

a people's progress report  
**Bangladesh**

OVERVIEW

September 2005

Jointly published by

**People's Forum on MDG, Bangladesh**

In association with

• Manusher Jonno • Campaign For Popular Education • Social Watch Bangladesh • Unnayan Shamannay

Interim Version

# Millennium Development Goals

a people's progress report

**BANGLADESH**

**Overview**  
**September 2005**

## Editors

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**People's Forum on MDG, Bangladesh**

In association with

- **Manusher Jonno**
- **Campaign for Popular Education**
- **Social Watch Bangladesh**
- **Unnayan Shamannay**

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## CONTENTS

Preface	i
The Study Team	iii
Acknowledgement	v
<b>1.Introduction</b>	<b>1</b>
1.1 Background	
1.2 Objectives	
<b>1.3 Process</b>	
1.4 Limitations	
<b>2. People's Assessment on Bangladesh MDG</b>	<b>8</b>
2.1 Overview	
2.2 Goal 1: Poverty	
2.3 Goal 2: Primary Education	
2.4 Goal 3: Gender	
2.5 Goal 4: Child Health	
2.6 Goal 5: Maternal Health	
2.7 Goal 6: HIV/AIDS & other Diseases	
2.8 Goal 7: Environment	
2.9 Goal 8: Global Partnership	
<b>3. Concluding Remarks</b>	<b>39</b>
<b>Bibliography</b>	<b>41</b>
<b>Acronyms</b>	<b>43</b>

## Preface

This overview is a rough and ready synthesis of certain materials collected and analysed for preparation and publication of a People's Progress Report on Bangladesh MDG. This is being circulated to capture the mood of the people on the street for dissemination to the high level policy makers as well as the citizens of the country and the delegates to the UNGA from the country. The full report is expected to be published by December 2005 (hopefully on the eve of WTO Ministerial Meeting and World Human Rights Day).

We want to take this opportunity to thank everybody involved in the process particularly the villagers, men and women, who participated in the assessment with their valuable information and pragmatic insights. Many thanks to the principal researcher Arifur Rahman, who is currently a Program Manager at Manusher Jonno and Coordinator of Social Watch Bangladesh, for his tremendous effort to carry out the study.

The other study team members, who are mainly graduate students from reputed universities, including Md. Akhter Hossain deserve special thanks. We would like to thank all the facilitating NGOs who organized the regional consultations at six divisions and helped the field research team during the participatory assessment. Thanks also to the community people, local journalists, activists, NGOs, government officials who helped the study team by providing timely assistance and valuable information.

All the contributors of sectoral reports deserve special thanks for their important contribution. Their contributions will be utilised more fully in the main report. We thank all the members of the Technical Advisory Group, PFM Steering group and Management Committee members and G-CAP working group Bangladesh for their technical inputs throughout the process.

Thanks also to the hon'ble Member, GED of Planning Commission, UN advocacy Group on MDGs and the Ministry of Foreign Affairs-Govt. of Bangladesh for their readiness to cooperate with the effort to publish the People's Report.

We are grateful to CAMPE and Manusher Jonno for sponsoring the study and Social Watch Bangladesh at Unnayan Shamannay for providing technical and managerial services. Finally thanks to the editors, particularly Dr. M. Asaduzzaman of BIDS for his sincere effort in shaping up this document.

We expect that this overview and subsequently the full People's Report will be given due consideration in framing and implementation of policies for achieving MDGs in Bangladesh.

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#### **Global Partnership**

Action Aid Bangladesh

#### **ICT**

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## Section I Introduction

*“Those whom you push down will chain you down,  
Those whom you leave behind will pull you behind  
The more you envelope them under darkness of ignorance  
The more distant will your own welfare be!”*

Literal translation from a poem of Rabindranath Tagore:  
“Disgraced” in *Gitanjali*

### 1.1 Background

Bangladesh is one of the signatories among 189 countries in the world to the Millennium Declaration (2000). As a part of that agreement, Bangladesh is working towards achieving the Millennium Development Goals (MDGs) committing herself to a set of internationally agreed development targets. These targets include reducing poverty and hunger, ensuring elementary education for all, combating diseases including HIV/AIDS, promoting gender equality and environmental sustainability and, global partnership between the developed and the developing nations including the least developed countries (LDC). The year 2005 is the 5th year since the Millennium Declaration, and 10 years since the UN's fourth World Conference on Women held in Beijing and World Summit on Social Development (WSSD) held in Copenhagen. From 14-16 September 2005, the implementation of the Millennium Declaration will be assessed in the UN General Assembly in New York in the light of developments that have taken place since its adoption in 2000. As a part of this process; a joint progress report on MDG has been published recently by the Government of Bangladesh (GoB) and the local UN system (led by UNDP) (henceforth, GoB/UNDP report).

The GoB/UNDP report is not comprehensive from the view point of assessment of progress and does not contextualize MDGs for the country. The goals, targets, and indicators of MDG need to be identified and reviewed against the backdrop of current Bangladesh. Consequently, the report did not fulfill the expectations of the people of Bangladesh including the wider civil society, CSO, NGO and Human Rights organizations. Even the preparation of the report lacked a sufficiently participatory process. Furthermore, the report does not address the underlying causes of poverty and deprivation focusing on the rights of the socially excluded and marginalized groups. Given this backdrop, some of the CS, NG, & HR organizations and concerned individuals formed a forum on MDG called “People's Forum on MDG” (PFM) coordinated by the Campaign for Popular Education (CAMPE). The PFM decided to prepare “A People's Progress Report on Bangladesh MDG” based on wider participation of the people from different



walks of life particularly of the civil society and incorporating the voices of the poor to assess the progress of MDGs in Bangladesh. Several organisations joined hands in the effort. Social Watch Bangladesh at Unnayan Shamannay was responsible to carry out the work of research and publication of the report on behalf of PFM with support from CAMPE and *Manusher Jonno*. It was also agreed that an overview of the report as synthesizing the voices of the people will be shared with the general public, the broader civil society as well as the Government and other stakeholders before the UN GA on MD +5 in September 2005 to sensitise them all to the gravity of the situation. The full report will be published by December 2005.

### **1.2 Objectives of the People's Progress Report**

This is the first people's progress report on Bangladesh MDG, which has the following broader objectives:

1. To sensitize government and UN agencies for a pro-people progress report
2. To lobby government to implement the goals in line with the commitments by monitoring the status
3. To complement the efforts and activities of the Government, NGOs, and development partners in implementing the MDGs by providing facts, figures and analysis based on the views of the general public and the man on the street..
4. Increase knowledge and awareness of people on MDG through wider dissemination, campaign and advocacy.

### **1.3 The process: MDG Peoples Report Initiative**

Under the banner of People's Forum on MDG, the process for the preparation of the people's progress report was highly inclusive and followed systemic steps in carrying forward the work as indicated below.

- ***Core Group Members:***

Three institutions namely, Social Watch Bangladesh (SWB) at Unnayan Shamannay, Peoples' Forum on MDG (PFM) at CAMPE & *Manusher Jonno* (MJ) were selected to work as the coordinating body of the peoples' report initiative to give over-all direction to the research and management team.

- **A Technical Advisory Group (TAG)**

A technical advisory group (TAG) was formed drawing its membership from senior experts and specialists from academia/research institutions, activists and sector specialists. The TAG members were chosen on the basis their technical knowledge, working experience, availability and willingness. The TAG members helped in finalizing the research and reporting plan at the

beginning. They provided valuable comments and observations in finalizing the analysis/findings of the study and the report as a whole when the draft was presented to them for review and comments. They have overseen the preparation of this overview.

- **Sectoral/Thematic Contributors**

Sixteen networks/forum and organizations with specialization or work experience in specific areas, were identified through a participatory process in the PFM meetings. Their main responsibility was to submit a sector-specific report with reference to specific MDGs, targets and indicators. The themes and the sectoral/ thematic contributors against assigned topics/sectors are as follows:

1. Poverty: Social Watch Bangladesh
2. Health: PHM: Peoples' Health Movement
3. Education: Education Watch/CAMPE
4. Gender: Steps Towards Development
5. Governance (Security, Corruption): Campaign for Good Governance
6. Environment: Unnayan Shamannay
7. Human Rights: Manusher Jonno (With ASK, BNWLA, BSEHR)
8. Rights of the Indigenous People: Bangladesh Adivasi Forum (BAF)
9. Rights of the Disabled: Action on Disability & Development & NFOWD
10. Youth: Youth Forum on MDG
11. Trade Justice& Global Partnership: Action Aid Bangladesh
12. Information & Communication Technology (ICT): D.Net

- **The Study Team**

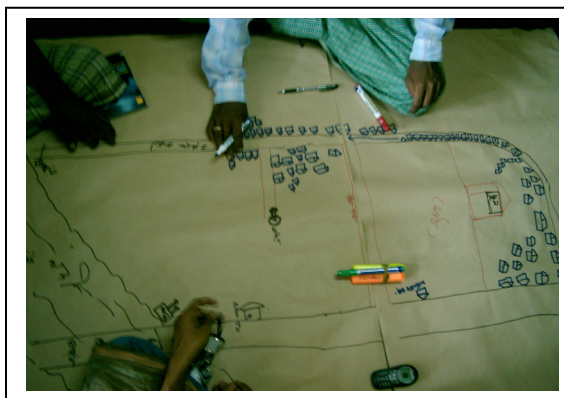
A total of 16 people led by the principal researcher, Arifur Rahman of Manusher Jonno (also coordinator of Social Watch Bangladesh) assisted by several graduate students carried out the background research. Unnayayn Shamannay , the secretariat of Social Watch Bangladesh was the secretariat for the people's report initiative.

- **Research Methodology**

The study was designed to collect data using both primary and secondary sources with a focus on qualitative and participatory methods. However, quantitative methods were also integrated with the qualitative approach at different levels particularly in carrying out the interview with about 658 respondents across the country. The study was designed carefully to increase the validity and reliability of data and a number of methods including triangulation were adopted to crosscheck the facts and figures.

The study methods included review of literatures, individual interview of villagers identified through social mapping and wealth ranking/ participatory poverty assessment (PPA), FGD with male and female groups in the villages, case study documentation of government primary schools and health centres in each of the 12 study locations (Upazillas) around the country with a geographical balance. Consultation with the civil society had been carried out at three different levels with participants from different socio-economic background and occupation.

The three levels include Upazilla (12), Division (6) and National (Dhaka). Some government officials also attended the consultation meetings/workshops. For better understanding of the issues at the local level, UNO (executive officer at the upazilla level) of the local administration were also consulted along with some of the upazilla parishad members and line ministry officials. Several Union Parishads were also studied for triangulation. As a part of the process, the report initiative also interfaced with the UN Advocacy Group on MDG, which is being coordinated by UNDP, Bangladesh by actively participating in their meetings and sharing the updates. A meeting was held with the member, General economic division (GED) of the Planning Commission, as the focal point of MDG-PRSP issues in Bangladesh.



### Looking beyond MDG: A Review

A broad based critical review of national and international documents and sources have been carried out. These include web resources, publications and resources of government, WB, UN system and development partners'; various reports and reviews of international and national CSO/NGOs/ activists groups, and particularly the GoB-UN progress report on Bangladesh MDG.

Survey Locations		
Division	District	Upazilla
Rajshahi	Kurigram	Chilmari
	Bogra	Sonatola
Dhaka	Jamalpur	Jamalpur Sadar
	Narsingdi	Narsingdi Sadar
Khulna	Daulatpur	Daulatpur
	Shyamnagar	Shyamnagar
Barisal	Barisal	Barisal sadar
	Patuakhali	Bauphal
Chittagong	Rangamati	Kaukhali
	Chittagong	Patia
Sylhet	Sunamaganj	Sunamaganj Sadar
	Sylhet Sadar	Golaneani

### **Countrywide field Survey**

A field Survey has been carried out in 12 Upazillas (1 Upazilla X 2 Districts X 6 Division) with purposive focus on the rural settings. Two districts were selected in each division by considering both high and low performance on poverty and social development (HDI, HPI, IPI) along with judgements based on recent available information to have average representative rural figures. Upazillas and villages were selected in the next steps by using local knowledge and available information so that they could represent their respective districts and match with its' average profile. The field investigation was carried out in June 2005.

The step by step method captures peoples' perception, records their views and understanding through their own assessment on the core issues of livelihood and socio-economic problems. The tools employed for the purpose were several depending on the situation. These included wide range of participatory tools including general discussions, FGDs, social mapping, wealth ranking/ PPA, and individual in depth interview through open ended schedules where report card method was used as well.

A total of 1000 households were identified by the village-level participants in the social mapping exercises in 12 villages across the country. The mapping exercise empowered the villagers to speak up on their problems and share their knowledge in assessing poverty in their community through a participatory poverty assessment (PPA) using wealth ranking method.

#### **• Regional/Divisional Consultation**

Six Regional/Divisional Consultations had been carried out during 21-30 July in Sylhet, Chittagong, Khulna, Barisal, Rajshahi and Mymensingh in association with local NGOs working in the regions with the participation of on average 60 - 70 participants of which more than a quarter was female (see Table 1 below). Participants were from wide range of citizens/people including member of Civil Society, CSO, NGO leaders/activists, Activists of Human Rights and Women Rights Organizations, representatives of various professional bodies and socio-cultural organizations/associations, peoples' organizations, teachers, academics, researchers, journalists, local government officials, political leaders, various development network members along with other Government officials and representatives particularly working on primary health, education, women, environment, employment, social service and similar issues.

Region	Facilitating NGO	Participants		
		Male	Female	Total
Sylhet	Resource Integration Organization RIO, Sylhet	44	26	70
Chittagong	Young Power in Social Action (YPSA)	53	10	63
Khulna	UTTARAN, Satkhira	60	25	85
Barisal	Speed Trust, Barisal	47	18	65
Rajshahi	ASUS & TRINOMUL	44	19	63
Mymensingh	Caritas, Mymensingh	46	12	58
<b>Total</b>		294	110	404

A concept paper was presented first on MDG. Group analysis and work were subsequently carried out on a MDG by MDG basis. The analysis focussed on the identification of challenges and options in the context of regional situation in the problem areas. This was followed by group presentations and discussion and critiques by others (validation). In this manner, the people themselves evaluated the status of the goals in the context of the social and economic and other situations in region from different perspectives and recommend some actions to be taken to meet the goals and also to assign goal- specific responsibilities and wherever possible work out their financial implications in some of the cases.

### **National Consultation**

A national level consultation was held in Dhaka on 9 August 2005 at the National Press Club, Dhaka after the regional consultations, which was participated by more than 105 participants who came from multidisciplinary backgrounds. Member of Civil Society, CSO, NGO leaders/activists, activists of Human Rights and Women Rights Organizations, representatives of various professional bodies and socio-cultural organizations and associations, Peoples' Organizations, Teachers, academics, researchers, journalists, local government leaders, national level political leaders, various development network members along with participants from development partners, international organizations attended the meeting. Constructive suggestions and comments were made by many of them. Several sector specialists took active part and spoke as panel discussants on the eight goals. The meeting was well covered by the press and electronic media.

In addition to the above workshops and stakeholder consultations, 24 Focus Group Discussions were carried out (one with male, one with female group) in each of the 12 survey locations in rural Bangladesh. Moreover, several case studies on government primary schools and Upazilla Health Centres and Union Parishads (lowest administrative unit) were carried out.

#### **1.4 Limitations of the report and the present overview**

Unlike traditional evaluation, the People's Progress Report on MDGs relies mainly on the ordinary poor peoples' knowledge, attitude and practices, validated later with recourse to views of better informed citizens and published documents including the web resources. Statistical validity was not considered as the core issues; instead the people's perceptions on the quality of services to achieve the MDG outcomes were emphasized. Such qualitative reports are not, however, substitutes of rigorously carried out quantitative analysis and they should complement each other. Unfortunately time and resource constraints did not permit us to do so to the extent we had desired. The present overview being based on the qualitative perceptions have the same limitations of the expected final report. Thus, this overview report should be treated as a preliminary version of the future full report.

*MDG needs assessments is very important because it provides detailed information for planning and budgeting for public expenditures, such as*

- ❑ *Comprehensive lists of specific interventions required to meet the MDGs;*
- ❑ *Coverage targets for each intervention to be achieved by 2015 together with interim milestones;*
- ❑ *Infrastructure needs to meet the MDGs (e.g. schools, health centers, and roads);*
- ❑ *Human resource needs to achieve the Goals (e.g. doctors, nurses, and teachers);*
- ❑ *Detailed costs for each set of interventions that differentiate between capital and recurrent costs; and*
- ❑ *A financing analysis for meeting the MDGs, distinguishing between household and government expenditures as well as external finance.*

Source: UM Millennium Project, *Methodology: Millennium Development Goals Needs Assessments*, September 2004

## Section II

### People's Assessment on Bangladesh MDG: Challenges & Opportunities

#### 2.1 An Overview

This section focuses mainly on the ordinary and informed people's assessment (except for Goal 1) on Bangladesh MDG and beyond and deals with a set of basic socio-economic and public services and relevant indicators. Analysis has been carried out in terms of present status, progression or regression over time and the degree of changes. Special focus has been given on gender and regional variation.

The experience of the field study makes it quite clear that by using different tools at different levels the people can take part in an intelligent and coherent manner in the assessment of any intervention, program or plan through their personal experience, understanding as they come across the problems and issues in their daily life. The field investigation also reveals that there are ample scopes for improving the socio-

economic situation people and to meet the goals provided there are additional efforts in terms of resources and better planning and monitoring on a priority basis with regional and gender focus. Inclusion of the socially excluded and the marginalized in the mainstream development agenda were identified as one of the major challenges because public resources could not reach them.

Sharing information to increase knowledge and awareness, encouraging people's participation for planning, monitoring and evaluation, establishing democratic governance that has pro- people strong political agenda and exploring local resources were identified as key steps to overcome the barriers. Major findings of the field survey and consultations are synthesized in the following sub-sections on each of the millennium development goals.

The UN Millennium Development Goals Global Report 2005

**Why are the Millennium Development Goals are so different? There are four reasons:**

*First*, the Millennium Development Goals are *people-centred*, time-bound and measurable.

*Second*, they are based on a global partnership, stressing the responsibilities of developing countries for getting their own house in order, and of developed countries for supporting those efforts.

*Third*, they have unprecedented political support, embraced at the highest levels by developed and developing countries, civil society and major development institutions alike.

*Fourth*, they are achievable.

## 2.2 MDG 1: Eradicate Extreme Poverty and Hunger

### *Situation Analysis*

According to the Household Income and Expenditure Survey (HIES), 2000 the headcount poverty ratio declined from 58.8 per cent in 1991/92 to 49.8 percent in 2000 in Bangladesh. The depth and severity of poverty decreased over the decade at the national, rural and urban levels in terms of relevant statistical indicators such as poverty gap index and squared poverty gap. The average annual decrease in poverty was only one percentage point during the period.

Against this background, the MDG poverty reduction targets for year 2015 for Bangladesh was set at 29.4 % as the global benchmark for the reduction of poverty refers to the year 1990. However, as the Millennium Declaration was adopted in 2000, a more relevant benchmark poverty incidence should be that of the year 2000. In that case, the target for 2015 will be around 25 % (half of just about 50% in 2000).

However, considering population growth, the present number of the poor shall be around 60-62 million. Even if the nation achieves the target, the total number of the poor would still remain extremely large in 2015, some 40-50 million. This is the real challenge. Those left behind in the race to eradicate poverty will certainly be a most desperate, frustrated group of humanity.

Let us now consider the findings from the field from the present analysis. Out of a total of 1000 sample households, 67.5 per cent were identified as poor through their self-assessment and definition as against the 53 percent rural poverty in 2000

#### **Goal 1: Eradicate extreme poverty and hunger**

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

*1. Proportion of population below \$1 per day (PPP-values)*

*2. Poverty gap ratio [incidence x depth of poverty]*

*3. Share of poorest quintile in national consumption*

*Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

*4. Prevalence of underweight children (under-five years of age)*

*5. Proportion of population below minimum level of dietary energy consumption*

#### **The UN Millennium Development Goals Global Report 2005 Progress in Goal 1**

Global poverty rates are falling led by Asia. But millions of people have sunk deep into poverty in sub-Saharan Africa, where the poor are getting poorer.

Progress has been made against hunger, but slow growth of agricultural output and expanding populations have led to setbacks in some regions. Since 1990, millions more people are chronically hungry in sub-saharan Africa and in Southern Asia, where half the children under age 5 are malnourished.



as estimated in the Household Income and Expenditure Survey 2000 (BBS/HIES 2000). More than one third of the rural population (36.3 %) were identified as very poor and they were more than 54% among the poor. The HIES figure for extreme poverty, however, is estimated as 20% using direct calorie intake method. It was shown in the GoB/UNDP report that 63 million people are poor with one third caught in hard core-extreme poverty. Thus, while the GoB/UNDP report broadly supports our own findings, that of BBS, the statistical arm of the Government, indicates a much lower incidence of the very poor.

### **Regional Dimensions**

Regarding regional dimensions of poverty, HIES 2000 and World Bank estimates indicate that among the five administrative division<sup>1</sup>, highest concentration of poverty is observed in Rajshahi Division (61% ) followed by Khulna (51.4%) in 2000. The lowest rate was seen in Barisal, which was about 40 per cent in the same period. However, all divisions have experienced with a decreasing trend of poverty over the last twenty years except Chittagong.

The people's perceptions (Table 2.1) may be contrasted with those of the officially approved reports. Rajshahi (80.5%) still tops the list in terms of poverty incidence but Sylhet (60.6%) now has the lowest relative concentration of the poor. Whatever these relative figures are, these indicate a very distinct regional dimension in poverty incidence and thus call for targeted actions for certain areas.

**Table 2.1: Estimates of Rural Poverty in Bangladesh by the Villagers**

Division	District	Upazilla	Rural Poverty Rate ( % )			Division (%)
			Very Poor	Poor	Total	
Rajshahi	Kurigram	Chilmari	49	46	95	80.5
	Bogra	Sonatola	45	21	66	
Dhaka	Jamalpur	Jamalpur Sadar	46.2	18.7	65	64.4
	Narsingdi	Narsingdi Sadar	32.5	31.3	63.7	
Khulna	Daulatpur	Daulatpur	35.5	26.7	62.2	68.5
	Shyamnagar	Shyamnagar	50.6	24.1	74.7	
Barisal	Barisal	Barisal sadar	33.3	27.6	60.9	61.3
	Patuakhali	Bauphal	20.9	40.7	61.6	
Chittagong	Rangamati	Kaukhali	45.9	28.4	74.3	66.9
	Chittagong	Patia	15.9	43.6	59.6	
Sylhet	Sunamaganj	Sunamaganj Sadar	48.3	18.3	66.7	60.6
	Sylhet	Golapganj	10.6	43.9	54.5	
<b>National</b>			<b>36.3</b>	<b>31.2</b>		<b>67.5</b>

<sup>1</sup> Data on Sylhet division was not available

### ***Profile of the Poor***

People characterise poverty through their own indicators by classifying themselves into poor and very poor as well as the non-poor (middle class and the rich). The characteristics of poor and very poor as identified by the poor are mentioned in the matrix below. As other previous studies including the government reports have found, poverty is most pervasive among the day labourers including agricultural labourers.

<b>Indicators</b>	<b>Poor</b>	<b>Very Poor</b>
Housing	<input type="checkbox"/> Bamboo made houses	<input type="checkbox"/> No house (stay in other people's places, public)/makeshifts
Food intake	<input type="checkbox"/> Somehow manage Two meals in a day <input type="checkbox"/> No additional food stock	<input type="checkbox"/> One meal in a day
Land	<input type="checkbox"/> Only homestead Land	<input type="checkbox"/> Functional landless <input type="checkbox"/> A little; only homestead land
Occupation	<input type="checkbox"/> Day laborer/agricultural labor <input type="checkbox"/> Tenant/mostly work on farm <input type="checkbox"/> Fishermen, low level transport worker, small traders	<input type="checkbox"/> Physically disabled <input type="checkbox"/> Beggars/Depend on others <input type="checkbox"/> Hardly any opportunity to work
Coping mechanism	<input type="checkbox"/> Some savings <input type="checkbox"/> Can take loans and advances <input type="checkbox"/> Some may have some poultry, livestock	<input type="checkbox"/> Can't cope with disaster/flood
Seasonal employment	<input type="checkbox"/> Seasonal unemployment for about 4/5 months	<input type="checkbox"/> Unemployed for about 8 months
Expenditures in education and health	<input type="checkbox"/> Can't afford children's education	<input type="checkbox"/> Lack of education, health <input type="checkbox"/> Can't afford children's education
Entrepreneurship	<input type="checkbox"/> Lack of capital for business	
Livelihood	<input type="checkbox"/> Daily earning 100-120 Taka	<input type="checkbox"/> From hand to mouth/day laborer/
	<input type="checkbox"/> Live on every day's earning/if no work, can borrow money	<input type="checkbox"/> No work, no meal

The household survey also indicates that the present poverty situation although pretty bad may also be improving. The respondents were asked to rate their poverty situation in a 1-5 scale where the higher value indicates improved situation. At the household level, more than a quarter indicated improvements in their poverty situation while one-half appeared to have experienced a worsening situation. To the rest (24%), things have remained basically the same.

### ***Challenges Identified by the People***

The respondents of household survey and participants of regional and national consultations had identified a set of challenges in fighting poverty. These are as follows (almost verbatim):

- Managing population pressure
- Tackling Natural disasters
- Combating increased income inequality

- Promoting/expanding technical & vocational education
- Addressing huge unemployment
- Addressing regional discrimination
- Providing adequate health care services
- promoting gender equality
- Promoting modern agriculture and providing incentives to the farmers
- Addressing problems of agricultural marketing
- Ensuring safe and arsenic free water
- Curbing corruption
- Realization of political commitments and improved governance
- Promoting education for all
- Addressing needs of the Slum dwellers
- Mobilizing both local and foreign resources
- Water logging.
- Opening of mills and factories.
- Unplanned shrimp aquaculture.
- Improving communication system
- Stop hill cutting
- Supporting Self employment
- Delegating more authority to the local government

***Strategic Recommendations (Based on People's Opinion)***

- Data generation by sex, by region, by districts
- Regular monitoring at disaggregated level ( socio-economic,regional)
- Special needs of the *adivasi* (indigenous) to be addressed
- Special needs of the Disabled to be addressed
- Internal resource mobilization through increased direct taxes
- Creating a People's Fund for pro-poor development
- Strengthening anti corruption commission
- Investment (including FDI) on power sector, electricity for all
- Precautionary and necessary steps against natural calamities
- Corruption free timely, soft / easy loan to farmers particularly to the small & marginal
- Knowledge based society should be promoted.
- Establishing agro-based industry and separate industrial policy for that
- Door to door services for population control in the rural areas
- Pro-poor Land reform (includes indigenous peoples' land rights)
- Promoting modern agriculture, expanding new technology and training to the farmers
- Supporting agricultural marketing system

- Easy agril credit for the poor farmers
- Better GO/NGOs coordination in development work particularly in disaster management
- Preventing dowry
- Enacting minimum wage rate for the laborers including the agricultural
- Protect the poor from the Land grabbers and money lenders
- Establishing vocational training institutions
- Allowance for the laborers of the closed mills and factories. New mills and factories to be set up.
- Promoting scientific shrimp culture.
- Facilitate mass mobilization to pressurize the Government to eradicate discrimination in local based development.
- The Government should take special steps to solve the waterlogging problem
- Rehabilitation of the riverbank eroded people
- Proper distribution of the khas/public land (including char land) to the landless
- Reducing rate of interest of NGO micro-credit operation
- Developing area based tourism industry including Chittagong

A transparent analysis of a country's needs is critical for MDG-based planning and serves a number of closely related objectives, such as:

- ❑ **Translate the MDGs into operational targets**
- ❑ **“Localize” the MDGs**
- ❑ **Develop a strategy for increasing “absorptive capacity”**
- ❑ **Support the national policy dialogue and negotiations with development partners**

*A consistent shortcoming of PRS processes is insufficient government consultations with national stakeholders. To permit an open national dialogue about policy priorities, intervention strategies, intermediate milestones, target groups, and so forth, MDG needs assessments need to be fully transparent and should be shared with all key stakeholders. Similarly, transparent needs assessments can help focus negotiations with donors away from aggregate financing envelopes towards countries' needs and ways in which they can best be met.*

- ❑ **Strengthen coherence between planning and budget processes**
- ❑ **Provide a monitoring and accountability framework**

Source: Methodology : Millennium Development Goals Needs Assessments, UM Millennium Project , September 2004

## 2.3 MDG 2: Achieve Universal Primary Education

*“We believe in immediate result. If I send my children to the land he will bring us cash, but I am not sure how I will benefit if I send him to the school instead. “*

*Bulbul Islam, Lakhmir Char, Jamalpur*

### ***Situation Analysis<sup>2</sup>***

In the primary education sub-sector (including mainstream schools, ebtedayee madrassas, NGOs NFE-centers and KG-schools) the country aims to attain net enrollment rate of 100% by the year 2015. The present net enrollment rate is 82.7%; it is slightly higher for the girls. The universal primary education completers' (UPC) rate of those enrolled is around 67% by the GoB-UNDP report (February, 2005). According to the MDG progress report the current (2004) UPC rate for eligible children (of age 6-10) is around 56%. Therefore, a “business as usual approach” will not be able to take the country to achieve the goal of 100 per cent universal completion by 2015.

**Goal 2: Achieve universal primary education**  
**Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling**  
**6. Net enrolment ratio in primary education**  
**7. Proportion of pupils starting grade 1 who reach grade 5**  
**8. Literacy rate of 15-24 year olds**

Statistical variations are very wide in the education indicators. Available information is given below for adult literacy rate and school enrolment.

### ***Adult literacy rate***

According to the official estimates the country has made a significant progress in basic education in the recent years. According to the national report of the

### **The UN Millennium Development Goals Global Report 2005 Progress in Goal 2**

Five developing regions are approaching universal enrolment. But in sub-Saharan Africa, fewer than two thirds of the children are enrolled in primary school. Other regions, including Southern Asia and Oceania, also have along way to go. In these regions and elsewhere, increased enrolment must be accompanied by efforts to ensure that all children remain in school and receive a high quality education.

<sup>2</sup> Based mainly on Education Watch background report

population census 2001 the rate was 47.5 in 2001. Among other estimates on Adult Literacy, the interim -PRSP 2002 and BHDR 2000 (BIDS-UNDP 2001) report estimated it as 56 per cent, while the World Development Report 2003 of World Bank reports this as 59 percent. An alternative estimates by CAMPE (Campaign for Popular Education) in *Education Watch 2002* is much lower than the government claim. It is around 38.8 per cent (15 Years and above). This wide variation is perhaps mainly because of variation in defining the indicator and in collecting information that concentrates on quality aspects of education. Although evidences indicate that there is a significant differential across rural and urban region and also by gender, both the gaps by region and sex in adult literacy have been narrowing down in the recent years. In other words, there is no denying of the fact that there has been substantial improvement in the field of adult literacy in the 1990s.

### ***School Enrolment***

The recent estimate indicates a remarkable progress in the expansion of school enrolments at the primary level. The DPE estimate indicates that about 97 per cent of the children aged 6-10 years are currently enrolled in primary schools and there has been almost parity in the enrolment by gender and urban-rural variations. Unlike primary education; there was relatively lower enrolment in secondary education, which increased from 18 per cent in 1980 to 65 percent in 2000(HIES 2000, IPRSP 2003). However another estimate shows a much lower figure of secondary enrolment (18 in 1990 and 43 in 2000: UNDP). Similar patterns were also observed by sex where the rate was much higher among the female students (71.5%) than their male counterparts (59.4 %) in 2000.UNDP 2003, however, showed that the rate was 42 and 44 per cent respectively for male and female. Although average schooling hours for both sexes has been increased, the rate is still lower (2.6) and gender gap is significant.

Although resource mobilization issues are considered in achieving above MDG Targets by 2015, strategies and challenges are not well focused in the government-UN progress report. Adult literacy target figures have not been estimated. However, the report considered Education Watch data for adult literacy (38.8%) instead of official overestimated figure (60-65%), which acknowledges the civil society estimates on adult literacy that have focus on qualitative aspects of education.

### ***People's Assessment***

The people's perception provides indication that the present status is quite satisfactory so far as the quantitative targets are considered regarding increased net enrolment, decreased drop out, increased number of teachers in the context of government incentives and supports, infrastructural development, and expansion of girls' education. The villagers gave a score of 3.73 out of 5 when they were

asked to rate the primary education situation in a 1-5 scale<sup>3</sup> where the higher value referred to higher or improved situation. In terms of percentage, the respondents gave a mark of 75 on the overall situation of primary education.

Interestingly, the household survey also indicates that almost all people see positive changes in primary education both in terms of enrollment and gender balance. More than 94 per cent of the respondents had observed improvement in

the overall services although about 4 percent respondents observe that things have remained unchanged over the last 5 years. Primary education is therefore considered to be in better shape compared to other services and sectors.<sup>4</sup> The average value of 10 various public interest services were 2.18 far below than the score of 3.73 for primary education. Regional variation in rating scores is not found significant. However, economically advanced areas scored better compared to poorer areas

A set of contributing factors were identified by the poor household for the apparent success in the primary education which are given below:

- Stipend for all the poor students
- Increased monitoring by Govt. authority
- Provision for tiffin
- Increasing awareness about importance of education among the people
- Free education services/materials
- Better Govt.-NGO collaboration
- Availability of books increased
- No. of teachers increased
- Availability of school within reach (jurisdiction of UP area)

**Case Study Findings**

During the field survey, 11 government primary schools were studied using specific indicators and available official information that shows interesting findings:

- Ratio of girls to boys enrolment varies from 70 to 133 with an average of 103
- Average no. of teachers per school is 5.5 which varies from 3 to 8 where female to male teachers' ratio is 1.4
- Average teachers: students ratio is 1:57 which varies from 1:30 to 1:78
- Average drop out rate is 20 per cent, which varies from 10 to 35 per cent.
- Average attendance rate is 83 per cent, which varies from 75 to 90 per cent.
- Promotion rate is 63 per cent, which varies from 40 to 80 per cent.

<sup>3</sup> 1=Very bad/poor, 2=bad, 3=moderate, 4=good,5=excellent

<sup>4</sup> Includes primary health, education,police,land,local gov,legal,agril extention,safety net,NGO ,gender in education .

### **Challenges identified by the people**

For further improving the situation the people identified several challenges. These included:

- ❑ Infrastructural problem
- ❑ Lack of teachers (lots of vacant posts)
- ❑ Lack of books
- ❑ Lack of awareness among parents
- ❑ High drop out rate
- ❑ Lack of stipend/ Stipends are not available for all (only for bottom 40%)
- ❑ Lack of school
- ❑ Natural calamity
- ❑ Poverty
- ❑ Poor communication system
- ❑ Unskilled teachers
- ❑ Lower salary structure for teachers
- ❑ Criteria for getting stipend is difficult to maintain
- ❑ Inefficient managing committee (politically bias)

### **Strategic Recommendations (based on people's opinion)**

The stakeholder consultations indicated that meeting the challenges would necessitate moving in several directions which include the following:

- Expanding scholarship programs and providing lunch.
- Creating pleasant learning environment
- Supply of safe drinking water and sanitation in the primary schools
- The salary structure should be changed for the teachers
- Teachers-parents consultation for improving the quality of education
- Have to overcome the problems in managing committee
- Improving school infrastructure
- School monitoring visit need to be increased
- Increase number of teachers.
- Combating corruption in education department.
- Involve local government in the education system.
- Removal of political influence in the formation of School Management Committees.
- Transparency in teachers' recruitment.
- Supply of books at the beginning of the year.
- Introduce attractive co-curricular activities.
- Presentation of proper information in textbooks and history.
- Maintain only one shift in schools.



- Income generating/ employment creation for the poor household to tackle the trade off between poverty and education
- Increasing mass awareness through meetings, seminars, video presentations
- Special provisions in Education policies for the coastal areas
- Established relation among teachers, guardians, students and the managing committee
- Identify the weak students and delivering special education to them
- Prevent child labor
- Inclusive education for the mild disabled and exclusive for the severe
- Awareness programs can be taken to bring equality in boys to girl ratio.

## 2.4 MDG 3: Gender Equality and Women Empowerment

### *Situation Analysis*<sup>5</sup>

#### Education

Gender equity in primary and secondary (school) education levels have been achieved in Bangladesh. At the same time, it has to be remembered that when about half of the children are not completing primary education, achievement of equity still leaves a very large number of both girls and boys deprived of their right to education. At the higher secondary level (grade 11-12) the ratio (male-female) is 65:35. It is not conceivable that under the given socio-economic (Business as usual) scenario the gender ratio at the higher secondary level and beyond (undergraduate and graduate levels) things are going to change significantly for the better.

#### **Goal 3: Promote gender equality and empower women**

**Target 4:** Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015

**9.** Ratio of girls to boys in primary, secondary and tertiary education

**10.** Ratio of literate females to males of 15-24 year olds

**11.** Share of women in wage employment in the non-agricultural sector

**12.** Proportion of seats held by women in national parliament

Possibly, only much higher and sustained economic growth (about 7-8 percent per annum) and positive interventions at the HSC and tertiary levels can improve the gender-balance.

#### Violence against Women

Violence against women (VAW) is a major concern in Bangladesh. It is a widespread problem across the country that exists in the family, society and national levels. VAW extends from violation of right to freedom and women's human rights to right to life. Women, irrespective of religion and culture, social and economic status, become the victim of violence.

#### **The UN Millennium Development Goals Global Report 2005**

##### **Progress in Goal 3**

The gender gap is closing — albeit slowly — in primary school enrolment in the developing world. This is a first step towards easing long-standing inequalities between women and men. In almost all developing regions, women represent a smaller share of wage earners than men and are often relegated to insecure and poorly paid jobs. Though progress is being made, women still lack equal representation at the highest levels of government, holding only 16 per cent of parliamentary seats worldwide.

<sup>5</sup> Grossly taken from a background paper prepared by Steps Towards Development on Gender and partly of Education Watch/CAMPE on gender in education

Patriarchy, discriminatory laws, religious and cultural practices encourage the existence and persistence of VAW in Bangladesh society.

### Economic Disparity

Although economic life of women contribute to very significantly to production in agriculture sector, particularly in all post harvest activities; only 45.4% of them are considered to be employed in agriculture. Women are more than 70% of the workers in the garment industry, which is the most important foreign exchange earner of the country. Women also work in the construction sector and are emerging as small traders and entrepreneurs. According to the Labour Force Survey 1999/2000, women's participation in the labour market indicates that only 23.9 percent of the women participate in labour force while male participation rate is 84 percent - using the conventional definition of work as out of home activity. Gendered nature of poverty is also manifested by the number of female-headed households, which was singled out as a represented category. Findings of a number of researches showed that women are more likely to be victim of poverty, deprivation and powerlessness in the female-headed households compared to the male-headed households.

Although incidence of poverty on female-headed households has been decreasing both nationally and in the rural areas it is still very high. The HIES 2000 estimates indicate that 48 percent of female headed households were below poverty line in 2000 compared to 49.9 per cent male headed household living below the line while the rate was 51.2 in 1995-96 at national level among the female headed households. The estimate also indicates that about 52 per cent of female-headed households now live below poverty line in the rural areas. This was about 56 per cent in 1995-96. On the other hand, in the urban areas, incidence of poverty on female-headed households increased from 31.4per cent in 1995-96 to 37.0 per cent in 2000.

### Disparity in the Political Field

At the local level the government took several measures for empowering women politically. The most important among those was the reservation of three seats out of the total in each Union Parishad for women. However, the Constitution of Bangladesh provides reserved seats for women through indirect election in the parliament.

The affirmative action of the women's quota in the Parliament was originally set at 15 for 10 years, which was later increased to 30 for an extended period of 15 years. This was in addition to the 300 general seats. The provision for reserved seats for 30 women in the Parliament lapsed in 2001. There are only 3 women ministers (including the Prime Minister) in the 50 plus member Cabinet, and 7

directly elected women in the Parliament. Majority of women's groups supported by several political parties, civil society organizations and the media demand an increase in the reserved seats for women in the national parliament, but that they should be elected directly in their respective constituencies instead of being selected by the members of the parliament. This is yet to happen. 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.

***People's Assessment***

In the present participatory assessment, while participants were asked to rate about gender development in education they gave an average value of 3.64 out of a maximum of 5 points.

Thus, gender empowerment according to people's perception is at a rather satisfactory level. But this is more a reflection of parity in education, particularly primary education and also the result of government strong monitoring and support (stipend program, free book distribution) and increased awareness through NGO's and media campaign.

In case of overall gender development scenario,

participants gave a somewhat moderate value of 3.04 to indicate an average situation. On the other hand, through the social mapping exercises in the household survey with the identified poor, 10% female-headed household were found poor and among them incidence of extreme poverty was much higher. Assessment shows that more than two third of the poor female headed household were caught (68%) under extreme poverty.

**Participants of National Consultation on Gender Development**

- We should give special attention to the special needs of women and their poverty
- We need to seriously review our attitudes and commitment towards women empowerment
- Women rights are much talked in UN declaration, national policies, constitutional provisions, but we did not see much changes in women development.
- Strong monitoring is required for achieving the MDGs.
- Women participation in primary education has increased but it is not all about women empowerment.
- Wages of female workers are too low in our country.

***Challenges identified by the people (emphasis on women's)***

These were as follows:

- Insecurity
- Social discrimination.
- Discriminated salary/wages/ Low wage
- Lack of education
- Poverty

- Lack of employment opportunity
- Lack of awareness about rights of women
- Legal complexity
- Poor communication system
- Minority women are more vulnerable to discrimination and violence
- Women trafficking
- Traditional belief and social taboos
- Child Marriage.
- Violation of human rights particularly of women rights
- Women members in the parliament are dominated by their male counter parts.
- Decreased trend of women participation in secondary and tertiary education
- Lack of women friendly transportation

***Strategic Recommendations for an improved Situation***

- Creating enabling environment for women development.
- Providing skill training to women also in the male dominated work
- Providing institutional facilities ( entrepreneurship, credit, training)
- Promoting women friendly transportation
- Attitudinal change towards women through awareness raising, curriculum
- Recognition of non-paid household work
- Increase awareness about rights
- Gender sensitive legal services/ ensuring proper implementation of laws.
- Creating employment
- Enforcement to prevent women trafficking
- Gender sensitive curriculum in textbooks from the elementary level.
- Providing specific job and authority to the women elected leaders in the local government bodies.
- Sensitizing religious leaders on gender
- Safe and secure housing for women
- Creating space for women in decision making.

## 2.5 MDG 4: Reduce Child Mortality

### *Situation Analysis*<sup>6</sup>

Health occupies high prominence among the MDG's; three of the eight development goals, nine of the 18 targets spread over 6 of the goals, and 18 of the 48 indicators are directly related to health. Besides, indirectly, health is an important precondition for achieving other goals.<sup>7</sup>

#### **Goal 4: Reduce child mortality**

**Target 5:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

**13.** Under-five mortality rate

**14.** Infant mortality rate

**15.** Proportion of 1-year-old children immunized against measles

### Infant Mortality Rate

Estimates of BBS, Bangladesh Human Development Report (BHDR) 2000 and Bangladesh Demographic and Health survey (BDHS) 1999-2000 indicate that the progress in reducing IMR has been significant. It decreased from 131 per thousand live births in 1970 to 101.5 in 1980 and 94 in 1990, which further decreased to 57 in 2000. And in 1960 it was 151. This decreasing trend was also seen across region over the two decades. The estimates for rural areas indicate that it was 104 in 1980. It decreased to 97 in 1990 and again decreased to 66 in 2000 whereas in urban areas it decreased from 81 in 1980 to 71 in 1990 and further decreased to 47 in 2000. Above figures suggest that the rate is still higher in the rural areas. Almost similar patterns were also observed by sex.

#### **The UN Millennium Development Goals Global Report 2005**

#### **Progress in Goal 4**

Death rates in children under age 5 are dropping. But not fast enough. Eleven million children a year — 30,000 a day — die from preventable or treatable causes. Most of these lives could be saved by expanding existing programmes that promote simple, low-cost solutions.

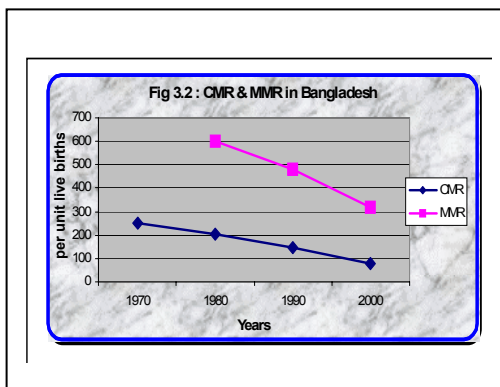
### Child Mortality Rate

Despite many bottlenecks, the progress in reducing child mortality rate is in track with target and time as projected in MDG's. Estimates on Child mortality Rate (CMR) (among children under 5 years) indicate significant progress in Bangladesh. The figure below shows that CMR was decreased from 250 in 1974 to 77 per thousand

<sup>6</sup> Based on background paper prepared by People's Health Movement

<sup>7</sup> According to Dr. Lee Jong-Wook, the director-general of the World Health Organization (WHO): "Improvements in health are essential if progress is to be made with the other Millennium Development Goals".

live births in 2001. It was 205 and 144 in 1980 and 1990 respectively. Estimates on Child mortality Rate among children aged 1-4 years also indicate recent



progress in Bangladesh (BIDS HDR 2001). CMR (under 4) slightly increased from 12.7 in 1980 to 14.2 in 1990 and then sharply decreased to only 6.3 in 1998 per 1000 live births. In the urban areas the estimates indicate a low figure with slight fluctuation. It slightly increased from 8.0 in 1980 to 8.3 in 1990 and lowered down to only 5.4 in 1998. The rural data also show a little fluctuation. It slightly increased from

13.2 in 1980 to 14.2 in 1990 and then dramatically decreased to 7.3 in 1998.

### ***People's Assessment***

According to the participatory assessment, average score for IMR was found satisfactory with a mean value of 3.66 while CMR status was rated slightly less so than that of IMR (3.62) in the 5 point rating scale. Both the values for IMR and CMR refer to a better and improved situation in these indicators.

While asked, villagers also identified a set of contributing factors to this positive trend in reducing infant and child mortality particularly from the 1990s. The factors were:

- Increased coverage of immunization program
- Improved monitoring system by UP
- Number of doctors increased
- Developed communication system (easy to reach hospitals)
- Improved medical science
- Availability of equipment increased
- Doctors behaviors improved
- GO and NGOs are collaborating on health issues

### ***Challenges Identified by the People***

These were as follows:

- Lack of medicine (“*One medicine for all diseases!*”)
- Doctors don't want to live in the rural areas
- Lack of health center, beds, quality doctors and free medicines
- Doctors are not responsible to their job
- Tendency to refer the patients to private clinics
- Hospital management is very poor/ Corruption
- Improper treatment/poor and costly treatment

- Dirty hospital environment
- Poor but costly communication system
- Sometimes the local health complex were closed
- Lack of awareness among the people
- Health workers are not aware/not available also
- Medicine (of public hospitals) sold in the market
- Major treatment is not within reach and ability
- Lack of treatment facilities for the disabled
- Religious and social superstitions.
- Lack of health facilities in rural areas.
- Lack of enforcement of law in case of child/early marriage.
- Malnutrition due to poverty
- Lack of health education
- High incidence of some diseases (Diarrhea, Pneumonia)
- Lack of integrated planning and coordination at the grassroots.(GO-NGO, inter governmental)
- Lack of safe water and sanitation.
- Unskilled birth attendants and female doctors.
- Lack of communication.
- Lack of immunization in due time.

### **Strategic Recommendations**

Stakeholders made the following recommendations for improving the present situation:

- Proper coordination among all concerned agencies (at national and local levels).
- Create opportunities for female in higher education.
- Implementation of the laws regarding child marriage.
- Create employment opportunities for the women.
- Ensure supply of safe water and improved sanitation.
- Improve communication system.
- Proper implementation of health policy.
- Ensure transparency and accountability of the concerned departments.
- Inclusion of the religious leaders in the mainstream development
- Lesson on nutritional issues for mother and child health in the curriculum.
- Compulsory birth and marriage registration
- Monitoring health centers by the private sectors
- Supporting NGO activities.
- Health literacy at grass root level



## 2.6 MDG 5: Improve Maternal Health

### *Situation Analysis*<sup>8</sup>

#### Maternal Mortality Rate

Progress in MMR has been observed in the last two decades. It decreased from 600 in 1980-87 periods to 480 in 1990, which further decreased to 318 in 2000 per 100,000 live births. However, the HDR 2003 (UNDP 2003) data show that MMR in Bangladesh was 400 over the period 1985-2001. Despite these differences in estimates, the fact remains that MMR is still very high and a matter of great concern.

WHO, UNICEF and UNDP have reported that more than half a million pregnant mothers had died in 2000 and 95% of them were from the Asian and African countries. Bangladesh is one of those countries with high maternal death rate of 3.2 per thousand live births. More than half of the pregnant women do not have access to necessary health care, and 20% of total deaths of women aged 15 to 49 are caused by complications related to child delivery. Low nutrition and ill health are common amongst most women in Bangladesh. About 70% of mothers suffer from nutritional deficiency and anemia, less than 40% of the populations have access to basic health care, and 50% of the pregnant women do not receive antenatal care from trained medical service providers (Bangladesh Maternal Medical Survey 2001).

#### **Goal 5: Improve maternal health**

**Target 6:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

**16.** Maternal mortality ratio

**17.** Proportion of births attended by skilled birth personnel

### *People's Assessment*

Like child mortality, according to the participatory assessment, average score for MMR was found satisfactory with a mean value of 3.63 which refers to an improved and better situation compared to the earlier situation. The contributing factors as identified by the poor villagers for this comparatively positive scenario are as follows:

#### **The UN Millennium Development Goals Global Report 2005**

#### **Progress in Goal 5**

More than half a million women die each year during pregnancy or childbirth. Twenty times that number suffers serious injury or disability. Some progress has been made in reducing maternal deaths in developing regions, but not in the countries where giving birth is most risky.

<sup>8</sup> Background paper prepared by People's Health Movement

- Developed medical science/ better medicine
- Increased number of doctors, TBA
- Increased awareness (through media, health workers)
- Increased mother and childcare.
- Free medical services (treatment, Immunization)
- Adopting family planning (fewer children reduced the high risk of MMR).
- Access to health complex improved for transportation
- Quality of treatment improved
- Awareness and campaign to go to hospital in pregnancy period (including anti and neo natal)
- health centers increased both in Govt, NGOs and private sectors
- NGOs are working on health issues
- Mothers are duly immunized through govt. initiatives (e.g., tetanus)
- Increased women awareness
- Family members timely take initiatives for the pregnant women
- Reduced superstition, mistaken ideas

### **Challenges as identified by the people**

These were identified as follows:

- Health workers/assistants do the job of doctors in delivery
- Illiteracy and superstitions.
- Lack of health education
- Malnutrition
- Premature pregnancy
- Early marriage
- Frequent childbirth
- Non-cooperation of husbands.
- Non-cooperation from the family.
- Domestic violence.
- Lack of coordination among GO and NGOs
- Non-functional community clinics

### **Strategic Recommendations**

Several recommendations for further improving the situation were made. These were:

- Proper training to develop a pull of active health workers
- Increasing awareness and knowledge about nutrition at household level.
- Strong social and legal steps to stop early marriage
- Providing health literacy at the grass root level
- Family planning
- Combating superstition, unnatural belief
- Media campaign on maternal health care.

- Raise awareness on pregnant mothers' care.
- Developing trained birth attendant at the community level.
- Ensure access to information
- Increasing ambulance, mobile hospitals
- Increased coordination between GO and NGOs
- Increased donor's assistance in the area
- Increase health workers skill, accountability and transparency
- Creating employment opportunity.
- Create separate unit for maternity health care at the local level hospitals

## 2.7 MDG 6: Combat HIV/AIDS, TB, Malaria and other diseases

### *Situation Analysis*<sup>9</sup>

The HIV/AIDS situation in Bangladesh is not apparently at an alarming stage. But she is bordered by eastern Indian states of high HIV/AIDS prevalent zones.

Further, as migrations to different countries are continuing, Bangladesh is at high risk in the context high population density with low literacy rate. Resurgence of Malaria and other diseases such as TB have been noted with concern. Activities for combating HIV/AIDS, Malaria and TB are in progress and on track in the context of MDG target and time frame.

However, it may be that many HIV/ AIDS positive cases may not have been reported in Bangladesh as the National AIDS /STD program (NASP) says. According to its estimate, a total of 188 cases have been reported till December 2001 of which 35 are female (19 per cent). In their third round of surveillance (2000-2001), HIV infection was found to be highest among drug users (1.7 per cent) and female sex workers (0.3-0.5 per cent) while only 1 infected person was found among several hundred patients with STDs. In 1990, only 2 HIV/AIDS positive cases were found who were male. WDI 2002 estimates indicate that about 0.01 per cent of female aged between 15 and 24 were at risk of infection. However, incidence of HIV/AIDS is

#### **Goal 6: Combat HIV/AIDS, malaria and other diseases**

**Target 7:** Have halted by 2015, and begun to reverse, the spread of HIV/AIDS

**18.** HIV prevalence among 15-24 year old pregnant women

**19.** Contraceptive prevalence rate

**20.** Number of children orphaned by HIV/AIDS

**Target 8:** Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases **and Targets Indicators**

**21.** Prevalence and death rates associated with malaria

**22.** Proportion of population in malaria risk areas using effective malaria prevention and treatment measures

**23.** Prevalence and death rates associated with tuberculosis

**24.** Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)

#### **The UN Millennium Development Goals Global Report 2005**

##### **Progress in Goal 6**

AIDS has become the leading cause of premature death in sub-Saharan Africa and the fourth largest killer worldwide.

In the European countries of the Commonwealth of Independent States (CIS) and parts of Asia, HIV is spreading at an alarming rate. Though new drug treatments prolong life, there is no cure for AIDS, and prevention efforts must be intensified in every region of the world if the target is to be reached. Malaria and tuberculosis together kill nearly as many people each year as AIDS, and represent a severe drain on national economies. Ninety per cent of malaria deaths occur in sub-Saharan Africa, where prevention and treatment efforts are being scaled up. Tuberculosis is on the rise, partly as a result of HIV/AIDS, though a new international protocol to detect and treat the disease is showing promise.

<sup>9</sup> Background paper prepared by People's Health Movement

likely to be much higher than the official estimate many cases may go unreported because of ignorance, social stigma, unwillingness to test blood, and an inadequate support system.

According to HDR 2003 (UNDP 2003) a total of 211 Tuberculosis cases were found out of one hundred thousand people while 40 malaria cases were reported in 2001 for the same population. Ministry of Health estimates indicate that incidence of malaria decreased from 80 in 1980 to 51 in 1990 per one hundred thousand-population .The figure slightly increased to 56 in 1999 [WDI 2002]. In 1999, 241 Tuberculosis cases were found out of one hundred thousand people while 56 malaria cases were reported for the same period (GOB 2000, Ministry of health).

### ***People's Assessment***

In the regional consultations and FGDs with villagers, participants identified some contributing factors particularly in the case of malaria and TB, to answer the question that why things are improved. They identified the factors as:

- Improved medical science
- Doctors are more caring than before
- Increased health awareness
- Reduced social superstition (*Jhar-fuk*)
- Availability of cheaper medicines
- Free services in treatment of TB
- NGO provisions of services

### ***Challenges as identified by the people (HIV/AIDS focused)***

Challenges to improved HIV/Aids and malaria and other diseases were identified as follows:

- Lack of knowledge about sexual health among youth
- Lack of consciousness/awareness about HIV/AIDS
- Lack of STD treatment facilities.
- Unsafe blood transmission (No blood test is done)
- Unsafe sex/lac of knowledge about safe sex
- Patient don't go to doctors, clinic for treatment due to be identified , personal sensitivity in case of STDs including HIV/AIDS
- Sea Port cities/towns are at higher risks
- Increased mobility of the people both internally and externally.
- High-density population and unhygienic environment.
- Inadequate health service.
- Increased number of injecting drug users & easy access to Drugs
- Lack of medical center for testing HIV
- Poor initiatives from GO and NGOs to prevent HIV/AIDS
- Lack of knowledge about the causes of malaria
- Lack of health campaign

### **Strategic Recommendations**

Several types of interventions are necessary, according to the people, to face the challenges. These are:

- Creating consciousness among the peoples through NGO, GO, Media
- Ensuring safe sex (NGO, GO & Residential hotel manager).
- Medical check up of those who enter from another country, specially transport workers/truckers.
- AIDS affected/HIV positive mother should stop producing child.
- Safe blood transmission, rigorous blood taste
- Advertisement and campaign about the seriousness of HIV/AIDS
- Information and skill development to combat the diseases
- Advocacy and training to the youth students, teachers, civil society
- Stronger family relation to be kept
- National drug policies should implement properly
- Each and every hospital should have counseling centers
- Contraceptive use (using condom)
- Aware the sex workers about HIV/AIDS and help them with the supply of necessary contraceptive materials and health services
- Training for the religious leaders ('Imam').
- Establishing a desk at border posts , sea and airports to prevent HIV/AIDS

## 2.8 MDG 7 : Ensure Environmental Sustainability

### *Situation Analysis*<sup>10</sup>

Bangladesh has a wealth of natural resources with ecological and biological diversity. But high population pressure is threatening its rich natural heritage through the expansion and intensification of agriculture and destruction of natural habitats and ill-planned urbanization.

#### Forest Cover and Conservation

Only 10 per cent of the total area of the country is under forest cover. Other estimate claims that of the area under forest cover only 45 per cent are under tree cover (GOB 2002). The estimates for natural forestry, however, indicate a decreasing trend over the years although social forestry is on the rise due to both public and private interest in planting trees. A recent FAO survey estimate indicates that, Bangladesh lost forest cover at the rate of 8,000 ha per year in the 1980s, and it rose to 37,700 ha per year in the 1990s. The deforestation

#### **Goal 7: Ensure environmental sustainability**

**Target 9:** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

25. Proportion of land area covered by forest

26. Land area protected to maintain biological diversity

27. GDP per unit of energy use (as proxy for energy efficiency)

28. Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]

**Target 10:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water

29. Proportion of population with sustainable access to an improved water source

**Target 11:** By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

30. Proportion of people with access to improved sanitation

31. Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]

#### **The UN Millennium Development Goals Global Report 2005**

##### **Progress in Goal 7**

Most countries have committed to the principles of sustainable development. But this has not resulted in sufficient progress to reverse the loss of the world's environmental resources. Achieving the goal will require greater attention to the plight of the poor, whose day-to-day subsistence is often directly linked to the natural resources around them, and an unprecedented level of global cooperation. Action to prevent further deterioration

of the ozone layer shows that progress is possible. Access to safe drinking water has increased, but half the developing world still lack toilets or other forms of basic sanitation. Nearly 1 billion people live in urban slums because the growth of the urban population is outpacing improvements in housing and the availability of productive jobs.

rate according to another estimate is 3.3 percent per year.

#### Bio-diversity

Bangladesh has 14 protected natural areas including five national parks, eight wildlife sanctuaries and one game reserve. The country

has two environmental "World Heritage Sites", *Sunderbans* and *Tanguar Haor*.

<sup>10</sup> Based on background paper prepared by Unnayan Shamannay

Development program have been undertaken to conserve these areas of international importance. As a signatory country, Bangladesh has already started developing its National Bio-diversity Strategy and Action Plan (NBSAP). The Bio-diversity Act and Traditional Knowledge Protection Act are also being formulated.

National Parks and Wild Life Sanctuaries

Estimates from indicate that the protected area under national parks and wild life sanctuaries increased over the years. It was only 0.5 per cent of total land area over 1980-83 and increased to 0.8per cent in 1996 increasing further 1.5 per cent in 2000 that is about 2182.2 square kilometer (Unnayan Shamannay -UPL 2001). However, another estimate (WB 1997, 2003b) showed that, the rate was 0.7 and 0.8the rate was 0.7 and 0.8 cent in 1994 and 2002 respectively.

Household with Safe Drinking Water, Toilet and Sanitary Facilities

In case of provision of safe drinking water (safe meaning pathogen-free) Bangladesh has achieved extremely high achievements. However, arsenic contamination may have undermined that achievement. Recently, in Bangladesh the target is to increase coverage of safe water from 99 percent to 100 percent in urban areas and from 76 percent (arsenic-adjusted estimate) coverage to 96.5 percent in rural areas by 2015.

Per cent households with-	1985-87	1990	2000
Safe Drinking Water	46	89	97
Toilet Facilities	6	21 (91)	40 (99)
Sanitary Facilities		35	53

***Peoples views on environmental problems:  
A quick survey***

- 152 informed respondents of 13 points in Dhaka city
- 17-19 may 2005.

***Major Environmental Problems in Bangladesh***

1. Air Pollution.
2. Deforestation.
3. Filling up of Water bodies.
4. Poor Sanitation.
5. Water Pollution.

***Major Environmental Problems in Dhaka***

1. Air Pollution.
2. Sound Pollution
3. Waste

***Mainly Due to***

- High density/over population
- Unplanned urbanization
- Lack of Awareness
- Poor environmental governance

***People's Assessment***

In the people's assessment, although plantation situation both in government, private and household level are improving with a score of 3.16 out of 5 points , water and sanitation status is below the mark with a mean score of 2.64 .



However, when asked about the contributing factors for increased plantation and also to some extent increased use of sanitary facilities, the participants identified a set of issues as given below:

- Seeing results when economic situation is improved by selling the matured trees.
- Reduce the risk of cyclone
- Govt. and individual initiatives for tree plantation (Local govt., upazila office)
- trees supplied by NGOs at a minimum cost
- Increased awareness about environment (Education, media)
- Free distribution of trees by the government
- Social Forestry
- Using tube well. User increased more than before
- Increased awareness about public health
- For preventing diseases, use of sanitary latrine
- Campaign by the GO and NGO workers (including arsenic contamination)
- Self initiatives (individuals) for use of sanitary latrine and safe water
- Free supply of sanitary materials and tube well from GO/NGO

#### ***Challenges as identified by the people***

The challenges for the future are as follows:

- Use of chemical fertilizer in agricultural activities.
- Excess use of ground water for irrigation.
- Extinction of herbs / and lack of knowledge about herbs.
- Cutting trees for economic needs/survival
- Scarcity of land for plantation
- Due to natural disaster & hill cutting trees are reduced
- Drainage problem.
- Lack of coordination among environmental development work
- Lack of industrial waste management
- Increased gases (CO<sub>2</sub>: carbon dioxide) in the air
- Arsenic contamination in water
- Poor sanitation
- Water logging
- Unplanned shrimp culture
- Increase in salinity
- Air and sound pollution in urban areas/cities
- Preservation of bio-diversity of the Sundarbans (mangrove forest)
- Unplanned infra-structural development/construction work

- Unplanned industrialization
- Unplanned roads, drainage system, waste management and slum
- Unplanned brick field and use of trees
- Black/toxic smokes and fumes from factory (like-urea fertilizer) and vehicles
- The building codes are not being followed.
- Wastage, oil and chemical substances from Ship breaking industry pollute sea and surrounding environment
- Poor sewerage system in urban areas.
- Illegal grabbing of canal, river and low lands.
- Corruption in distribution of sanitary latrine and tube well

### ***Strategic Recommendations***

Stakeholders identified several activities for changing the present situation for the better. These are the following:

- Promoting use of IPM (Interrogated Paste Management)
- Using composed fertilizer /manure instead of chemical fertilizer in agriculture.
- Introducing more environment friendly projects ( including completion of such projects like the proposed Rajshahi irrigation project )
- Conservation /harvesting rainwater in rainy season
- Massive tree plantation including the herb ( medicinal herbs as well)
- Protection of Padma barrage and tree plantation on the barrage.
- Pollutant and age old vehicles need to be banned.
- Coordination among environmental development work
- Pro-environment legal reforms (industrial law, rivers, khas land)
- Introduce Tidal River Management (TRM) in coastal belt
- Stop leasing of canals. Re-excavation at the mouth of Sluice Gates.
- Development of an appropriate shrimp policy and its proper implementation by not degrading environment ( by inviting salinity).
- International dialogues for solving problems related to common rivers ( including the Ganges).
- Use of environment-friendly energy/fuel in vehicles, brickfields, mills and factories etc ( like CNG, bio-gas, solar energy , and even electric battery driven etc)
- Protecting the *Sundarbans* through community awareness and rehabilitation program along with stronger monitoring.
- Establishing separate industrial zones with treatment plan.
- Increasing subsidy to agriculture ( mainly for organic/ecological farming)
- Invest in research and development in agriculture
- Hill cutting should be stopped

## 2.9 MDG 8 : Develop a Global Partnership for Development

### *Situation Analysis*<sup>11</sup>

#### ODA

Although the MDG goal of global partnership clearly points towards the need to ensure that LDCs obtain adequate market access for their products and a consistent stream of financial aid, very little in the form of mandatory policies and practices are in place to ensure this objective. For instance, it is well known that the target of 0.7 percent of gross national product is only met by a handful of countries. Large industrial powers such as the United States are still far from meeting the target.

It has been estimated that an additional \$50 billion a year, meaning a doubling of current aid levels, will be required to meet MDG goals. However, trends in overseas development assistance (ODA) are dismal. For instance, the European Union ODA average is to reach only a meager 0.39 percent by 2006. It is expected that total ODA would reach

#### **Goal 8: Develop a Global Partnership for Development\***

**Target 12:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system  
ODA Official Development Assistance

**32.** Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs]

**33.** Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

**34.** Proportion of ODA that is untied

**35.** Proportion of ODA for environment in small island developing states

**36.** Proportion of ODA for transport sector in land-locked countries

**Target 13:** Address the Special Needs of the Least Developed Countries

#### Market Access

**37.** Proportion of exports (by value and excluding arms) admitted free of duties and quotas

**38.** Average tariffs and quotas on agricultural products and textiles and clothing

**39.** Domestic and export agricultural subsidies in OECD countries

**40.** Proportion of ODA provided to help build trade capacity Debt Sustainability

**Target 14:** Address the Special Needs of landlocked countries and small island developing states (through Barbados Programme and 22nd General Assembly provisions) ( NOT APPLICABLE for Bangladesh)

#### Debt Sustainability

**41.** Proportion of official bilateral HIPC debt cancelled

**Target 15:** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

**42.** Debt service as a percentage of exports of goods and services

**43.** Proportion of ODA provided as debt relief

**44.** Number of countries reaching HIPC decision and completion points

**Target 16:** In co-operation with developing countries, develop and implement strategies for decent and productive work for youth

**45.** Unemployment rate of 15-24 year olds

**Target 17:** In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

**46.** Proportion of population with access to affordable essential drugs on a sustainable basis

**Target 18:** In co-operation with the private sector, make available the benefits of new technologies, especially information and communications

**47.** Telephone lines per 1000 people

**48.** Personal computers per 1000 people

<sup>11</sup> Based on background paper prepared by Action Aid Bangladesh and cross cutting sector papers prepared by D.Net on ICT and Youth Forum on MDG on Youth

the 0.7% target by 2013, just two years prior to the point when the proportion of poverty is to be halved.<sup>12</sup>

The GoB-UN report clearly pointed out the gaps in developed countries' promises in case of Bangladesh as quoted here "ODA from countries belonging to the Development Assistance Committee (DAC) has been decreasing in recent years, both in real value and as a share of the GNI of donor countries. It has dropped from US\$ 1.24 billion (0.28 per cent of GNI) in 1996 to US \$ 1.02 billion ( 0.22 % of GNI) in 2001).ODA to LDCs has also fallen from 0.06 per cent of donors' GNI in 1996 to 0.05 per cent in 2001 . This is far from the target of 0.7 and 0.15 per cent, respectively set as the MDG requirements for these indicators."

**The UN Millennium Development Goals Global Report 2005**

**Progress in Goal 8**

The United Nations Millennium Declaration represents a global social compact: developing countries will do more to ensure their own development, and developed countries will support them through aid, debt relief and better opportunities for trade. Progress in each of these areas has already begun to yield results. But developed countries have fallen short of targets they have set for themselves. To achieve the Millennium Development Goals, increased aid and debt relief must be accompanied by further opening of trade, accelerated transfer of technology and improved employment opportunities for the growing ranks of young people in the developing world.

ICT

In Bangladesh ,the teledensity including the fixed line and mobile phones was 1.85 per cent in 2003. From the base year 1990 until 2002 there has been a nearly 600 percent growth in the sector as a whole, which is contributed by the growth of mobile telephony. Government has also taken some initiative to increase the coverage of fixed line phones by issuing licenses to private companies for rolling out network out side Dhaka city.

Given the current trend of the Internet penetration, the Internet use will reach up to 0.5% by 2015. The delay due to implementation of the sub-marine cable project the high-speed Internet connection is delayed, which will hamper the growth of the all industries. Based on an alternative calculation more than 50% of the rural areas are under mobile coverage and it is expected by 2010 every village will have at least one (1) mobile phone or a fixed line phone, which will be accessible to all. So a better indicator for progress may be phone access for the entire citizen within 10 minutes of walk by 2015. If we can redefine the target and indicators, then we can better project our achievements.

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<sup>12</sup> HM Government, The UK's Contribution to Achieving the Millenium Development Goals

### Youth

In Bangladesh, 23.5 percent of the total population belongs to the age group between 15 and 24 years<sup>13</sup>. They experience similar types of economic and social disparities as young people face globally. In 2001, the illiteracy rate among the 15+ age group was 59.4 percent while around 40 percent were unemployed and many were involved in hazardous, unacceptable forms of labor. It is important to mention that no data is available regarding the specific situation of youth population in the country as the state has been rather indifferent to the need for having youth-specific data in the national information system.

A significant number of non-government organizations (NGOs) have been working in Bangladesh over the last 30 years. These NGOs are trying to address issues affecting the lives of the majority of the vast number of poor people. However, very few NGOs have taken initiatives to address the issues related to young people in particular. Nor have the GoB/UNDP report with due importance.

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<sup>13</sup> BBS 2003

### Section III: Concluding Remarks

*“We will not enjoy development without security, we will not enjoy security without development, and we will not enjoy either without respect for human rights. Unless all these causes are advanced, none will succeed. decide how to achieve them.”*

Kofi Anan, as quoted in Millennium Development Goals Global Report 2005

The MDGs are highly laudable targets. But these do not presume any particular process to achieve them. Each nation has to find its own path to these goals. But there are certain core issues which need to be considered in every situation. Some of these are spelt out briefly by way of concluding remarks.

Bangladesh has made significant progress in the area of human development in the last two decades including stabilizing total fertility rate (TFR), quantitative expansion of girls and primary education, increased life expectancy at birth, almost full coverage in child immunization. On the other hand, the country has witnessed a democratic transition during the period which has helped accelerate the process of growth and development. As mentioned in section II, during the same period (1990- onwards), income poverty has also been reduced although at a slow pace of only 1 percentage point per annum. But to achieve the millennium development goals, it is true that additional efforts are needed along with a high growth rate of 7 percent or more. The number 1 goal of poverty reduction is very much a dependant variable, and relies mostly on performance of several other socio-economic and non-economic factors which are interlinked with multidimensional face of poverty and deprivation. On the other hand if inequality rises sharply, the gains due to growth is almost likely to be substantially nullified. An alternative development paradigm underscore the importance of addressing inequality by pro-poor distribution of resources to combat poverty Bangladesh needs to review the resource distribution pattern, dynamics and possibilities towards a more just society. Public/khas land distribution can be one of the intervention areas.

On the other hand, in order to minimize the gaps between the economic classes, tax structure and administration need to be reviewed and properly restructured to be attuned to growth. Social safety nets need to be expanded and deepened. Revenue earning will have to be increased. However, corruption and malpractices (for example tax evasion by not showing resources, black money) need to be tackled as well to have proper results.

By tradition, as a part of colonial legacy, most present institutions are anti-poor and therefore need to be humanized, and made pro poor in their outlook. Changes

/reforms in institutions and policies need to be supported by efficient corruption free governance (including stronger Local governance).

While the economic, social, administrative and legal frameworks need to be substantially improved and restructured as necessary, work has to continue in changing the situation for the better without waiting for them to happen. Because unless this is done, there are all the likelihood of slippages and tendencies to break promises on the part of the governments both internally and globally. The earlier section has thrown up issues and areas these activities may be concentrated.

For example, substantive regional variation in poverty incidence has been observed. This calls for the development of a comprehensive monitoring mechanism which will monitor district wise situation and implement programs accordingly at a decentralized way. Other areas that need consideration for such monitoring and subsequent analysis as guides towards implementable actions include rights of women, disabled persons, *adivasi* minorities, other minorities and socially excluded /marginalized groups including youth and children. Priority areas need for intervention which may have immediate impact on poverty such as master plans for "Electricity for All" may be taken up for immediate implementation.

One final comment relates to taking up the initiatives on one's own hands. Unless we in Bangladesh are able to do so, know our potentials and engage ourselves in realising them fully within the limitations that we may have for the time being, but not hopefully for all the time to come, we shall fail to be a respected member in the comity of nations. That was the dream before us when we fought for our Liberation.

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## Acronyms

ADD	: Action on Disability & Development.
ASK	: Ain O Salish Kendra.
AIDS	: Acquired Immune Deficiency Syndrome
BAF	: Bangladesh Adivashi Forum.
BBS	: Bangladesh Bureau of Statistics.
BIDS	: Bangladesh Institute of Development Studies.
BNWLA	: Bangladesh National Women Lawyers Association.
BSEHR	Bangladesh Society for Enforcement of Human Rights :
CAMPE	: Campaign for Popular Education.
CGG	: Campaign for Good Governance.
CNG	: Compressed Natural Gas.
CS	: Civil Society.
CSO	: Civil Society Organization.
CBR	: Crude Birth Rate.
CDR	: Crude Death Rate.
CMR	: Child Mortality Rate.
CPR	: Contraceptive Prevalence Rate.
DCI	: Direct calorie Intake
DAC	: Development Assistance Committee.
DPE	: Department of Primary Education.
EPI	: Extended Program for Immunization.
EU	: European Union.
ESP	: Essential Health Service Package.
FDI	: Foreign Direct Investment.
FGD	: Focus Group Discussion.
GDP	: Gross Domestic Product.
GED	: General Economic Division.
GM(food)	: Genetically Modified Food.
GNI	: Gross National Income.
GO	: Government Organization.
GPS	: Govt. Primary School.
GoB	: Government of Bangladesh.

HIV	: Human Immune Virus.
HPSP	: Health and Population Sector Program.
HIPC	: Heavily Indebted Poor Countries.
HPI	: Human Poverty Index.
HR	: Human Rights.
HIES	: Household Income and Expenditure Survey.
ICT	: Information and Communication Technology.
IPM	: Integrated Pest Management.
IMF	: International Monetary Fund.
IMR	: Infant Mortality Rate.
KG School	: Kinder Garden School.
LDC	: Least Developed Country.
LFS	: Labor Force Survey.
MDG	: Millennium Development Goals.
MJ	: Manusher Jonno.
MP	: Member of Parliament.
MMR	: Maternal Mortality Rate.
MPRI	: Millennium Development Goals Peoples' Report Initiatives.
MoPME	: Ministry of Primary and Mass Education.
NG	: Non Government
NFE	: Non Formal Education.
NGO	: Non-government Organization.
ODA	: Overseas Development Assistance.
OECD	: Organization for Economic Cooperation & Development.
PFM	: Peoples' Forum on MDG.
PHM	: Peoples' Health Movement.
PMED	: Primary and Mass Education Directorate.
PPP	: Purchasing Power Parity.
PPA	: Participatory Poverty Assessment.
PPRC	: Power and Participation Research Center.
PRSP	: Poverty Reduction Strategy Paper.
RNGPS	: Registered Non-government Primary School.

SPSS	: Statistical Package for Social Science.
STD	: Sexually Transmitted Diseases.
STD	: Steps Towards Development.
SWB	: Social Watch Bangladesh.
TAG	: Technical Advisory Group.
TFR	: Total Fertility Rate.
TLM	: Total Literacy Movement.
TRM	: Tidal River Management.
TB	: Tuberculosis.
UN	: United Nations.
UNDP	: United Nations Development Program.
UNICEF	: United Nations Children's Fund
UNO	: United Nations Organization.
UPC	: Universal Primary Education Completers.
US	: Unnayan Shamannay
US	: United States
UP	: Union Parishad (Lowest level of local govt.)
UNO	: Upazila Nirbahi Officer (Govt. Executive at sub district level)
VAW	: Violence Against Women.
WSSD	: World Summit on Social Development
WTO	: World Trade Organization.
WHO	: World Health Organization.
WB	: World Bank
YFM	: Youth Forum on MDG.