The urban population is expected to reach 50 million 2050 surpassing the rural population before 2050.

The population density in slums is in excess of 200 times the average population density of Bangladesh. Steady rural to urban migration is expected to escalate the pressure on expansion of basic services in urban areas that are already overstretched and inadequate to meet the current minimum needs of safe drinking water, sanitation, sewerage and waste disposal.

7.3 Challenges

Despite substantial efforts made by GOB, DPs and NGOs towards the targets of MDG 7, 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 environment which has meant that individual environment programmes no longer receive priority. Instead environmental considerations have become an integral consideration in all programming initiatives. Environmental issues are further overshadowed by focus on climate change without adequate recognition that climate impacts are often intricately connected with underlying environmental quality.

- Degradation is progressing rapidly in many areas without any visible afforestation programmes due to the lack of management programmes for restoration of forests. Challenges to expand the tree cover include the absence of comprehensive mechanisms for the production and distribution of quality planting materials and efficient use of forest resources.
- Although there are major opportunities for intervention to reduce greenhouse gas emissions in power generation, transportation, industrial production, agriculture, forestry and other sectors, there is a lack of facilitating technology, institutional support and dedicated financing.
- To ensure that the fisheries sector develops in a sustainable manner that is sensitive to socio-economic, ecological, trans-boundary ecosystems, climate change and conservation issues, proper regulation that addresses present gaps such as the present non-coverage of aquaculture, is needed. Degradation of fish stocks is largely due to serious pollution in the wetlands, conversion, and poorly planned urbanization. Repeated inbreeding and unplanned hybridization in fish hatcheries also exert detrimental impacts on fish habitats. The use of harmful chemicals and medicines in aquaculture systems also needs to be regulated in order to avoid fish diseases, retarded growth, human health hazards etc.
- 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 grave scarcity during the dry season and excessive water during the wet season.

- Existing policies and strategies do not ensure conjunctive use of water resources; a pre-requisite for appropriate ecosystem management to ensure sustainable agriculture and food security. To improve 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 slum dwellers in 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.

7.4 Way Forward

Although the UN bodies and other DPs have been supporting the government and other initiatives towards environmental sustainability under MDG 7 it is clear that a major concerted effort by government, donors and civil society organizations is essential. Interventions include:

- Development of a long term environment, climate change and sustainable development vision focusing on MDG 7 and beyond
- Implementation of relevant national plans such as the Bangladesh Climate Change Strategy and Action Plan and National Capacity Development Action Plan
- Prevention of degradation and rapid reforestation of public forest lands, expansion of social forestry programmes and reforestation/aforestation of private lands
- Sustainable management of land and integrated water resources management that protects precious deep groundwater
- Expansion of the protected area system incorporating marine, estuarine, riverine and terrestrial ecosystems, including enhancement of institutional capacity
- Linking ecosystems with strategic poverty reduction interventions to support restoration of rivers and other wetlands
- Implementation of National Biodiversity Strategy Action Plan and Biodiversity Programme of Action, including an assessment of damage to biodiversity due to 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-and vice versa - should be a priority issue for policy makers as they seek to plan for the challenges of environmental change and human mobility over the coming years.
- 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
- 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 points to serve the 20 million people that 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 MDGs based on credible environmental and associated statistics



Chapter 9

**Develop a Global
Partnership for Development**

MDG 8: Develop a Global Partnership for Development			
Goal, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015
Goal 8: Develop a Global Partnership for Development			
Target 8.A: Developed further an open, rule-based, predictable, non discriminatory trading and financial system			
Target 8.B: Address the special needs of the least developed countries			
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			
Official development assistance (ODA)			
8.1a: Net ODA received by Bangladesh (million US\$)	1240	2,228 (ERD 2010)	-
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	5.7	0.0022 (ERD 2010)	-
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	42 (2005)	56 (ERD 2010)	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh), %	82 (2005)	100 (ERD 2010)	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)	Information not available		
8.11: Debt relief committed under HIPC and MDRI Initiatives	Information not available		
8.12: Debt service as a percentage of exports of goods and services, %	20.9	5.7 (ERD 2010)	-
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	0.69 (BTRC 2011)	-
8.15: Cellular subscribers per 100 population	-	47.05 (BTRC 2011)	-
8.16: Internet users per 100 population	0.0	10.33 (BTRC 2011)	-

8.1 Introduction

Between 1990-91 and 2009-10, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 2.2 percent. During this period, per capita ODA disbursement fell from \$15.75 to \$15.25 and the relative share of grants declined from 48 percent of ODA to 29 percent. Out of 34-member states of the OECD, only 9 countries provided US\$ 354.76 million ODA to Bangladesh in 2009-10. However, it was about 16 percent of the total ODA received by Bangladesh in that particular year. The MDGs sectors like education, health, social welfare, labour, public administration & social infrastructure together with agriculture and rural development constituted more than 52 percent of total ODA outlay.

8.2 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. 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

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

Official development assistance (ODA)

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

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

Between 1990-91 and 2009-10, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.6 percent to 2.2 percent. During this period, per capita ODA disbursement fell from \$15.75 to \$15.25 and the relative share of grants declined from 48 percent of ODA to 29 percent. During the period of 1990-91 to 1996-97, the share of grants and loans in the total ODA was about the same. However, after that period, the share of grants is declining and that of loans is increasing. Despite the declining trends, foreign assistance in Bangladesh constitutes almost half of Bangladesh's development budget or the Annual Development Programme.

Table 8.1: Trends in ODA Disbursement (in millions USD), 1990-91 to 2009-10

Year	Grant (% of total)	Loan (% of total)	Total	Share in GDP (%)	Per capita Disbursement (in USD)
1990-91	831(48%)	901 (52%)	1,732	5.60	15.75
1991-92	817 (51%)	794 (49%)	1,611	5.15	14.45
1992-93	818 (49%)	857 (51%)	1,675	5.23	14.72
1993-94	710 (46%)	849 (54%)	1,559	4.61	13.44

Year	Grant (% of total)	Loan (% of total)	Total	Share in GDP (%)	Per capita Disbursement (in USD)
1994-95	890 (51%)	849 (49%)	1,739	4.59	14.71
1995-96	677 (47%)	766 (53%)	1,443	3.55	11.99
1996-97	736 (50%)	745 (50%)	1,481	3.50	12.09
1997-98	503 (40%)	748 (60%)	1,251	2.85	10.04
1998-99	669 (44%)	867 (56%)	1,536	3.37	12.13
1999-00	726 (46%)	862 (54%)	1,588	3.37	12.36
2000-01	504 (37%)	865 (63%)	1,369	2.92	10.51
2001-02	479 (33%)	963 (67%)	1,442	3.04	11.09
2002-03	510 (32%)	1075 (68%)	1,585	3.06	12.01
2003-04	338 (33%)	695 (67%)	1,033	1.83	7.71
2004-05	244 (16%)	1244 (84%)	1,488	2.47	10.95
2005-06	501 (32%)	1067 (68%)	1,568	2.54	11.38
2006-07	590 (36%)	1040 (64%)	1,630	2.39	11.66
2007-08	658 (32%)	1403 (68%)	2,061	2.60	14.53
2008-09	523 (30%)	1204 (70%)	1,727	1.94	12.01
2009-10	639 (29%)	1589 (71%)	2,228	2.23	15.25

Source: Flow of External Resources into Bangladesh-2011, ERD, and BER-2010, MOF

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 following 9 countries provided US\$ 354.76 million ODA to Bangladesh in 2009-10. However, it was about 16 percent of the total ODA received by Bangladesh in that particular year. Net ODA received by Bangladesh from 9 countries of OECD/DAC donor in 2010 is given in table 8.2.

Table 8.2: Net ODA received by Bangladesh from OECD countries, 2009-10

Country	ODA received by Bangladesh from OECD (US\$ Million)	GNI of OECD countries in 2010 (US\$ Million)	Total ODA provided by OECD (US\$ Million)	Total ODA as % of GNI of OECD	ODA as % of GNI of OECD	ODA received as % of total ODA from OECD
1	2	3	4	5 = (4/3)*100	6 = (2/3)*100	7 = (2/4)*100
Canada	31.82	1,555,103	5,131.84	0.3	0.0020	0.62
Denmark	63.033	318,514	2,866.63	0.9	0.0198	2.20
Germany	49.29	3,348,184	12,723.10	0.4	0.0015	0.39
Japan	121.27	5,522,610	11,045.22	0.2	0.0022	1.10
Netherlands	4.80	784,025	6,350.60	0.8	0.0006	0.08
Sweden	0.005	466,662	4,526.62	1.0	0.0000	0.00
UK	61.37	2,457,696	13,763.10	0.6	0.0025	0.45
South Korea	20.069	973,117	1,167.74	0.1	0.0021	1.72
Norway	3.104	416,566	4,582.23	1.1	0.0007	0.07
Total	354.76	15,842,477	5,131.84	0.39	0.0022	0.57

Source: Flow of External Resources into Bangladesh-2011, ERD and <http://chartsbin.com/view/1216>

It is evident from Table 8.2 that out of 9 countries of the OECD that provided ODA to Bangladesh in 2010, only Norway, Sweden and the Netherlands 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 Gross National Income, Denmark would be ranked first, followed sequentially by the United Kingdom, Japan and South Korea. Moreover, if we consider ODA received by Bangladesh as percentage of total ODA from OECD countries, again Denmark would be the first, followed sequentially by South Korea, Japan and Canada. However, net aid flows from all OECD donor countries totalled a record US\$128.7bn in 2010. This represents close to 0.32 percent of the countries' collective GNI and an overall increase of 6.5 percent from 2009. Though the largest donors of development aid in 2010 were the US, the UK, France, Germany and Japan, the disbursement from the US and France to Bangladesh was nil.

However, the same 9 OECD countries provided US\$364 million ODA to Bangladesh in 2011, which is about US\$ 10 million more than that in the previous year. In absolute term Japan was the highest provider of ODA amounting to US\$ 120.02 million, followed by the UK (US\$96.69 M), South Korea (US\$54.47 M), Germany (US\$48.05 M), Canada (US\$13.91M), Denmark (US\$13.10M), Sweden (US\$11.55M), Norway (US\$5.873M) and the Netherlands (US\$0.33M).

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 observed that ODA for education and public administration has registered a sharp rise from 8 to 13 percent and from 2 to 26 percent respectively between the 1990-00 period and 2000-10 period (Table 8.3). Total disbursement in MDG sectors like education, health, social welfare, labour and public administration has received increasing attention. These MDG sectors along with agriculture and rural development comprised more than 56 percent of total ODA outlay. While this higher emphasis on human capital development is important, stagnation in the area of power, for example, constraints economic activity, employment generation and poverty reduction initiatives. The share of ODA to the transport sector too, has declined sharply from 20 to 11 percent. Reduction in ODA for agriculture is particularly worrying, given the rising population and associated implications for food security. Another negative development is the low implementation rate of the ADP (aid and grants) which has adverse connotations for the achievement of the country's development goals.

Table 8.3: Disbursement of ODA in major sectors during 1990-00 and 2000-10

Sectors	Disbursement During 1990 -00		Disbursement During 2000 -10	
	In Million USD	% of Total	In Million USD	% of Total
Agriculture	668.5	6.1	465.7	3.6
Rural Development & Institutions	603.3	5.5	476.5	3.8
Water Resources	1260.3	11.6	576.4	4.1
Power	1607.3	14.7	1884.5	13.8
Oil, Gas & Mineral Resources	566.8	5.2	291.9	2.6
Science & Technology Research	0.6	0.0	0	0.0
Transport	2198.1	20.1	1529	10.8
Communication	215.4	2.0	346.2	2.4

Sectors	Disbursement During 1990 -00		Disbursement During 2000 -10	
	In Million USD	% of Total	In Million USD	% of Total
Industries	314.3	2.9	252	1.7
Education & Religious Affairs	867.5	8.0	1712.6	13.0
Sports & Culture	0.5	0.0	0.3	0.0
Health, Population & Family Welfare	1119.3	10.3	1270.3	9.6
Social Welfare, Women's Affairs & Youth Development	32.6	0.3	79.7	0.7
Labour & Manpower	0.7	0.0	2.1	0.0
Public Administration	211.7	1.9	2945.8	25.6
Physical Planning, Water Supply & Housing	810.2	7.4	1124.6	8.2
Mass Media	16.1	0.1	8	0.1
Private	417.6	3.8	4.7	0.0
Total	10,910.8	100	15,083.4	100

Source: Flow of External Resources-2011, ERD and BER-2010, M/O Finance

Between FY1991 and FY2010 significant reduction of aid fragmentation is observed signifying progress in aligning ODA flows to national development priorities and in implementation of the commitments of the Paris Declaration (PD) and the Accra Agenda for Action (AAA). To reduce fragmentation and address other identified challenges for aid and development effectiveness, the government of Bangladesh signed a Joint Cooperation Strategy (JCS) with 18 Development Partners (DPs). The overall objective of the JCS is to improve the way government and DPs work together to make aid more effective in Bangladesh.

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

A joint evaluation, conducted by four DPs (WB, ADB, DFID and Japan), indicates that about 94 percent of aid to Bangladesh provided by OECD-DAC donors in 2008 were untied. Monitoring Survey 2008 reported following efforts to untie aid: (a) Revisiting of internal rules and practices related to bidding process; (b) Gradual steps to increase local biddings at the recipient country level; (c) Introducing local bidding with limited invitations in a particular sector; and (d) Internal steps to survey on the international bidding and the costs involved. The Paris Declaration implementation efforts gained significant momentum in 2008 when the GOB and the DPs in Bangladesh signed a statement of intent to develop a Joint Cooperation Strategy (JCS) for working together. The JCS which was made operational in June, 2010, provides a partnership framework for GOB-DP cooperation and collective dialogue. It also provides a mechanism for aid co-ordination and an annual rolling action plan to implement the commitments of the PD and AAA.

GOB and 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 HQs in the two BDF meetings held so far in 2005 and 2010. Aid-Effectiveness was an important agenda for discussion in BDF meetings. BDF meetings reviewed progress and adopted agreed action points for implementation by GOB and DPs. A follow up meeting was also held recently to monitor the progress of implementation of those mutually agreed action points. The other important tier for aid coordination is the Local Consultative Group (LCG) and its working groups. It is stipulated that the plenary as well as the working groups of the LCG, will be co-chaired by GOB and DP representatives

and will meet regularly for review of progress and coordination. However, functioning of LCG working groups is yet to gain momentum. Many of the working groups are yet to have their first meeting and there is not much enthusiasm in many line ministries to participate in such meetings.

Hence, all ODA received from bilateral OECD/DAC donors are cent percent untied. However, it 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 for Bangladesh.

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

This indicator is not relevant for 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

The indicator is calculated by the United Nations Conference on Trade and Development in collaboration with the World Bank and the World Trade Organization, from the Trade Analysis and Information System (TRAINS) CD-ROM, version 8 (2002). However, this indicator data is available only at the world level.

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

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

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

This indicator is for global and DP performance.

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

This indicator is for global and DP performance.

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 for global and supposed to be provided by IMF and the WB.

Indicator 8.11: Debt relief committed under HIPC and MDRI Initiatives

This indicator is for global and supposed to be provided by IMF and the WB.

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

Total debt service payments in 2009-10 were US\$1,700.7 million (interest: US\$209.5 million and principal: US\$1,491.2 million). On the other hand export of goods and services in the same year was US\$29,662.7 million (merchandise export: US\$16,204.7 million, Services invisible receipts:

US\$2,471.0 million and Remittance: US\$10,987.0 million). Hence total debt service as a percentage of exports of goods and services was 5.7 percent in 2010. The external debt position of Bangladesh is shown in table 8.4.

Table 8.4: Bangladesh's external debt position, 1990-2010

(In US\$ Million)					
	1990	1995	2000	2005	2010
Total Outstanding Debt	10609.3	16766.5	16210.9	19285.8	21448.9
Total Debt Service (TDS)	570	552.1	767.2	1139.5	1700.7
Current Account Balance	-1579	-1030	-418	-557	3734
Export of Goods and Services (XGS)	2731	5490	8560	13679.5	29662.7
GDP at current price	22,129.3	29,110.6	37,153.6	60,018.3	100,084
TDS/XGS (%)	20.9	10.1	9.0	8.3	5.7
TDS/GDP (%)	2.6	1.9	2.1	1.9	1.7
Interest/XGS (%)	6.7	2.8	2.2	1.4	0.7
Debt/XGS (%)	388.5	305.4	189.4	141	72.3
Debt/GDP (%)	47.9	57.6	43.6	32.1	21.4
Current Account/GDP (%)	-7.1	-3.5	-1.1	-0.9	3.7

Source: Flow of External Resources into Bangladesh-2011, ERD, MOF

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, proportion of population with access to affordable essential drugs was 80 percent. However, after that no progress report could provide information on this indicator because of non availability of data.

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 Bangladesh Telecommunication Regulatory Commission (BTRC), telephone lines per 100 population are 0.69 in 2011 which was 0.2 in 1990. The Government of Bangladesh is planning to ensure universal access opportunity to the mass people through harmonious development of telecommunication network and building a well-developed, strong and reliable telecommunication infrastructure for effective implementation of ICT policy and ultimately for complementing "Vision 2021" of the Government. In December 2002 the total number of mobile and Public Switched Telephone Network (PSTN) subscriber was only 1.75 million which has now reached 76.434 million in June 2011. As a result the tele-density has reached 52.39 percent from 1.25 percent. It is expected that within 2015, tele-density will increase to 65-70 percent.

Indicator 8.15: Cellular subscribers per 100 population

According to the information provided by BTRC, cellular subscribers per 100 population are 47.05 in 2011 which was nil in 1990. According to Welfare Monitoring Survey 2009 (BBS, 2010) 48.3 percent

households use mobile phones as against only 2.2 percent who use land phones. According to HIES-2010 (BBS, 2011), a phenomenal increase is observed in 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 households in rural areas have reported its use in 2010 as against 6.05 percent in 2005. In urban areas its use has increased to 82.74 percent households in 2010 from 26.73 percent in 2005.

Indicator 8.16: Internet users per 100 population

The internet users per 100 population is 10.33 in 2011, which was 0.15, 0.20 and 3.4 in 2005, 2006 and 2008 respectively. 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.

The Hon'ble Prime Minister of Bangladesh has been awarded the South-South Award in 2011 for her innovative idea to use the Information and Communication Technology for progress of the health of women and children. The theme of the award was 'Digital Health For Digital Development'. To become a middle-income digital country within a decade through exploiting the modern inventions in the areas of information and technology, country's 4,500 local government institutions have already been linked with the IT facilities and all 11,000 community clinics across the country have been brought under the internet network.

8.3 Challenges

- Resource constraint is one of the major impediments to achieving the MDGs. Recently published "MDG Financing Strategy for Bangladesh 2011" estimated US\$ 78.2 billion for attaining all the MDGs in Bangladesh during 2011-15. Two scenarios, baseline and high growth, are 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 and US\$ 3 billion per year under the baseline and 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 not be neglected.
- Slow implementation of the country's ADP, which is the most important vehicle for disbursing ODA, is perhaps the key reason for the consistent under-disbursement of committed aid. Prolonged under-disbursement of committed aid has rendered aid flows unreliable, potentially derailing planned development spending.
- The government is striving 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 monitoring systems. In addition, the scope and level of participation of civil society and social organizations in the planning of projects and disbursements of aid needs to be broadened.
- Bangladesh, as the country most vulnerable to the global menace of climate change, needs to get

urgent support from the US\$10 billion initial fund pledged by world leaders at the Copenhagen Climate Summit. Bangladesh expects to receive a 15 percent share of the fund to address the additional challenges that climate change poses to the MDGs gains of Bangladesh.

- 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, etc are the probable challenges.
- Operationalising the PPP initiative as an important modality for achieving the MDGs needs immediate attention and finalizing the policy and legal framework for PPPs should be accorded immediate priority. The potential of FDI too, has as yet remained under exploited. For this, it is important that a national competitiveness study to identify competitive areas of investment and develop a positive image of Bangladesh be carried out.
- However, across the board tariff reduction may not be desirable in the short to medium run because of revenue concerns. 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. Specially, development of the capacity of MSMEs to take full advantage of global trade can prove critical in ensuring an inclusive trade regime.
- 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 DFQF provisions will generate large welfare gains. Bangladesh, being a member of the LDC group at the WTO, has been lobbying for DFQF access, especially to the US market.
- Stimulating South-South trade too, remains a constraint for the country. 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 stall, Bangladesh must continue to pursue bilateral and regional 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 Bangladesh 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 she has a large endowment of less 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.
- 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 and Public Health to realize the tremendous potential of its pharmaceutical industry.

8.4 Way Forward

- Given Bangladesh's LDC status, the urgency of meeting the MDGs and an improvement in the aid effectiveness environment, assistance is needed to strengthen current initiatives to facilitate donor coordination and aid effectiveness.
- To address the issue of prolonged under-disbursement of committed aid 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 monitoring of the agencies implementing the Annual Development Programme (ADP).
- Support to the formulation of a National Aid Policy and the JCS needs to continue for the smooth and quick establishment of the JCS mechanism including its action plan and monitoring and evaluation arrangements.
- 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.
- Capacity of Bangladesh missions abroad to conduct market research and provide trade facilitation services needs to be reviewed and developed.
- Policy support for South-South cooperation that will expand South-South trade and cooperation can play an important role in making international trade a tool for achievement of the MDGs.
- To foster positive negotiations under mode-4 market access, Bangladesh and other LDCs should focus on issues like inclusion of the less skilled under contractual service suppliers under a new sub-category; addressing definitional and classification issues; and non-uniform enforcement issues to develop a revised model schedule for the incorporation of lower skill categories of service providers.
- To ensure that migration does translate into benefits for the families and larger communities of migrants as well as the local economy, the following policies should be pursued. These include encouraging remittance inflows through formal and semi-formal channels by provision of low cost and reliable financial services; enhancing knowledge, awareness and use among migrants and their families of these financial services; and promoting better investment opportunities for sustainable and productive use of remittance incomes through investment opportunity development, microenterprise development and enterprise development support.
- Some of the immediate priorities to promote legal migration and remittances include activating national and regional platforms to coordinate and exchange views, information and strategy on various aspects of migration; 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 are also priorities. Formulation of a migration policy and legal reforms too should be prioritized. Moreover, it would be important to have a strong market research facility to support the expansion of overseas employment to different destinations as well as different trades.

- 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.
- South-South cooperation is considered as a useful tool towards capacity building in developing and LDCs. In this context, Bangladesh should 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.
- So far only a handful of local companies in Bangladesh have been able to invest in research and development. With the time for leveraging the concession running out, Bangladesh needs to find ways to promote R&D investment in this sector. 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.

Annexure-1

Millennium Development Goals: Bangladesh Progress at a Glance

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Status of progress
Goal 1: Eradicate Extreme Poverty & Hunger: Goal will partially be met				
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line				
1.1: Proportion of population below national upper poverty line (2122 kcal), %	56.6 (1992)	31.5 (HIES 2010)	29.0	On track
1.2: Poverty Gap Ratio, %	17.0 (1992)	6.5 (HIES 2010)	8.0	Goal met
1.3: Share of poorest quintile in national consumption, %	8.8 (2005)	8.85 (HIES 2010)	na	-
1.3a: Share of poorest quintile in national income, %	6.5 (1992)	5.22 (HIES 2010)	-	-
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.				
1.5: Employment to population ratio (15+), %	48.5	59.3 (LFS 2010)	for all	Need Attention
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	45 (BHFNSA 2009)	33.0	Need Attention
1.9: Proportion of population below minimum level of dietary energy consumption (2122 kcal), %	48.0	40 (HIES 2005)	24.0	Need Attention
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal), %	28.0	19.5 (HIES 2005)	14.0	Need Attention
Goal 2: Achieve Universal Primary Education: Goal will partially be met				
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling				
2.1: Net enrolment in primary education, %	60.5	94.9 (BANBEIS 2010)	100	On track
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	67.2 (DPE-2010)	100	Need Attention
2.3a: Adult literacy rate of 15+ years old population, %	37.2	58.4 (SVRS-2009)	100	Need Attention
Goal 3: Promote Gender Equality and Empower Women: Goal will probably be met				
Target 3.A : Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015				
3.1a: Ratio of girls to boys in Primary education (Gender Parity Index = Girls/ Boys)	0.83	1.02 (BANBEIS 2010)	1.0	Goal met
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.14 (BANBEIS 2010)	1.0	Goal met
3.1c: Ratio of girls to boys in tertiary education	0.37	0.39	1.0	Need Attention

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Status of progress
(Gender Parity Index = Girls/ Boys)		(BANBEIS 2010)		
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	19.71 (MOWCA'11)	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	50 (SVRS 2009)	48	On track
4.2: Infant Mortality Rate (per 1000 live births)	92	39 (SVRS 2009)	31	On track
4.3: Proportion of 1 year-old children immunized against measles, %	54	85.3 (UESD 2010)	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	26.5 (BMMS 2010)	50	Need Attention
Target 5.B: Achieve by 2015, universal access to reproductive health.				
5.3: Contraceptive Prevalence Rate, %	39.7	61.7 (UESD 2010)	72	On track
5.4: Adolescent birth rate, (per 1000 women)	77	105 (BMMS 2010)	-	Need Attention
5.5a: Antenatal care coverage (at least one visit), %	27.5 (1993)	71.2 (BMMS 2010)	100	Need Attention
5.5b: Antenatal care coverage (at least four visits), %	5.5 (1993)	23.4 (BMMS 2010)	100	Need Attention
5.6: Unmet need for family planning, %	19.4 (1993)	17.1 (BDHS 2007)	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 (MIS DGHS)	Halting	On track
6.2: Condom use rate at last high risk sex, %	6.3	44-67 (UNGASS 2010)	-	-
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	17.7 (NASP, 2009)	-	Low
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, %	-	47.7 (UNGASS 2009)	100	Need Attention

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Status of progress
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
6.6a: Prevalence of Malaria per 100,000 population	776.9 (2008)	512.6 (MIS DGHS 2010)	310.8	Need Attention
6.6b: Deaths of Malaria per 100,000 population	1.4 (2008)	0.32 (MIS DGHS 2010)	0.6	On track
6.7: Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts), %	81% (2008)	90% (MIS DGHS 2010)	90%	Goal met
6.8: Proportion of children under 5 with fever who are treated with appropriate anti malarial drugs	60% (2008)	80% (MIS DGHS 2009)	90%	On track
6.9a: Prevalence of TB per 100,000 population	639	79.4 (NTPS 2010)	320	Goal met
6.9b: Deaths of TB per 100,000 population	76	43 (MIS DGHS 2010)	38	On track
6.10a: Detection rate of TB under DOTS, %	21 (1994)	70.5 (MIS DGHS 2010)	70	Goal met
6.10b: Cure rate of TB under DOTS, %	73 (1994)	92 (MIS DGHS 2010)	>85	Goal met
Goal 7: Ensure Environmental Sustainability				
Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources				
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss				
7.1: Proportion of land area covered by forest, % (tree coverage)	9.0	19.33 (DoF 2011) (Tree density>10%)	20.0 (Tree density >70%)	Need Attention
7.2: CO ₂ emissions, metric tons per capita	0.14	0.27 (DoE, 2005)	-	-
7.3: Consumption of ozone-depleting CFCs in metric tons per capita	195	128 (DoE, 2009)	0	Need Attention
7.4: Proportion of fish stocks within safe biological limits		54 inland & 16 marine	-	Need Attention
7.5: Proportion of total water resources used		6.6% (2000)	-	Need Attention
7.6: Proportion of terrestrial and marine areas protected	1.64	Terri: 1.82% & Mari: 0.47 (DoF)	5.0	Need Attention
7.7: Proportion of species threatened with extinction	-	106 (2001)	-	Need Attention
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	86 (MICS 2009)	100	Need Attention
7.9: Proportion of population using an improved sanitation facility	39	62.7 (SVRS 2009)	100	Need Attention

Annexure-2

Some important macroeconomic indicators useful for analyzing the MDGs progress

No.	Indicators\Year	1989/90	1994/95	1999/00	2004/05	2009/10
1	Population (million)	108.70	119.70	129.80	137.00	146.10
2	Nominal GDP (US \$M)	30,476.55	37,937.75	47,123.82	60,018.34	100,084.00
3	Real GDP (US \$M)	38,955.04	39,546.29	40,732.00	43,247.29	52,045.00
4	Real GDP Growth Rate (%)	5.94	4.61	5.94	5.38	6.10
5	Nominal Growth Rate (%)	12.65	12.63	7.91	10.66	12.90
6	Per Capita Nominal GDP (US \$)	280.37	316.96	363.05	438.09	685.00
7	Per Capita Real GDP (US\$)	358.37	330.38	313.81	315.67	343.00
8	Government Revenue (US \$M)	2,033.67	3,526.10	4,179.98	6,382.00	11,509.41
9	Government Revenue as % of GDP	6.67	9.29	8.87	10.63	11.50
10	Tax revenue (US\$M)	1,734.60	2,852.18	3,196.31	5,204.10	9,260.93
11	Tax revenue as % of GDP	5.69	7.52	6.78	8.67	9.25
12	Total Expenditure (US\$M)	3,890.49	5,188.28	7,056.88	9,061.16	16,003.91
13	Total Expenditure as % of GDP	12.77	13.68	14.98	15.10	15.99
14	Development Expenditure (US\$M)	1,926.18	2,616.98	3,390.90	3,633.91	4,126.85
15	Development Expenditure as % of GDP	6.32	6.90	7.20	6.05	4.12
16	Revenue Expenditure (US \$M)	2,022.20	2,571.30	3,665.98	5,427.25	11,168.40
17	Revenue Expenditure as % of GDP	6.64	6.78	7.78	9.04	11.16
18	Aid Commitment (US\$M)	2,143.75	1,612.21	1,475.03	1,580.71	2,983.68
19	Aid Disbursement (US\$M)	1,809.56	1,739.09	1,587.95	1,488.45	2,227.77
20	Aid Disbursement as % of GDP	5.94	4.58	3.37	2.48	2.23
21	Debt Service-MLT (US\$M)	301.70	467.90	619.10	655.29	875.58

Annexure-2

Some important macroeconomic indicators useful for analyzing the MDGs progress

No.	Indicators\Year	1989/90	1994/95	1999/00	2004/05	2009/10
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No.	Indicators\Year	1989/90	1994/95	1999/00	2004/05	2009/10
22	Net Transfer (US\$M)	1,507.86	1,271.19	968.85	833.16	1,352.19
23	Outstanding External Debt (US\$M)	10,609.30	16,766.50	16,210.90	19,285.78	21,448.90
24	Outstanding External Debt as % of GDP	34.81	44.19	34.40	32.13	21.43
25	Private Transfer (US\$M)	802.00	1,426.00	2,229.00	4,253.00	11,610.00
26	Workers remittance (US\$M)	761.00	1,198.00	1,949.00	3,848.00	10,987.00
27	Workers remittance as % of GDP	2.50	3.16	4.14	6.41	10.98
28	Price Index 1995/96= 100	136.37	179.10	124.31	153.23	221.53
29	Inflation Rate 1995/96= 100	3.86	8.87	2.79	6.48	7.31
30	Export (US\$M) (Merchandise)	1,524.00	3,473.00	5,762.00	8,654.50	16,204.70
31	Export as % of GDP	5.00	9.15	12.23	14.42	16.19
32	Import-C&F (US\$M)	3,759.00	5,834.00	8,374.00	13,145.70	23,738.40
33	Import as % of GDP	12.33	15.38	17.77	21.90	23.72
34	Trade volume as % of GDP	17.33	24.53	30.00	36.32	39.91
35	Taka Rate per US\$	32.97	40.20	50.31	61.39	69.18
36	End year Foreign Exchange Reserve (US\$ M)	523.20	3,070.00	1,602.00	2,929.89	10,749.70
37	Current Account Balance (CAB) as % of GDP	-7.10	-3.50	-1.10	-0.90	3.70
38	Broad Agriculture as % of GDP	29.42	25.33	24.62	20.18	18.59
39	Broad Industry as % of GDP	20.87	23.58	24.39	25.52	28.46
40	Broad Service as % of GDP	49.71	51.09	50.99	54.30	52.95

(Source: Flow of External Resources, ERD, MoF & 6th FYP, GED)

